

Evidence Based Guideline

Tilt Table for Syncope

File Name: tilt_table_for_syncope
Guideline Number: EBG.MED1420
Origination: 1/1996
Last Review: 11/2005

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

The tilt table is used to diagnose [neurocardiogenic syncope](#). [Syncope](#) is defined as a sudden, transient loss of consciousness accompanied by a loss of postural tone. The tilt table, used to diagnose this condition, is motorized and designed to change the patient's position from 0-60° in less than 10 seconds. It must be able to restore the patient to a supine position (flat on the back) in the same time frame, and must have proper restraints. The patient is held at a 60° angle for an extended period of time. During this time, the heart rate and blood pressure are monitored and [syncope](#) is observed if it occurs.

Evidence Based Guideline for Tilt Table for Syncope

Tilt table testing for [syncope](#) may be appropriate for the following indications:

1. To evaluate [syncope](#) in a high risk setting (such as patients operating heavy machinery), whether or not there is evidence of heart disease;
2. To further evaluate patients where an apparent cause of [syncope](#) has already been established, but demonstration of susceptibility to neurally mediated [syncope](#) would affect treatment plans;
3. To evaluate exercise induced [syncope](#) when there is no evidence of underlying heart disease

Medical Evidence regarding Tilt Table for Syncope indicates it is not recommended in the following situations:

Tilt Table Testing is not recommended for the following:

1. **Conditions in which reasonable differences of opinion exist regarding tilt-table testing include:**
 - a. Differentiating convulsive [syncope](#) from epilepsy;
 - b. Evaluating patients (especially the elderly) in whom recurrent falls remain unexplained and in whom clinical history is not compatible with vasovagal symptoms
 - c. Recurrent near-[syncope](#) or dizziness presumed to be vasovagal;
 - d. The evaluation of unexplained [syncope](#) in patients with peripheral neuropathies or dysautonomia;
 - e. Follow-up therapy to prevent [syncope](#) recurrence

Policy: Tilt Table for Syncope

2. Conditions in which tilt-table testing is not warranted include:

- a. Single syncopal episode, without injury or high risk situations, in patients whom clinical information is compatible with vasovagal [syncope](#);
- b. [Syncope](#) with an alternative established etiology, where demonstration of susceptibility to tilt induced [syncope](#) would not alter treatment plans.

3. Conditions in which there is a relative contraindication to tilt table testing include:

- a. [Syncope](#) with clinically severe left ventricular outflow obstruction;
- b. [Syncope](#) in the presence of critical mitral stenosis;
- c. [Syncope](#) in the setting of known critical proximal coronary artery stenosis;
- d. [Syncope](#) in conjunction with known critical cerebrovascular stenosis.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 93660

Medical Term Definitions

Neurocardiogenic

pertaining to the nervous system and the heart.

Syncope

fainting; a temporary loss of consciousness due to lack of oxygen to the brain.

Scientific Background and Reference Sources

Technology Evaluation Center, BlueCross BlueShield Association, 1993, Tab 3

Technology Evaluation Center, BlueCross BlueShield Association, 1995

BCBSA Medical Policy Reference Manual, 12/95

Benditt DG, Ferguson DW, Grubb BP et al. (1996). American College of Cardiologists Expert Consensus Document: Tilt-Table Testing for Assessing Syncope. *Journal American College of Cardiologists*, 28(1):263-275.

Technology Evaluation Center, BlueCross BlueShield Association, March 1997

Policy: Tilt Table for Syncope

BCBSA Medical Policy Reference Manual, Policy number 2.01.09, issued 7/31/97.

Technology Evaluation Center, BlueCross BlueShield Association, "Tilt Table Testing for Evaluation of Syncope"; Volume 12, No.7, June 1997

Independent Consultant Review - 5/98.

Cardiology consultant Advisory Panel - Spring 1998.

Medical Policy Advisory Group - 8/12/99

Specialty Matched Consultant Advisory Panel - 11/1999

Medical Policy Advisory Group - 12/2/1999

Specialty Matched Consultant Advisory Panel - 12/2001

BCBSA Medical Policy Reference Manual, 3:2002, 2.01.09

Specialty Matched Consultant Advisory Panel - 11/2003

Specialty Matched Consultant Advisory Panel - 11/2005

Policy Implementation/Update Information

- 3/93 Evaluated: Investigational.
- 6/95 Evaluated: Investigational.
- 12/95 Evaluated: Remains Investigational
- 1/97 Reaffirmed.
- 4/97 Reaffirmed - No changes from TEC Evaluation of 3/97.
- 7/98 Revised: Adopted new wording from the BCBSA's policy. Continues to be Investigational.
- 7/99 Revised: Policy changed from investigational to eligible for coverage based on specific criteria approved by the American College of Cardiologists. Reformatted. Medical Term Definitions added.
- 8/99 Medical Policy Advisory Group
- 12/99 Reaffirmed, Medical Policy Advisory Group
- 4/01 System changes.
- 12/01 Specialty Matched Consultant Advisory Panel review. No change to criteria.
- 11/03 Biannual policy review. Specialty Matched Consultant Advisory Panel review. No change to criteria. Policy reaffirmed. Format change for consistency.
- 11/17/05 Biennial policy review. Specialty Matched Consultant Advisory Panel review 11/07/05. Policy reflects current standard of care. Policy status changed to "Active policy, no longer scheduled for routine literature review."
- 9/18/06 Medical Policy changed to Evidence Based Guideline. (adn)

Policy: Tilt Table for Syncope

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.