

Part B Insider (Multispecialty) Coding Alert

NEUROLOGY: Don't Bill Nerve Conduction Studies Unless You Can Document Necessity

Carrier will monitor NCS billings for problems

Watch out: If a manufacturer's rep tries to sell your office on new equipment that allows you to perform nerve conduction studies (NCS) in your office, be wary--you may not be able to get paid for the machine's use.

There's been a sharp increase in billings for NCS codes 95900 and 95903-95904, according to Cigna Medicare's most recent provider FAQ. Cigna blames this spike on -the availability of equipment that would allow in-office testing generating immediate results.-

The problem: These in-office devices don't meet the current descriptors for 95900 or 95903-95904, Cigna says. If you use one of these devices, you should bill using unlisted CPT code 95999. Cigna also says that it's concerned that primary care doctors may be billing for NCS using these simple in-office devices. Cigna's local coverage determination (LCD) for NCS says that providers must be experienced in managing the different diseases that can cause common electrodiagnostic findings.

Cigna expresses concern that some providers using these simple tests may not know enough to use the information from the tests to diagnose and manage the patient. But Cigna also worries that primary care doctors won't be able to determine which patients are appropriate for NCS testing in the first place.

At least one manufacturer of a -one-button- NCS testing device appears to be marketing heavily to primary care practices--and claiming the device meets the requirements of the NCS codes, say coding experts.

The **American Association of Neuromuscular and Electrodiagnostic Studies** (AANEM) put out a position paper in March 2006 saying that physicians doing NCS tests should have special training in neurological and neuromuscular diseases. AANEM also said you shouldn't perform NCS tests unless you also have needle electromyographic (EMG) testing available because the findings can be misleading when NCS is used on its own.

Pitfall: The most common instant in-office NCS testing equipment only appears to test certain branches of the certain nerves, and only for carpal tunnel syndrome, says **Marvel Hammer** with **MJH Consulting** in Denver. A neurologist might test those nerves and then move further up. But if the -one-push- equipment rules out carpal tunnel, the nurse doing the test may have no way to do further tests to explain a patient's symptoms.

Tip: Make sure your carrier has your doctor listed with the correct taxonomy code, urges **Ingrid Harrington**, billing manager with **The Billing Office** in Costa Mesa, CA. If your doctor has two specialties and one of them is internal medicine, he or she could be -lumped in- with internal medicine doctors and run into trouble billing these tests.

Important: Make sure your documentation supports the actual performance of the exam. Carriers will be alert for people who are using NCS as a screening test--for example, if your office is testing every diabetic patient, you could be in trouble, says Hammer.

Even if your doctor is a neurologist, make sure your documentation includes medical necessity, including symptoms such as parasthesia or muscle weakness that led to the test.

Resources: Read Cigna's FAQ online at www.cignamedicare.com/medicare_dynamic/FAQs/Display.asp. [Read the AANEM](#)



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