

Part B Insider (Multispecialty) Coding Alert

NEUROLOGY: Don't Miss Out On Extra Units With NCS Codes

8 tips to gain your proper reimbursement for 95900-95904

Don't let nerve conduction study (NCS) coding give you a nervous breakdown. Pay attention to all the nerves your physician examined, and you can boost your reimbursement, say experts.

Update: Appendix J of the 2006 CPT book clarifies that you should be reporting one unit of NCS codes 95900-95904 for each nerve your physician studies. It even includes a list of which nerves count as separate "units" for billing purposes. So now it's up to you to make sure you bill for each nerve your physician studies. Here are some expert tips:

- 1) **Know your nerves.** In Appendix J, the CPT book groups nerves by type (motor or sensory/ mixed) and by location (upper extremity, lower extremity, cranial nerves and trunk, and root stimulation).
- 2) **Prevent double-billing.** Some physicians may want to bill for more than one unit if they moved the stimulating and recording electrodes along the same nerve. But you can only bill multiple units if the physician moved on to a different nerve.
- 3) **Use the printout** from the testing machine, which should list the nerves studied, advises **Ingrid Harrington** with **The Billing Office** in Costa Mesa, CA. Make sure the physician uses the same description in his or her report as is included in the printout.
- 4) **Submit a paper claim.** Some carriers may automatically deny 95900 with [CPT 95903](#) on the grounds that one is a component of the other. This is only true when you report both codes for the same service, notes the **American Association of Neuromuscular and Electrodiagnostic Medicine** in an online "frequently asked questions" file. The AANEM suggests you send a paper claim along with your report, indicating the number of nerves tested.
- 5) **Don't forget the 59 modifier.** Say you're billing for a motor NCS (with F-wave) on the ulnar nerve to the abductor digiti minimi, a motor study without F-wave on the ulnar nerve to the first dorsal interosseous, and a sensory NCS on the ulnar dorsal cutaneous sensory nerve. You'd bill 95900 for the motor study without F-wave, 95903 for the study with F-wave, and 95904 for the sensory NCS.

In that case, you should attach the 59 modifier to the lesser code, 95900, or else the carrier may reduce your reimbursement. The modifier clarifies that the tests occurred on separate nerves, say experts.
- 6) **Check your documentation.** Make sure it includes which side of the body was evaluated, the distance between the stimulation and recording sites, conduction velocity, latency values, and amplitude, suggests coder **Jodi Dickie**. It could also include the temperature of the limbs studied.
- 7) **Give the doctor a checklist** to fill out, Harrington advises. It should list the types of tests with a description of what the physician may have done. It should also list the most frequently used nerves, with a space for the physician to write in other nerves.
- 8) **Include the nerves studied in the comments field** of your bill, advises Harrington. For example, you could bill: "95900 -LT -RT SURAL, RADIAL, MEDIAN."

