Medical Policy
Tilt Table Testing for Syncope

Table of Contents
• Policy: Commercial
• Policy: Medicare
• Authorization Information
• Coding Information
• Description
• Policy History
• Information Pertaining to All Policies
• References

Policy Number: 359
BCBSA Reference Number: 2.01.09

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Tilt table testing for the classification of neurogenic syncope is MEDICALLY NECESSARY in patients who are being considered for pacemaker treatment.

Tilt table testing for all other conditions is INVESTIGATIONAL.

Medicare HMO BlueSM and Medicare PPO BlueSM Members
Tilt table testing is covered under the following conditions:
• Evaluation of recurrent syncope or a single syncopal event in a high-risk patient such as commercial vehicle driver, commercial painter, pilot, (whether or not the medical history is suggestive of vaso-vagal origin), when there is:
  o No evidence of structural cardiovascular disease, or
  o Structural cardiovascular disease, but other causes of syncope have been excluded by proper testing such as conventional EP studies.
• Further evaluation of patients in whom an apparent cause of syncope (such as A-V block) has been established, but in whom demonstration of susceptibility to neurally-mediated syncope would affect treatment plans, such as pacemaker or pharmacologic therapy.
• Evaluation of patients with unexplained recurrent falls when there is no history of prodromal symptoms characteristics of vaso-vagal syncope.
• Evaluation of syncope associated with exercise, when a thorough history and physical, with 12-lead ECG, echocardiography, and exercise tolerance test; demonstrate no evidence of organic heart disease.
• Differentiation of convulsive syncope from epilepsy in patients with recurrent syncope associated with tonic-clonic activity and repeatedly normal EEGs, and who have failed to respond to anti-seizure medications, and
• Follow-up evaluation to determine whether temporary dual chamber cardiac pacing would be useful in preventing or lessening neurally-mediated bradycardia or asystole, or to determine whether a permanent dual chamber pacemaker implantation is needed for neurally-mediated syncope.
Tilt table testing for all other conditions is **NOT** covered.

**Local Coverage Determination (LCD) for Tilt Table Testing For Syncope (L16045)**

[http://coverage.cms.fu.com/mcd_archive/viewlcd.asp?lcd_id=16045&lcd_version=2&basket=lcd%3A16045%3A2%3ATILT+TABLE+TESTING+FOR+SYNCOPE%3ACarrier%3ANHIC%7C%7C+Corp%2E+%2831143%29%3A](http://coverage.cms.fu.com/mcd_archive/viewlcd.asp?lcd_id=16045&lcd_version=2&basket=lcd%3A16045%3A2%3ATILT+TABLE+TESTING+FOR+SYNCOPE%3ACarrier%3ANHIC%7C%7C+Corp%2E+%2831143%29%3A)

**Prior Authorization Information**

**Commercial Members: Managed Care (HMO and POS)**

Prior authorization is **NOT** required.

**Commercial Members: PPO, and Indemnity**

Prior authorization is **NOT** required.

**Medicare Members: HMO Blue™**

Prior authorization is **NOT** required.

**Medicare Members: PPO Blue™**

Prior authorization is **NOT** required.

**CPT Codes / HCPCS Codes / ICD-9 Codes**

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93660</td>
<td>Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention</td>
</tr>
<tr>
<td>95924</td>
<td>Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt</td>
</tr>
</tbody>
</table>

### ICD-9 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>780.2</td>
<td>Syncope and collapse</td>
</tr>
</tbody>
</table>

### ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10-CM Diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R55</td>
<td>Syncope and collapse</td>
</tr>
</tbody>
</table>
**Description**
Tilt table testing (TTT) was introduced over 20 years ago for the evaluation of patients with unexplained syncpe. During a tilt table test, the patient lies on a table that moves from a horizontal to a vertical position with vital signs monitored throughout the test.

Its use has spread unevenly in clinical practices because initial enthusiasm has been hampered by the recognition of several limitations. Tilt table testing is often negative in cases of typical vasovagal syncpe (i.e., “low sensitivity”) and positive in patients without syncpe (i.e., “low specificity”). Additionally, it has offered minimal or no value in assessing the efficacy of treatment with drugs or pacemakers. Thus, a number of physicians have concluded that management guided by careful clinical history was superior to TTT for identification of patients affected by reflex syncpe, in particular. However, the latest European Society of Cardiology guidelines on syncope (2009) have provided new insights into the correct use of TTT, which in fact, should remain an important diagnostic tool in a number of clinical settings provided that physicians learn its appropriate indications and the correct interpretations of results.

**Summary**
Evidence is lacking as to whether cardiac pacing is effective among patients with other types of tilt-table test responses or among patients with negative tilt-table tests. Thus, it is unknown whether the tilt-table test is actually a necessary component of the selection criteria for a pacemaker. However, given the invasiveness and complexity of pacemaker treatment for syncpe, it would be reasonable to incorporate the screening criteria used in the clinical trials reviewed above. Thus, for patients whose frequency, severity, and refractoriness to treatment merit consideration for pacemaker therapy, tilt-table testing to evaluate cardioinhibitory response may be considered medically necessary.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>1/2014</td>
<td>Coding information clarified. Added LCD (L16045) number and link.</td>
</tr>
<tr>
<td>12/2012</td>
<td>Updated to add new CPT code 95924</td>
</tr>
<tr>
<td></td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td>5/2/2011</td>
<td>Revised date: 5/2/2011</td>
</tr>
</tbody>
</table>
Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References