

Internal Medicine Coding Alert

4 Q&As Reveal How to Handle 95905 for Nerve Conduction Studies

Attention: New NCS code changes how units are reported.

If you've been hesitant on how to report preconfigured nerve conduction studies (NCS), clarity has arrived. CPT 2010 debuted a new code effective Jan. 1, 2010 that allows you to accurately report this once hard-to-code nerve conduction test.

Benefit: CPT 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) provides a code for reporting pre-configured nerve conduction studies that reflects the work involved, says **James Vavricek**, manager of medical economics for the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

Change: CPT 95905 overrides the old practice of reporting a pre-configured NCS to Medicare with a code from the 95900-95904 range (which describes NCS tests per nerve) or the unlisted CPT procedure code 95999 (Unlisted neurological or neuromuscular diagnostic procedure), explains **Marvel J Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCO**, with MJH Consulting in Denver, Colo. Avoid making some common errors the new code has caused using this Q&A:

1: How Do I Report 95905 for Multiple Limbs?

CPT 95905 creates a whole new way of counting units -- and eliminates the need for two modifiers, as do other NCS codes.

Per limb: "Units of service for 95905 is per each extremity tested, not per nerve," says Hammer. For example, if an internist tested both upper extremities with the pre-configured device, she would bill 95905 with two units of service. Units for other NCS codes, such as 95900 (Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study), are based on each nerve studied.

"As the 'pre-configured' adjective indicates, the hand held devices only provide information on those nerves that are pre-determined by the adhesive electrode 'templates'," says Hammer. Codes 95900-95904 (Nerve Conduction Tests), in contrast, describe nerve conduction studies that require handling of individually placed stimulating, recording, and ground electrodes.

Leave two modifiers -- 50 (Bilateral procedure) and 51 (Multiple procedures) -- behind when reporting 95905. "Similarly to the traditional NCS codes, the new code carries a '0' bilateral status indicator, which means the code should not be reported with modifier 50," Hammer says. The same goes for modifier 51 -- 95905 and the other NCS codes are exempt from the multiple procedure discount, so you should not append modifier 51 to these codes.

Append modifier 26 (Professional component) to 95905 if you do not have the pre-configured device in the office and the internist provides the interpretation and report only.

Note: Do not report 95905 with the other NCS codes (95900-95904) or 95934-95936 (H-reflex, amplitude and latency study ...).

2: Which Diagnoses are Reportable with NCS?

Patients may present to the internist with a variety of complaints that indicate the need for NCS.

Two common conditions the NCS helps diagnose and manage include carpal tunnel syndrome (354.0) and lesion of ulnar nerve (354.2), notes Vavricek.

The pre-configured device is also useful in assessing conditions such as:

- diabetic peripheral neuropathy (250.6x, Diabetes with neurological manifestations **or** 249.6x, Secondary diabetes mellitus with neurological manifestations **with** 357.x, Inflammatory and toxic neuropathy, **or** 337.x, Disorders of the autonomic nervous system)
- lumbosacral radiculopathy (724.3, Sciatica).

Example: A 42-year-old female data entry clerk reported that, although she had had no injuries and during the day she was okay, she had been awakened in the middle of each night for the past two weeks with a numb, aching, burning feeling in her right hand that was relieved by holding her hand down and shaking it, rubbing it and running cold water over it, explains a CPT Changes 2010: An Insider's View scenario. Physical examination reveals weakness of right thumb abduction, wasting of the right thenar eminence, numbness of the palmar aspects of the right thumb, index finger, and middle finger, and a Tinel's sign over the right median nerve at the carpal tunnel. (History and exam reported separately as E/M.) The internist orders nerve conduction testing using preconfigured arrays (95905) for the right arm.

Frequency: TrailBlazer Health covers 95905 once per limb per year, or no more than four per year, according to local coverage determination (LCD) L26776. Payment for additional tests will require medical record review during a requested redetermination. Please check with your Medicare Administrative Contractor (MAC) or commercial payer for diagnostic codes that will be able to be used for 95905 and the frequency of testing.

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3: Does 95904 Require Real-Time Review and Direct Supervision?

Differentiate the CPT header notes that apply to pernerve NCS only.

"Real-time review" and "on-site report" apply to the traditional NCS and not the pre-configured automated NCS test, explains Hammer.

Also, Medicare requires only general supervision, level 1, for the technical component of this service, says Vavricek, so the testing work could be done by a technician.

General supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure, notes Hammer.

4: Won't 95905 Mean Lowered Reimbursement for NCS?

CPT 95905 pays \$76.14 **per limb** while 95900 pays \$54.13 **per nerve**. Thus, if you are using a traditional NCS to test two or more nerves per limb, it's true that 95900 leads to higher reimbursement.

Difference: Internists are more likely to perform a pre-configured NCS (95905) while 95900 is more likely to be used by neurologists. The creation of 95905 means internists have a valid Category I CPT code with an established 2.11 relative value units (RVUs), which is better than having to report an unlisted CPT code (95999) or even an S HCPCS code (S3905, Non-invasive electrodiagnostic testing with automatic computerized hand-held device to stimulate and measure neuromuscular signals in diagnosing and evaluating systemic and entrapment neuropathies evaluating systemic and entrapment neuropathies) that doesn't have any established valuation or, in the case of S codes, that most carriers will not accept, opines Hammer.

"The code was defined per limb rather than per nerve because that was viewed as an appropriate increment of service for the work performed," notes Vavricek. "Relatively, there is less work per limb for this service than there is per nerve for the other NCS codes."