



NEUROTRON, INCORPORATED

I N N O V A T I V E M E D I C A L T E C H N O L O G Y

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Billing Codes for Electrodiagnostic Neurometer® CPT Evaluations &

EMG and NCS Code Changes for 2012 and 2013

The electrodiagnostic Neurometer® CPT automated sensory Nerve Conduction Threshold (sNCT) evaluation generates neuroselective Current Perception Threshold (CPT) values that quantify the functional integrity sensory nerve fibers. At present, the sNCT/CPT exam does not have its own AMA CPT billing code, because, as is the case for other new technologies, the issuance of a new billing code can take years. (Note: The sNCT/CPT evaluation received FDA permission to market in 1986.) In the interim, a "best fit" approach is routinely employed by physicians when employing new technologies. For example, arthroscopy and CAT scan evaluations did not have their own billing codes for many years. When no specific code is available, physicians have been instructed to use the closest appropriate billing code or the unlisted procedure code in the most appropriate section of the Physicians' Current Procedural Terminology (CPT 2000, Professional Edition, American Medical Association, Chicago, IL, 2000.)

Presently, there are at least three different billing codes used for third party insurance purposes in the U.S. The most frequently used billing code is #95904, which applies to "Nerve conduction: sensory or mixed" evaluation and is billed on a per nerve basis. The use of this code is recommend based on policies determined in response to inquiries to various local insurance entities throughout the country, legal rulings and Workers' Compensation Commission Guidelines. The second most common billing code used is #95925, which is listed as "Short-latency somatosensory evoked potential study" and is generally used for the evaluation of CNS sensory impairments. The third billing code used is #95999, which covers an "Unlisted neurological" diagnostic procedure".

However, since interpretation of which tests a specific code covers varies widely from one location to another as well as between different insurance entities in the same location, it is always wise to check with your particular carrier to determine what is correct for your practice.

Generally, with first time claims with a specific carrier, an explanation is enclosed stating that the code #95904 is being submitted for the electrodiagnostic sensory nerve conduction threshold evaluation. Actual amounts of reimbursement can vary widely according to location and carrier.

Reference material is available upon request including an explanation to third party carriers who present queries regarding this evaluation procedure. Please contact us for any materials or for other assistance. Once again, thank you for your interest and support of the Neurometer® CPT electrodiagnostic evaluation.

EMG and NCS Code Changes for 2012 and 2013

As part of the “Misvalued Code Initiative” set forth by CMS (Medicare/Medicaid), the AMA Resource Based Relative Value Scale Utilization Committee (RUC) and Common Procedural Terminology Committees (CPT) were given the task of bundling codes that are performed together >75% of the time. Hence, the EMG and NCS codes were all re-valued and changed under the direction of CMS. Of note, there was specific attention to resolving the issue CMS identified as being duplication of time for multiple units of nerve conduction studies. The following are the new codes for these services.

Nerve Conduction Studies:

Previous codes for motor and sensory studies, F-waves and H-reflexes have all been deleted (i.e. codes **95900, 95903, 95904, 95934, 95936**). These have been replaced with the following code couplets. This was a very onerous process taking over 1 year to complete. The decision to have code couplets was ultimately decided by the CPT process with input from multiple societies (AAPMR, AANEM, and AAN). Please note, a single nerve conduction study includes a sensory nerve conduction, motor nerve conduction (with or without an F-wave is one test), or an H-reflex test. When more than one nerve site is stimulated for the performance of the test (i.e. inching around the elbow for the ulnar nerve), it still counts as only one nerve conduction test. At the completion of the test, the total number of nerve conduction tests should be summed and the appropriate code from the following list applied.

- ◆ **95907** : 1-2 Nerve Conduction Studies
- ◆ **95908** : 3-4 Nerve Conduction Studies
- ◆ **95909** : 5-6 Nerve Conduction Studies
- ◆ **95910** : 7-8 Nerve Conduction Studies
- ◆ **95911**: 9-10 Nerve Conduction Studies
- ◆ **95912** : 11-12 Nerve Conduction Studies
- ◆ **95913**: 13 or more Nerve Conduction Studies

Electromyography (EMG)

The following electromyography codes became effective on January 1st, 2012:

- ◆ **95885**: Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (list separately in addition to the code for primary procedure).
- ◆ **95886**: Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study;

complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (list separately in addition to the code for primary procedure).

◆ **95887**: Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study; (list separately in addition to the code for primary procedure).

Additionally, the following guidelines apply to the use of these codes:

95885 and **95886** are reported once per extremity and can be reported together up to a combined total of four units of service per patient when all four extremities are tested.

95870 and **95885** are used when 4 or fewer muscles are tested in an extremity. When testing 5 or more muscles in an extremity the use of **95860-95864** or **95886** is appropriate.

EMG codes **95860-95864** and **95867-95870** are used when no NCS are performed on the same day. Codes **95885**, **95886**, **95887** are used for EMG services when NCS (**95907-95913**) are done jointly on the same day.

EXAMPLE

Patient has single lower limb radiculopathy. Motor studies to the peroneal nerve at the ankle, at fibular head, and above fibular head performed. Motor study to the tibial nerve at the ankle and knee performed. Sural sensory at the calf performed. 5 muscle needle exam (e.g. VMO, Glut Medius, Medial Gastroc, Peroneous Longus, and Anterior Tibialis) performed

OLD: 94900 x 2, 95904 x1, 95886

NEW: 95908, 95886