



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

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WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Tilt Table Testing

Policy Number: HS-182

Original Effective Date: 8/5/2010

Revised Date(s): 8/2/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Syncope, a transient loss of consciousness, is a common clinical problem and accounts for 3.5% of all emergency room visits and one to six percent of all hospital admissions in the United States each year. Neurocardiogenic syncope is the most common type of syncope. Also referred to as neurally mediated, vasodepressor and vasovagal syncope, neurocardiogenic syncope is characterized by a sudden failure of the autonomic nervous system to maintain blood pressure, and sometimes heart rate, at a level that adequately maintains cerebral perfusion and consciousness. Structural heart disease and ischemia are also frequent causes of syncope. Additional, less frequent causes of syncope include long QT syndrome, Wolff-Parkinson-White syndrome, and conversion reactions.

Tilt table testing is performed by using a tilting table with a footboard. The patient rests in the supine position for 20–45 minutes before beginning the test. At least three ECG leads record simultaneously during the study, and continuous blood pressure readings are recorded. The table rapidly moves to an upright position (60–90°). A tilt test response is considered positive for vasovagal syncope if sudden drops in heart rate, blood pressure or both are induced during the test in association with syncope or near syncope. Intravenous medications that can cause venous pooling or increase adrenergic stimulation, such as isoproterenol, may be used to induce a positive test result if syncope is not produced by tilt table testing alone.

POSITION STATEMENT

Tilt table testing **is considered medically necessary** in the following circumstances:

- Recurrent syncope or single syncopal episode of unknown cause that resulted in injury or occurred in a high-risk setting (e.g., commercial vehicle driver, machine operator, pilot, commercial painter, surgeon, window-washer, competitive athlete), when a thorough history and physical, 12-lead electrocardiogram, echocardiogram and formal exercise tolerance testing demonstrate no evidence of structural cardiovascular disease; **OR**,
- Recurrent syncope or single syncopal episode of unknown cause that resulted in injury or occurred in a high-risk setting in member with known structural cardiovascular disease, when vasovagal episode is suspected and other causes of syncope have been excluded by appropriate testing; **OR**,
- When apparent cause of syncope, such as asystole or high-degree atrioventricular (AV) block, has been established, but results of the tilt table test may impact the treatment plan; **OR**,
- Recurrent exercise-induced syncope, when a thorough history and physical, 12-lead electrocardiogram, echocardiogram and formal exercise tolerance testing demonstrate no evidence of organic heart disease

Tilt table testing **is considered NOT medically necessary and/or experimental and investigational** in the following circumstances:

- Differentiating convulsive syncope from seizures; **OR**,
- Assessing recurrent dizziness or presyncope; **OR**,
- Evaluating unexplained syncope in the setting of peripheral neuropathies or dysautonomias; **OR**,
- Follow-up evaluation to assess therapy of neurally-mediated syncope; **OR**,
- Members who have experienced a single syncopal episode, without injury and not in a high-risk setting, in which clinical features clearly support diagnosis of vasovagal syncope; **OR**,
- Syncope in which a specific alternate cause has been established and in which the potential demonstration of neurally-mediated syncope would not alter the treatment plan.

CODING**Covered CPT* Code**

93660 Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention

Covered ICD-9-CM Procedure Code

89.59 Tilt table test; Nonoperative cardiac and vascular measurements.

HCPCS Level II Code - Not applicable

Covered ICD-9-CM Diagnosis Codes

780.2 Syncope & collapse; blackout, fainting, near, pre-syncope, cardiac, heart, vasoconstriction, vasodepressor, vasomotor, vasovagal

Noncovered ICD-9-CM Diagnosis Codes

337.9 Disorder of autonomic nervous system; dysautonomias; peripheral neuropathies unspecified

780.31 Simple Convulsions; febrile seizure

780.32 Complex Convulsions; febrile seizure; atypical, complex; complicated

780.39 Recurrent Convulsions; convulsive disorder, fit; seizure not otherwise specified

780.4 Dizziness and giddiness; lightheaded; vertigo not otherwise specified

780.71 Chronic fatigue syndrome

435.9 Unspecified transient cerebral ischemia

*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

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Government Agencies, Professional and Medical Organizations

N/A

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
8/2/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.