



# MEDICAL POLICY STATEMENT

## Georgia Medicaid

Policy Name & Number	Date Effective
Autonomic Nerve Testing-GA MCD-MM-1767	10/01/2025
Policy Type	
MEDICAL	

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Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

### **Autonomic Nerve Testing**

## B. Background

The autonomic nervous system (ANS) coordinates multiple reflex actions which are essential for life. It controls the heart rate, blood pressure, digestion, respiration, pupillary reactivity, sweating, urination, sexual arousal, and regulates the functions of internal organs. This system provides the homeostasis of the cells, tissues, and organs throughout the body and protects against the disturbances imposed by the external and internal stressors.

The ANS has three main divisions: the sympathetic nervous system (SNS), the parasympathetic nervous system (PNS), and the enteric nervous system. In general, the SNS and PNS have opposing effects. Each region belonging to the 'pain matrix' interacts with ANS. The descending system regulates pain and creates a regulatory effect by the contribution of aminergic neurotransmitters.

Disorders of the ANS can affect any system of the body; they can originate in the peripheral or central nervous system and may be primary or secondary to other disorders. Symptoms suggesting autonomic dysfunction include orthostatic hypotension, heat intolerance, nausea, constipation, urinary retention or incontinence, nocturia, impotence, and dry mucous membranes. If a patient has symptoms suggesting autonomic dysfunction, cardiovagal, adrenergic, and sudomotor tests are usually done to help determine severity and distribution of the dysfunction.

Autonomic testing using automated devices, in which software automatically generates an interpretation, has not been validated. Most of these devices generate reports automatically and do not allow physician interpretation of the raw data, which is a serious design flaw when evaluating patients who have, for example, cardiac rhythm abnormalities that mislead the testing results.

## C. Definitions

- **Autonomic Nervous System** – The part of the nervous system that controls involuntary visceral actions.
- **Cardiovagal Innervation** – A test that provides a standardized quantitative evaluation of vagal innervation to parasympathetic function of the heart. Responses are based on the interpretation of changes in continuous heart recordings in response to standardized maneuvers and include heart rate response to deep breathing, Valsalva ratio, and 30:15 ratio heart rate responses to standing. A tilt table may be used but is not required.
- **Vasomotor Adrenergic Innervation** – A test that evaluates adrenergic innervation of the circulation and of the heart in autonomic failure. The following tests are included: beat-to-beat blood pressure and R-R interval response to Valsalva

- maneuver, sustained hand grip, and blood pressure and heart rate responses to tilt-up or active standing and must be performed with a tilt table.
- **Sudomotor** – Function testing is used to evaluate and document neuropathic disturbances that may be associated with pain. The quantitative sudomotor axon reflex test (QSART), thermoregulatory sweat test (TST), sympathetic skin responses, and silastic sweat imprints are tests of sympathetic cholinergic sudomotor.
  - **Sympathetic Skin Response** – A test to measure a provoked change in the electrical potential of the skin.

#### D. Policy

- I. CareSource considers autonomic nerve testing medically necessary to evaluate autonomic nerve function and aid in the diagnosis of **ANY** of the following conditions:
  - A. distal small fiber neuropathy
  - B. postural tachycardia syndrome
  - C. reflexive sympathetic dystrophy
  - D. recurrent variants of syncope
  - E. One or more of the following progressive autonomic neuropathies:
    1. diabetic autonomic neuropathy
    2. amyloid neuropathy
    3. Sjogren’s syndrome
    4. idiopathic neuropathy
    5. pure autonomic failure
    6. multiple system atrophy

#### II. 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.

#### III. Exclusions

- A. Autonomic nerve function testing to aid in the diagnosis of **ANY** other condition not listed above is not covered or reimbursable.
- B. Screening patients without signs or symptoms of autonomic dysfunction, including patients with diabetes, hepatic, or renal disease.
- C. Testing results that are not used in clinical decision-making or patient management
- D. The use portable automated devices for autonomic nerve testing, including ANSAR ANX 3.0, VitalScan ANS, ANSiscope or any similar device is considered experimental, investigational and non-covered.

#### E. Conditions of Coverage

NA

F. Related Policies/Rules

Experimental or Investigational Item or Service

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	05/21/2025	New policy. Approved at Committee.
<b>Date Revised</b>		
<b>Date Effective</b>	10/01/2025	
<b>Date Archived</b>		

H. References

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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.