



Autonomic Function Testing

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Disorders of the Autonomic Nervous System (ANS) can affect any system of the body. These disorders can come from the central or peripheral nervous system and may be primary or secondary to another disorder.

Purpose of ANS Testing:

1. Diagnosis and Evaluation: ANS testing helps identify autonomic failure, patterns of dysautonomia, and selective autonomic failure. It also aids in distinguishing between Parkinson's disease, multiple system atrophy, and Dementia with Lewy Bodies.
2. Testing Categories:
 - a. Cardiovagal Innervation: Evaluates parasympathetic heart function using various tests like heart rate response to deep breathing and Valsalva ratio.
 - b. Vasomotor Adrenergic Innervation: Assesses adrenergic innervation of circulation and the heart in autonomic failure.
 - c. Sudomotor Function Testing: Examines neuropathic disturbances through tests like QSART, TST, and sympathetic skin responses.
 - d. Combined Cardiovagal and Vasomotor Testing: Focuses on parasympathetic and vasomotor adrenergic function with tilt table use.
3. Indications: ANS testing is considered when common causes of autonomic signs/symptoms are ruled out. It's not justified for screening, monitoring disease intensity, or when results won't impact clinical decisions.
4. Limitations: Properly trained physicians with the necessary expertise should perform and interpret these tests. Training can be obtained through accredited residency/fellowship programs or AMA-approved continuing medical education courses.
5. Frequency: Diagnostic testing is allowed once for confirming/excluding specific autonomic disease. Repeat testing depends on clinical changes or response to therapy, typically not exceeding once per year.

Reimbursement Guidelines

Molina Healthcare requires that all claims include proper documentation of medical necessity and valid diagnosis codes for reimbursement. Claims submitted without the necessary supporting evidence of medical necessity or the correct diagnosis codes may impact the final claim payment calculation.



For detailed coverage guidelines, limitations, and medical necessity criteria, please consult the following documents: CMS Article A57551 and CMS LCD L35124.

To ensure reimbursement, please bill the specified procedure codes along with one of the diagnosis codes listed in the 'Coding Information' section of CMS Article A57551 and the 'Coverage Guidance' in CMS LCD L35124. Claims that are not billed correctly may be denied or subject to potential recovery.

Reimbursement rates are determined based on the applicable fee schedule or the provider contract agreement. Molina Healthcare retains the right to review all claim payments and recover any amount identified as overpaid based on contractual rates.

Supplemental Information

Definitions

Term	Definition
ACCME	Accreditation Council for Continuing Medical Education
Adrenergic	Liberating, activated by, or involving adrenaline or a substance like adrenaline
AMA	American Medical Association
ANS	Autonomic Nervous System
Autonomic	Involuntary or unconscious; relating to the autonomic nervous system.
Cardiovagal	Relating to the Vagus nerve and blood pressure quotations
Chronic Idiopathic Anhidrosis	A rare disease characterized by sweating impairment despite exposure to heat or exercise.
CME	Continuing Medical Education
CMS	Center for Medicare and Medicaid Services
DLB	Dementia with Lewy Bodies
LCD	Local coverage determination
MSA	Multiple System Atrophy
PD	Parkinson's disease
QSART	Quantitative sudomotor axon reflex test
R-R Interval	The time elapsed between two successive R-waves of the QRS signal on the electrocardiogram
Selective Autonomic Failure	Only affecting one system
SMS	State Medical Society
Sudomotor	Relating to stimulation of the sweat glands
Synucleinopathies	
Tilt table	Special equipment used to change posture from lying to standing
TST	Thermoregulatory sweat test
Vagus	Each of the tenth pair of cranial nerves, supplying the heart, lungs, upper digestive tract, and other organs of the chest and abdomen.
Valsalva ratio	Ratio of the longest R - R interval after the Valsalva maneuver to the shortest R - R interval during the Valsalva maneuver
Vasomotor	relating to, or being nerves or the centers (as in the medulla oblongata or spinal cord) from which they arise that regulate the amount of blood passing to a particular body part or organ by controlling the internal diameter of blood vessels



State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published	10/23/2023	New Policy
Revised Date	12/12/2024	Updated Template Validated links

References

State/Agency	Link/Document
CMS	Article - Billing and Coding: Autonomic Function Testing (A57551) LCD - Autonomic Function Testing (L35124) LCD - Autonomic Function Tests (L33609) LCD - Autonomic Function Testing (L36236) Article - Billing and Coding Autonomic Function Tests (A54954) Article - Autonomic Function Testing (A57024) LCD - Autonomic Function Tests (L35395)
FL	Florida Medicaid's Covered Services and HCBS Waivers
FL	Neurology Services Coverage Policy

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.