COVERAGE:

The use of the tilt table MAY BE ELIGIBLE FOR COVERAGE for the evaluation of syncope of unknown origin in patients for whom heart disease is either not suspected or has been ruled out and in whom syncope is relatively infrequent. Tilt table testing is an effective technique for providing direct diagnostic evidence indicating susceptibility to neurally mediated syncope (triggering of a neural {pertaining to a nerve} reflex that results in a usually self limited episode of systemic hypotension characterized by both bradycardia and peripheral vasodilation.)

Indications for Tilt Table testing to evaluate syncope are as follows:

- Recurrent syncope or a single episode in a high risk patient (high risk occupation), whether or not the medical history is suggestive of neurally mediated (vasovagal) origin;

- Further evaluation of patients in whom an apparent cause has been established (e.g., asystole, atrioventricular block), but in whom demonstration of susceptibility to neurally mediated syncope would affect the treatment plans;

- Part of the evaluation of exercise induced or exercise-associated syncope.

Because of the potential for severe side effects from tilt table testing, the use of this testing should be restricted to either hospital inpatient or outpatient laboratories.

DESCRIPTION:

Syncope is a transient loss of consciousness, accompanied by loss of postural tone. It is a common medical problem, accounting for 3% of emergency department visits and 6% of hospital admissions. Syncope has many causes. Correct diagnosis is critical because the outcomes of the various causes of syncope vary greatly, i.e., a serious cardiac event.

Tilt table testing is a diagnostic test used to aid in the diagnosis of neurally mediated syncope. It involves using a motorized table to repeatedly move a patient from a horizontal position to an almost vertical position (0 to 60 degrees) in less than 10 seconds for up to 45 minutes. The patient is monitored for signs and symptoms of syncope. There may be many variations to the test such as tilt angle, tilt time, determination of end points, and/or the use of pharmacologic agents to induce a response.

In 1996 a consensus panel of the American College of Cardiology recommended that the patient undergoing tilt table testing should:
• Receive replacement parenteral fluid;
• Be monitored with a 3 lead EKG; and
• Be monitored with beat-to-beat blood pressure recordings.

Additionally the consensus statement recommended that an experienced nurse or lab technician be present with a physician in attendance or immediately available.

RATIONALE:


In 1996 the American College of Cardiology published a consensus statement on tilt table testing which concluded that, “despite the lack of standardized protocol, tilt table testing had a valuable role in the clinical evaluation of patients with syncope of uncertain origin.”

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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