

---

## Nerve Conduction Studies

### General Reimbursement Guidance

---

NeuroMetrix provides customers with general reimbursement guidance for procedures performed with our products. This information is not intended to increase or maximize reimbursement by any third party payer but to assist providers in accurately obtaining coverage and reimbursement for healthcare goods and services. It is always the responsibility of the provider to determine appropriate coding, charges and reimbursement. Please contact your local carrier/payer for their specific coverage, coding and payment policies. NeuroMetrix makes no guarantee that the use of this information will result in coverage/payment for the services provided.

## Coding

The following codes may be appropriate for billing nerve conduction studies (NCS). Please contact your payers to obtain specific billing instructions.

### Codes

- \*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
  - 95900: Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
  - 95903: Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
  - 95904: Nerve conduction, amplitude and latency/velocity study, each nerve; sensory
- \* Effective January 1, 2010, Medicare requires the 95905 code when preconfigured electrodes are utilized. Do not report 95905 in conjunction with 95900-95904, 95934-95936

## Units

- For 95905 report 1 unit for **each** limb studied.
- Typically when using 95900, 95903, 95904, total the appropriate number of nerves tested for each CPT code. This will represent the number of units to bill for each CPT code.

## Modifiers

- Typically modifiers are not necessary for standard billing of nerve conduction studies with one exception:
  - If billing units of 95903 and 95900 on the same claim, a 59 modifier should be attached to all units of 95900 on the claim.
- Bilateral modifier (-50) is not appropriate.
- CPT codes 95900, 95903, 95904, and 95905 are “modifier 51 exempt”; this modifier should not be used.

## ICD-9-CM Diagnosis Codes

Diagnosis codes are used by physicians and hospitals to document the clinical indication for the procedure. Third party payers require the use of medically appropriate ICD-9 codes. Please check with your local carrier/payer for their list of appropriate ICD-9 codes.

## Frequently Asked Questions

**Q. What is the appropriate CPT code to bill Medicare when performing NCS with preconfigured electrodes?**

A. CPT 95905 should be used for Medicare billing when utilizing preconfigured electrodes.

**Q. What is the appropriate CPT code to bill commercial and other third party payers when performing NCS with preconfigured electrodes?**

A. Commercial and other third party payers policies and procedures vary by provider agreement and patient health plans. Please contact your specific payers for their coding and coverage policies.

**Q. If multiple nerves are tested on a single limb, how many units of 95905 should be billed?**

A. CPT 95905 should only be billed once per limb studied.

**Q. What are the technician supervisor requirements for nerve conduction studies?**

A. Under Medicare guidelines, nerve conduction studies may be performed under direct supervision. Direct supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.<sup>1</sup>

**Q. How many units of each CPT code should be billed?**

A. When utilizing 95905, report 1 unit for **each** limb studied. When utilizing 95900, 95903 or 95904, one (1) unit of the appropriate code should be billed for each nerve tested.

**Q. Should multiple CPT code units be billed together or split?**

A. Multiple units of a particular CPT code should be listed on a single line, versus splitting the units across multiple lines.

**Q. Can the provider bill for an office visit the same day as the NCS study is performed?**

A. An office visit can only be billed separately when a full-scale separate service takes place in addition to the nerve conduction study (generally, a Level 3 E/M or higher). If the presenting ICD-9 code for the office visit is different from that of the NCS study, a 25 modifier should be added to the E/M code.

**Q. When is modifier 59 used?**

A. When units of 95900 (*Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study*) are billed with units of 95903 (*Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study*), the 59 modifier should be appended to 95900 to denote it as a distinct procedure.

**Q. Why would a third-party payer deny a claim submitted for an NCS study?**

A. Payer policies and procedures vary by provider agreement and patient health plans. They are variable, are subject to change and often contain exceptions and exemptions. As with any procedure, NeuroMetrix encourages providers to confirm reimbursement with their payers.

**Q. What are the requirements/restrictions regarding frequency of testing for NCS?**

A. Guidelines on testing frequency vary by Medicare Carriers and third party payers. Please contact your local carrier/payer for their specific guidelines.

<sup>1</sup>Medicare Part B Reference Manual: Appendix L – Physician Supervision of Diagnostic Tests, as published on CMS.gov as of July 2008.