

Quantitative Sensory Testing (QST)

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Effective Date 5/2008

Next Review Date 2/15/2024

<u>Coverage Policy</u> Medical 127

<u>Version</u> 4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *\(\frac{*}{2}\).

Purpose:

This policy addresses the medical necessity of Quantitative Sensory Testing (QST).

Description & Definitions:

Quantitative Sensory Testing (QST) is a subjective (psychophysical) method used to assess damage to the small nerve endings, which detect changes in temperature, and the large nerve endings, which detect vibration.

Criteria:

Quantitative Sensory Testing (QST) is considered **not medically necessary** for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
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

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0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2020: January
- 2016: April
- 2015: April
- 2013: January (name change), May (name change)
- 2012: November

Reviewed Dates:

- 2023: February
- 2022: March
- 2021: March
- 2020: April
- 2018: November
- 2017: December
- 2015: March
- 2014: April
- 2013: April
- 2012: April
- 2011: April
- 2010: April
- 2009: April

Effective Date:

May 2008

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or

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medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Quantitative Sensory Testing, QST, SHP Medical 127, nerve endings, nerve damage, neuropathy, vibration, temperature, generic names esthesiometer, 2-point discriminator, vibration threshold measurement device, temperature discrimination test

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