

Nerve Conduction Studies

Adjudication Guideline

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Billing

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Guidelines:** NA

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1. Abstract

1.1 For Members

Nerve conduction studies are performed to assess the integrity and diagnose diseases of the Peripheral nervous system. Pathological findings include conduction slowing, conduction block, no response, and/or low amplitude response.

1.2 For Medical Professionals

This adjudication rule aims to specify coverage details for nerve conduction studies, Nerve conduction study results can assess the degree of demyelination and axon loss in the segments of the nerve studied.

Daman covers nerve conduction studies where medically necessary e.g.:

- To establish the diagnosis and prognosis of traumatic nerve lesions
- To establish the diagnosis and monitoring of neuromuscular junction disorders (e.g., myasthenia gravis).
- To establish the diagnosis of muscle disorders (e.g., myopathy).
- To diagnose generalized neuropathies
- To diagnose symptom-based complaints.
- Localization of compressive lesions (e.g., carpal tunnel syndrome).

2. Scope

This adjudication rule highlights the medical necessity, coding and coverage rules for Nerve Conduction Studies (NCS) as per policy terms and conditions for all health insurance plans administered by Daman.

Nerve Conduction Studies (NCS) is performed to assess the integrity and diagnose diseases of the Peripheral nervous system. Pathological findings include conduction slowing, conduction block, no response, and/or low amplitude response. NCS results can assess the degree of demyelination and axon loss in the segments of the nerve studied.

- **Motor NCS:** Performed by applying electrical signal to various points along the course of a motor nerve while recording the electrical response from an appropriate muscle. Response parameters include amplitude, latency, configuration, and motor conduction velocity.

- **Sensory NCS:** Performed by applying electrical signal stimulation near a sensory nerve and recording the response from a distant site along the nerve. Response parameters include amplitude, latency, configuration, and motor conduction velocity.

- **Mixed NCS:** are performed by applying electrical stimulation near a nerve containing both motor and sensory fibres (a mixed nerve) and recording from a different location along that nerve that also contains both motor and sensory nerve fibres. Response parameters include amplitude, latency, configuration, and both sensory and motor conduction velocity.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Medical indications:

- Diagnosis and prognosis of traumatic nerve lesions (e.g., spinal cord injury, trauma to nerves).
- Diagnosis and monitoring of neuromuscular junction disorders (e.g., myasthenia gravis, myasthenic syndrome).
- Diagnosis of muscle disorders (e.g., myositis, myopathy).
- Diagnosis or confirmation of suspected generalized neuropathies (including uremic, metabolic, or immune) (e.g., amyotrophic lateral sclerosis, Guillain-Barré Syndrome, muscular dystrophy, post-polio syndrome).
- Differential diagnosis of physical examination findings of sensory loss, weakness and/or muscle atrophy with no known etiology (e.g., diabetes, hypothyroidism, lupus, rheumatoid arthritis, etc.).
- Differential diagnosis of symptom-based complaints e.g., pain in limb or joint, weakness, fatigue, cramps, twitching (fasciculations), disturbance in skin sensation or paresthesias (numbness or tingling) provided the clinical assessment supports the need for a study.
- Localization of focal neuropathies or compressive lesions (e.g., Bell’s palsy of the facial nerve, carpal tunnel syndrome, cubital tunnel syndrome, tarsal tunnel syndrome, nerve root compression, neuritis, motor neuropathy, mononeuropathy, radiculopathy, unexplained peripheral neuropathy with pain of a neuropathic pattern).

Important facts:

- Table 1: Reasonable Maximum Number of Nerve Conduction Studies (scope)
- Table 2: Eligible Health professionals (Additional information section)
- Table 3 Mutually Exclusive: Reject column 2 codes (Additional information section)
- Table 4: CPT Codes with price and MUE (Additional information section)
- CPT code 95905 is payable only once per limb studied when paired with diagnosis codes G56.00-G56.03 only and cannot be used in conjunction with any other nerve conduction codes.
- NCS reports should document the nerves evaluated, the distance between the stimulation and recording sites, the conduction velocity, latency, and amplitude 1.
- The CPT descriptor language, codes 95907-95913 describe one or more nerve conduction studies. For the purposes of coding, a single conduction study is defined as a sensory conduction test, a motor conduction test with or without an F-wave test, or an H-reflex test. Each type of nerve conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded. The number of these separate tests should be added to determine which code to use, (for ICD 10 categorization and recommended studies please refer to table 5). It is inappropriate to count more than one unit for “inching” or studying the same nerve by moving the stimulating electrode closer to the recording electrode.
- Minimum retesting time interval: Patients should be monitored every 2 weeks.

Table 1: Reasonable Maximum Number of Nerve Conduction Studies

Indications	Nerve conduction studies (<i>Total nerves studies, 95907-95913</i>)
Carpal tunnel (unilateral)	7
Carpal tunnel (bilateral)	10
Radiculopathy	7

Mononeuropathy	8
Polyneuropathy/ Mononeuropathy multiplex	10
Myopathy	4
Motor Neuropathy (e.g., ALS)	6
Plexopathy	12
Neuromuscular junction	4
Tarsal tunnel syndrome (unilateral)	8
Tarsal tunnel syndrome (bilateral)	11
Weakness, Fatigue, Cramps, or Twitching (focal)	7
Weakness, Fatigue, Cramps, or Twitching (general)	8
Pain, Numbness, or Tingling (unilateral)	9
Pain, Numbness, or Tingling (bilateral)	12

