Clinical Policy Bulletin:  
Autonomic Testing / Sudomotor Tests

Number: 0485

Policy

I. Aetna considers autonomic testing such as quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, and thermoregulatory sweat test (TST) medically necessary for use as a diagnostic tool for any of the following conditions/disorders:

A. Amyloid neuropathy  
B. Diabetic autonomic neuropathy  
C. Distal small fiber neuropathy  
D. Idiopathic neuropathy  
E. Multiple system atrophy  
F. Pure autonomic failure  
G. Reflex sympathetic dystrophy or causalgia (sympathetically maintained pain)  
H. Sjogren’s syndrome.

Aetna considers autonomic testing experimental and investigational for all other indications (e.g., postural tachycardia syndrome, Raynaud phenomenon, and predicting foot ulcers) because its effectiveness for indications other than the ones listed above has not been established.

II. Aetna considers sympathetic skin response testing experimental and investigational for any indications because it has a relatively low sensitivity and uncertain specificity, and the peer-reviewed medical literature does not support its effectiveness.

III. Aetna considers the use of quantitative direct and indirect reflex testing (QDIRT) of sudomotor function experimental and investigational because its clinical value has not been established.

Background