TILT TABLE TESTING FOR THE EVALUATION OF SYNCOPE

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms “experimental” and "investigational" are considered to be interchangeable.

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Description:

The tilt table test is used for the evaluation of recurrent episodes of unexplained syncope (fainting spells) in individuals with an inconclusive history and physical exam and negative cardiac and neurological tests. By attempting to induce an episode of syncope, the cause of the fainting spells can be determined to be vasovagal (relating to blood vessels and the vagus nerve) or malignant. In less than 10 seconds, the tilt table changes an individual’s position from 0-60 degrees where they are held for an extended period of time. An abnormal response is a drop in heart rate and blood pressure resulting in vasovagal syncope. A normal response is an increase in heart rate and blood pressure.

Vasovagal Syncope:
Also known as neurocardiogenic or neurally-mediated syncope. A transient loss of consciousness accompanied by loss of postural tone. Tends to occur while standing or sitting, and is associated with prodromal symptoms, such as dizziness, diaphoresis, nausea and weakness, or a “flushed feeling”.

Malignant Syncope:
Syncope that may be caused by a heart arrhythmia or flutter and cannot be reproduced by a tilt table test.
TILT TABLE TESTING FOR THE EVALUATION OF SYNCOPE (cont.)

Criteria:

➢ Tilt table testing for ANY of the following is considered medically necessary for the evaluation of syncope in which the clinical history supports a diagnosis of vasovagal syncope (i.e., no evidence of structural cardiovascular disease or structural cardiovascular disease is present but other causes of syncope have been excluded):

1. Recurrent episodes of syncope
2. Single episode of syncope
   - Accompanied by physical injury/accident, OR
   - Occurring in a high risk setting*

* Examples of high risk – commercial vehicle driver, machine operator, pilot, commercial painter, surgeon, window washer, competitive athlete

3. Further evaluation of syncope in which an apparent cause has been identified (e.g., asystole or atrioventricular block) but the finding of a vasovagal syncope susceptibility would affect the treatment plan (e.g., pharmacologic therapy, education, reassurance instead of or in conjunction with implantable pacemaker therapy)
4. Exercise-induced or exercise-associated syncope
5. To evaluate the therapeutic effect of pharmacologic therapy in the treatment of vasovagal syncope
6. Evaluation of the need for other interventions (e.g., pacemaker)

➢ Tilt table testing for the following indications is considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome.

These indications include, but are not limited to:

- Benign paroxysmal positional vertigo (BPPV)
- Single episode of syncope without physical injury/accident or not occurring in a high risk setting in which the clinical history supports a diagnosis of vasovagal syncope
- Syncope in which an apparent cause has been identified but the finding of a susceptibility to vasovagal syncope would not affect treatment plans
- Identifying chronic fatigue syndrome diagnosis
TILT TABLE TESTING FOR THE EVALUATION OF SYNCOPE (cont.)

Resources:

