



ND

Medical Policies



Policy Number:

M-61

Policy Name:

Autonomic Nervous System Function Testing

Policy Type:

Medical

Policy Subtype:

Diagnostic Medical

Effective Date:

09-15-2025

End Date:

11-02-2025

Description

Autonomic Nervous System (ANS) Function Tests are generally indicated to diagnose a condition, to provide unique differential diagnostic information, or to quantify those aspects of autonomic function that have an impact on outcome or that evaluate treatment efficacy. Autonomic nervous system function testing consists of a battery of calibrated tests that provide an accurate assessment of the status of different parts of the autonomic nervous system.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes 95921, 95922, 95923, and 95924

E08.40	E08.41	E08.42	E08.43	E08.49	E10.40	E10.41
E10.42	E10.43	E10.44	E10.49	E10.610	E11.40	E11.41
E11.42	E11.43	E11.44	E11.49	E11.610	E13.40	E13.41
E13.42	E13.43	E13.44	E13.49	E13.610	E85.0	E85.1
E85.2	E85.3	E85.4	E85.81	E85.82	E85.89	E85.9

G23.0	G23.1	G23.2	G23.3	G23.8	G23.9	G57.71
G57.72	G57.73	G58.7	G60.0	G60.2	G60.3	G60.8
G60.9	G61.0	G61.1	G61.81	G61.82	G61.89	G61.9
G90.A	G90.01	G90.09	G90.1	G90.2	G90.3	G90.4
G90.511	G90.512	G90.513	G90.521	G90.522	G90.523	G90.81
G90.89	G90.9	G99.0	I47.11	I47.19	I49.8	I95.0
I95.1	I95.9	I99.8	K31.84	L74.4	M32.0	M32.10
M32.11	M32.12	M32.13	M32.14	M32.15	M32.19	M32.8
M32.9	M35.00	M35.01	M35.02	M35.03	M35.04	M35.05
M35.06	M35.07	M35.08	M35.09	M35.0A	M35.0B	M35.0C
R00.9	R03.1	R42	R00.0	R55	R61	R68.89

CURRENT CODING

CPT:

95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	Commercial
95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	Commercial
95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	Commercial
95924	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	Commercial
95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	Medicaid Expansion
95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	Medicaid Expansion
95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	Medicaid Expansion
95924	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	Medicaid Expansion

References

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4. Krieger SM, Reimann M, Haase R, et al. Sudomotor testing of diabetes polyneuropathy. *Frontiers Neurol*. 2018;9:803.
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15. ElSayed NA, Aleppo G, Aroda VR, et al. 12. Retinopathy, Neuropathy, and Foot Care: Standards of Care in Diabetes-2023. *Diabetes Care*. 2023;46(Suppl 1):S203-S215.
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ND Committee Review

Internal Medical Policy Committee 3-16-2020 Coding update only

Internal Medical Policy Committee 9-21-2020 Revision of policy

- Indications were expanded; and

- **Added** diagnosis codes E08.41; E08.42; E08.43; E08.49; and G90.8

Internal Medical Policy Committee 9-21-2021 Coding update **Effective October 01, 2021** :

- **Removed** Procedure code 95999
- **Removed** Diagnosis code E08.43
- **Added** the following Diagnosis codes: E08.40; G61.82; G61.9; G90.01; G90.1; I49.8; I95.9; I99.8; K31.84; L74.4; M32.0; M32.10; M32.11; M32.12; M32.13; M32.14; M32.15; M32.19; M32.8; M32.9; M35.00; M35.01; M35.02; M35.03; M35.05; M35.06; M35.07; M35.08; M35.09; M35.0A; M35.0B; M35.0C R00.9; R03.1; R42; R61; and R68.89.

Internal Medical Policy Committee 11-23-2021 Coding update

- **Removed** Procedure code 95943

Internal Medical Policy Committee 5-24-2022 Revision with coding update

- **Removed** Diagnosis Codes: G90.50; G90.519; G90.529 and G90.59
- **Added** Diagnosis Codes: G57.71; G57.72; G57.73; G58.7; G60.2; G99.0; and I95.0

Internal Medical Policy Committee 9-28-2022-Coding update - **Effective October 01, 2022**

- **Added** Diagnosis code: G90.A

Internal Medical Policy Committee 11-15-2023-Coding update - **Effective October 01, 2023**

- **Added** Diagnosis codes G23.3, I47.11, and I47.19.

Internal Medical Policy Committee 1-16-2024 Revision - **Effective March 04, 2024**

- **Changed** verbiage from one to one (1) or more
- **Added** Professional Statements and Societal Positions Guidelines section
- **Updated** references

Internal Medical Policy Committee 9-17-2024 Coding Update - **Effective October 01, 2024**

- **Removed** diagnosis code G90.8; and
- **Added** diagnosis codes G90.81 and G90.89
- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.