New Century Health

Cardio Policy:

Tilt Table Testing

POLICY NUMBER UM CARDIO_1159	SUBJECT Tilt Table Testing		DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 08/03/11, 01/09/13, 08/22/13, 06/30/14, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 07/13/22, 07/18/23	APPROVAL DATE July 18, 2023	EFFECTIVE DATE July 28, 2023	COMMITTEE APPROVAL DATES 08/03/11, 01/09/13, 08/22/13, 06/30/14, 08/12/15, 11/28/16, 12/21/16, 10/10/17, 03/13/19, 12/11/19, 05/13/20, 05/28/21, 07/13/22, 07/18/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT		
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Tilt Table Testing.

II. DEFINITIONS

Tilt table testing is used to evaluate the autonomic nervous system control of cardiovascular function in patients with syncope, generally after other, potentially more harmful, likely, or readily managed causes have been ruled out by history, physical examination or other appropriate tests. The test utilizes a specialized table which passively takes the patient from a supine position to a head-up position (60 or 90 degrees). Heart rate, blood pressure and ECG are continuously monitored.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost–effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

A. Evaluation of recurrent syncope or a single syncopal event in a high-risk setting, e.g., commercial vehicle driver), where there is no evidence of structural heart disease. **(AUC Score 8)**[1,2,3,4]

B. Evaluation of syncope in patients without structural heart disease for whom the diagnosis of syncope is not evident from the history and who have a negative carotid sinus massage. **(AUC Score 8)**[1,2,3,4]

C. Evaluation of syncope in patients with structural heart disease who have had a complete evaluation including a negative electrophysiology study. **(AUC Score 8)**[1,2,3,4]

D. Further evaluation of patients in whom a specific cause for syncope has been established, but where demonstration of susceptibility to reflex mediated syncope could affect management. **(AUC Score 7)**[1,2,3,4]

E. Evaluating patients with unexplained recurrent falls but without a history of prodromal symptoms characteristic of vasovagal syncope. **(AUC Score 6)**[1,2,3,4]

F. Evaluation of syncope associated with exercise when a thorough history and physical, with 12-lead ECG, echo, and cardiovascular stress test demonstrate no evidence of organic heart disease. **(AUC Score 7)**[1,2,3,4]

G. Suspected Postural Orthostatic Tachycardia Syndrome including follow-up evaluation of therapies **(AUC Score 5)**[1,2,3,4]

Limitations:

Tilt-table testing is not considered a reasonable and necessary test for any of the following:

A. Single syncopal episodes, without injury and not in a high-risk setting, with clear vasovagal features.

B. Syncope in which an alternative specific cause has been established, as by recordings during actual events or the reproduction of symptoms during diagnostic studies, in which additional demonstration of reflex- mediated susceptibility would not alter treatment plan.

C. Tilt-table testing will not be covered when used to evaluate isolated autonomic symptoms or sensory disturbances such as lightheadedness, weakness, visual disturbances, sweating, flushing, warmth, nausea, unless syncope has been documented in association with such symptoms.

D. The office or facility setting where the test is performed must be staffed and equipped to provide advanced cardiopulmonary resuscitation.

IV. PROCEDURE

A. In order to review a request for medical necessity, the following items must be submitted for review:

1. Most recent progress note that prompted request
2. Most recent EKG
3. Other previous monitoring or EPS testing pertinent to request

B. Primary codes appropriate for this service: 93660

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Shen WK, et al. 2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Journal of the American College of Cardiology. Aug 2017. Volume 70, Issue 5, Pages e39-e110.
2. Moya A, et al. Guidelines for the diagnosis and management of syncope (version 2009). European Heart Journal. Nov 2009. Volume 30, Issue 21, Pages 2631-71.
3. Brignole M, et al. Guidelines on management (diagnosis and treatment) of syncope--update 2004. Nov 2004. Volume 6, Issue 6, Pages 467-537.
4. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.
5. NCQA UM 2023 Standards and Elements.