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BY AAPC

Part B Insider (Multispecialty) Coding Alert

Recovery Audit Contractors: RAC Sets Sights on Auditing Nerve Conduction Study Code 95904

If you bill more than 3 units at a time, expect an auditor to call.

Are nerve conduction studies are routine procedures at your practice? If so, you'll want to keep an eye on how many units you've reported--and double check medical necessity when the physician bills more than three units to ensure that you can pass an audit.

Why? Region B recovery audit contractor (RAC) CGI Federal, which handles the audits for seven states, has identified the following issue on its Web site as being under review:

"**Nerve conduction study CPT® 95904 greater than 3 units billed:** According to CPT®, the frequency for a nerve conduction sensory study, with the diagnosis of mononeuropathy, is three units per date of service. Therefore, testing beyond this amount is considered to be unusual for this condition."

Keep in mind: If you exceed three units of 95904 (Nerve conduction, amplitude and latency/velocity study, each nerve; sensory) on some occasions, you aren't necessarily coding incorrectly--you may be justified. However, you should review these claims to confirm that you're billing properly. That way, if you are selected for a RAC audit, you'll know that you have a better chance of passing the audit with flying colors.

If you report nerve conduction studies (NSCs) on a regular basis, get to know these three FAQs that can ensure you're coding correctly.

Question 1: Know When Multiple Units Are Justified

Question: Our provider performed 95904 (Nerve conduction, amplitude and latency/velocity study, each nerve; sensory) on the right median 2nd digit-wrist and ulnar 5th digit-wrist, the left median 2nd digit-wrist and ulnar 5th digit-wrist. How many units do we bill -- 4 units or 2 units?

Answer: Sensory NCSs (95904) are performed by applying electrical stimulation near a nerve and recording the response from a distant site along the nerve. Response parameters include amplitude, latency, configuration, and sensory conduction velocity. You would report 4 units of 95904 as coding for nerve conduction testing is based on each different nerve or nerve branch tested. However, you only code once when multiple sites on the same nerve are stimulated or recorded. It should be noted that most nerves have a contralateral counterpart, and testing of both the right and left nerves is often necessary for comparison; if comparison is needed, the nerve testing on each side may be reported separately. Motor nerve conduction testing (95900 or 95903) is distinct from sensory (95904) studies on an individual nerve. A mixed nerve inherently involves motor and sensory testing at the same time and is reported with 95904 only.

Question 2: Make Sure Diagnosis Code is Specific And Accurate

Question: Which diagnosis code can we report for 95904? Our physician always circles the same one ("numbness") on his claims.

Answer: Your physician may be doing the NCS for a wide variety of clinical indications. Look for the underlying condition necessitating the study in the professional interpretation report of the NCS. Protean conditions affect the function of nerves, including diabetes, chronic alcohol use, poisoning, and injury.

You should in specific look for the symptoms that lead to the necessity of the diagnostic NCS. For example, you may look

into the clinical note for descriptors like numbness, tingling, loss of sensation, altered sensation, and muscle weakness. You may report 782.0 (Disturbance of skin sensation) for numbness. In other instances, you may also report 356.2 (Hereditary sensory neuropathy) or 724.4 (Thoracic or lumbosacral neuritis or radiculitis, unspecified) as appropriate.

Do not forget to check with your payer for acceptance of these conditions as being necessary for NCS so you'll know ahead of time whether the service is covered or not. If not, you'll want to offer the patient an advance beneficiary notice (ABN) ahead of time to indicate that she may be responsible for payment.

Question 3: Know When Modifiers Are Unnecessary

Question: We have received a denial for codes 95860 (Needle electromyography; 1 extremity with or without related paraspinal areas), 95903 (Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study), and 95904 (Nerve conduction, amplitude and latency/velocity study, each nerve; sensory). Do we need a modifier to bill these codes together?

Answer: You can no longer bill codes 95860, 95903, and 95904 together. Effective January 1, 2012, there are new CPT® codes for EMG performed with nerve conduction studies. These are:

- 95885 (Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited [List separately in addition to code for primary procedure])
- 95886 (Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels [List separately in addition to code for primary procedure])
- 95887 (Needle electromyography, non-extremity [cranial nerve supplied or axial] muscle[s] done with nerve conduction, amplitude and latency/velocity study [List separately in addition to code for primary procedure]).

You need to report any of these codes based on the documentation you have rather than to append modifiers to 95860, 95903, and 95904.

When nerve conduction studies (95900-95904) are performed on the same day as EMG studies you must use 95885 or 95886 instead of 95860. You report 95885 when four or fewer muscles are tested and 95886 when five or more muscles are tested in the same extremity. You may bill either of these up to four times depending on how many extremities the physician tests. You do not need any modifiers.