Policy: MP118  
Section: Medical Benefit Policy  
Subject: Quantitative Sensory Testing

I. Policy: Quantitative Sensory Testing (aka: Current Perception Threshold (CPT); Sensory Nerve Conduction Testing (sNCT))

II. Purpose/Objective:
To provide a policy of coverage regarding Quantitative Sensory Testing

III. Responsibility:
A. Medical Directors  
   B. Medical Management Department

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.  
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.  
3. Devised – the date the policy was implemented.  
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.  
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;  
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;  
c. in accordance with current standards of good medical treatment practiced by the general medical community;  
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and  
the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.  
(ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) the service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:
Quantitative sensory testing (QST), also known as Current Perception Testing (CPT) or Sensory Nerve Conduction Testing (sNCT) is a non-invasive functional test reported to provide a measurement of peripheral sensory nerve integrity. Using transcutaneous electrical stimulation (Neurontron), thermal stimulation, or vibratory stimulation (Vibrometer), measurements are recorded as a means of quantifying the sensory threshold.

EXCLUSIONS: The Plan does NOT provide coverage for the use of devices, including but not limited to current perception testing, voltage-actuated sensory threshold testing, and pressure-specified device testing because it is considered experimental, investigational or unproven. The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this test on health outcomes when compared to established tests or technologies.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Quantitative Sensory Testing
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services.

G0255 (sNCT), per limb, any nerve
0106T Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation
0107T Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation
0108T Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia.
0109T Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia.
0110T Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation.
95905 Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report.


LINE OF BUSINESS:
Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:


Alberto Martinez-Arizala, MD, “Methods to measure sensory function in humans versus animals.”, Journal of Rehabilitation Research and Development. Vol. 40 No. 4, July/August 2003, Supplement Pages 35 — 40


CMS National Coverage Database, National Coverage Determination for Sensory Nerve Conduction Threshold Test (sNCT). April 1, 2004


Katz NP, Paillard FC, Edwards RR. Review of the performance of quantitative sensory testing methods to detect hyperalgesia in chronic pain patients on long-term opioids. Anesthesiology. 2015;122(3):677-685


This policy will be revised as necessary and reviewed no less than annually.

Devised: 10/03

Revised: 10/04 (added reference), 09/05 (add reference, expanded exclusions);9/06; 9/10 (coding/refs)

Reviewed: 10/07, 10/08, 10/09, 9/11, 9/12, 9/13, 9/14, 9/15, 9/16