Table 2: Eligible Health professionals

Eligible Ordering clinician	Eligible Performing clinician
Internal medicine	Registered technologist
Physical medicine and rehabilitation [PMR] physicians	Physical medicine and rehabilitation [PMR] physicians
Psychiatry	-
Pain medicine	-
Neurology	-
Orthopedic	-
Paediatric	-

Table 3 Mutually Exclusive: Reject column 2 codes

Column 1	Column 2	Decision
95913	95912	Code 95912 is a column 2 code for 95913.
95912	95911	Code 95911 is a column 2 code for 95912.
95913	95911	Code 95911 is a column 2 code for 95913.
95911	95910	Code 95910 is a column 2 code for 95911.
95912	95910	Code 95910 is a column 2 code for 95912.
95913	95910	Code 95910 is a column 2 code for 95913.
95910	95909	Code 95909 is a column 2 code for 95910.
95911	95909	Code 95909 is a column 2 code for 95911.
95912	95909	Code 95909 is a column 2 code for 95912.
95913	95909	Code 95909 is a column 2 code for 95913.
95909	95908	Code 95908 is a column 2 code for 95909.
95910	95908	Code 95908 is a column 2 code for 95910.
95911	95908	Code 95908 is a column 2 code for 95911.
95912	95908	Code 95908 is a column 2 code for 95912.
95913	95908	Code 95908 is a column 2 code for 95913.
95908	95907	Code 95907 is a column 2 code for 95908.
95909	95907	Code 95907 is a column 2 code for 95909.
95910	95907	Code 95907 is a column 2 code for 95910.
95911	95907	Code 95907 is a column 2 code for 95911.
95912	95907	Code 95907 is a column 2 code for 95912.
95913	95907	Code 95907 is a column 2 code for 95913.
95907	95905	Code 95905 is a column 2 code for 95907.
95908	95905	Code 95905 is a column 2 code for 95908.
95909	95905	Code 95905 is a column 2 code for 95909.
95910	95905	Code 95905 is a column 2 code for 95910.
95911	95905	Code 95905 is a column 2 code for 95911.
95912	95905	Code 95905 is a column 2 code for 95912.
95913	95905	Code 95905 is a column 2 code for 95913.

Table 4: CPT Codes with price and MUE

CPT Code	Code Description	Price (AED)	MUE
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	316	NA
95907	Nerve conduction studies; 1-2 studies	315	1
95908	Nerve conduction studies; 3-4 studies	408	1
95909	Nerve conduction studies; 5-6 studies	486	1
95910	Nerve conduction studies; 7-8 studies	641	1
95911	Nerve conduction studies; 9-10 studies	764	1
95912	Nerve conduction studies; 11-12 studies	848	1
95913	Nerve conduction studies; 13 or more studies	979	1

3.2 Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting an informal review, a clinical history indication the need for testing will result in rejection of claim.

3.3 Non-Coverage

- Nerve conduction studies are not covered for visitor plan.
- Will not be covered by Daman (for any plan) if it is not supported by a medically justified indication/diagnosis.
- For screening evaluation.

3.4 Payment and Coding Rules

- Please apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
CODE-010	Activity / diagnosis inconsistency with clinician speciality
PRCE-002	Payment is included in the allowance for another service

5. Appendices

5.1 References

1. <https://www.aanem.org/getmedia/65934187-d91e-4336-9f3c-50522449e565/Model-Policy.pdf>
 2. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56619&ver=13&Cntrctr=All&UpdatePeriod=474&bc=AQAAFAAAA AAA&>
 3. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57123&ver=18>
 4. https://s3-us-west-2.amazonaws.com/images.provhealth.org/Providence-Images/PHP_Nerve_Conduction_Studies_CMS_only.pdf
 5. https://s3-us-west-2.amazonaws.com/images.provhealth.org/Providence-Images/PHP_Nerve_Conduction_Studies_CMS_only.pdf
 6. <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/nerve-conduction-studies>
 7. https://www.aapc.com/codes/all_coding_tools/home
 8. https://www.oxhp.com/secure/policy/neurophysiologic_testing_117.pdf
- other references**
- a. https://www.aanem.org/getmedia/3275d71c-81dc-4b23-96a7-03173ecf8446/Recommended_Policy_EDX_Medicine_062810.pdf
 - b. https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/31346_6/l31346_neuro005_cbg_010112.pdf
 - c. <http://www.symbiosisrcm.com/how-to-correctly-bill-nerve-conduction-studies/>
 - d. <http://bestpractice.bmj.com/best-practice/monograph/380/follow-up.html>
 - e. <http://bestpractice.bmj.com/best-practice/monograph/581/follow-up.html>
 - f. <http://emedicine.medscape.com/article/1170337-treatment#d20>
 - g. <http://www.aanem.org/Advocacy/EMG-Laws-by-State>
 - h. <http://www.aanem.org/getmedia/1e53beb2-987d-4f06-b091-eb56148a8b9/Who-is-Qualified-to-Practice-EDX-2012.pdf>
 - i. http://acewm.org/wp-content/uploads/2012/02/ACE_Minimum_Standards_Policy_Mar_31_2011.pdf
 - j. http://www.neurology.ae/test_details.php?ID=4
 - k. <http://www.symbiosisrcm.com/how-to-correctly-bill-nerve-conduction-studies/>

5.2 Revision History

Date	Change(s)
14.03.2023	Creation of Adjudication Guideline-External Instruction Template.
09-05-2023	Release of V2.0 <ul style="list-style-type: none"> - Closure updates - CPT MUE - CPT Mutually exclusive - Updated Reasonable Maximum Number of Nerve Conduction Studies - New CPT 2018 codes added

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