

Eli's Rehab Report

Increase Pay Up for Same-day Multiple Nerve Conduction Studies

Coding Insight: Confusion about billing 95900 and 95903 can be cleared up by knowing the codes definitions and properly using modifier -59.

Coders can get confused about the differences between billing multiple units of either **CPT 95900** (nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study) or 95903 (motor, with F-wave study) versus billing both 95900 and 95903 on the same day. This confusion can lead to denied claims, but proper use of the codes can increase reimbursement.

Be Careful of Unbundling

Many coders assume that billing both codes on the same day is acceptable to Medicare and commercial providers. When they bill the 95900, they normally just add another unit for every additional nerve tested. So if the doctor does an F-wave study (95903), along with the 95900, it should be okay to bill the two different codes on separate line items because the physiatrist is still testing different nerves.

But coders who choose to bill the two codes on separate line items of the same bill most likely will have their claim rejected because the Correct Coding Initiative (CCI) considers the simultaneous billing of 95900 and 95903 as unbundling (billing of two codes when one will cover the service performed). The CCI edit will infer automatically that the two codes are being billed for the same nerve, and thus, if you bill them separately, the claim will be rejected.

Without question, you have to be testing different nerves when you're billing 95900 and 95903 on the same day, says **Tiffany Eggers, JD, MPA**, who represents physiatrists and neurologists to Health Care Financing Administration (HCFA) and Congress as policy director and legislative counsel for the American Association for Electrodiagnostic Medicine. If you bill the same nerve with and without an F-wave, it's fraud. Therefore, coders billing for both of the motor nerve tests on the same nerve, on the same day, should report only the 95903.

The Medicare Part B Guide to H Reflex and F Wave Studies (Jan. 9, 1998, Revision) states, Performance of an F wave study requires minimal additional work when combined with a motor nerve conduction velocity study (NCV). Since a motor NCV study should always be done in conjunction with the F wave, the F wave will not be reimbursed separately ... Only one unit of service should be submitted for each single nerve tested.

Jean Morrissey, office manager at Neuroscience Specialties, PC, a physiatrist group practice in Oklahoma City, says, If the doctor does the study both with the F-wave and without the F-wave on the same nerve, he just bills the 95903. We're very conservative with our billing.

Eggers agrees that this is the right approach when testing the same nerve on the same day. Code 95903 includes a nerve conduction study and an F-wave study. When billing for the same nerve, there's no other way to bill for both studies, she says.

Offices that bill multiple nerve conduction studies on the same patient during the same visit can use modifier -59 (distinct procedural service) to reduce denials for 95900 and 95903 (motor, with F-wave study) when the codes refer to testing on different nerves, says Eggers.

Our coding expert recommends either all F-waves or all no-F-waves per visit, says Eggers. But if you need to do both, you can either book the patient for the different studies on different days, or you can use modifier -59 and do both on the same visit.

Use Caution When Billing Modifier -59

It's important to note that modifier -59 should not be used as a cure-all for overriding CCI edits. When another already established modifier is appropriate, it should be used rather than modifier -59, according to CPT 2000. Only if no more descriptive modifier is available, and the use of modifier -59 best explains the circumstances, should modifier -59 be used. For this reason, it is especially important not to overuse modifier -59.

Most coders who misuse modifier -59 simply don't understand the circumstances under which it is appropriate. For example, a biller in New Jersey says, "For the motor nerve with the F-wave study, when I'm billing Medicare, I use modifier -59 along with the 95903 for each different nerve. Without the F-wave study, I would also use the modifier -59 for the different nerves."

Jody Branham, who bills for two doctors at Central Florida Physiatrists in Orlando, Fla., suggests that instead of using modifier -59, for every nerve that's tested, we add another unit, so I just bill the study without the F-wave by saying 95900 x2 units, and we've been very successful in doing that, she says.

Dorothy Coney, biller at Pain and Rehabilitation Medicine Center in Farmington Hills, Mich., says her office rarely bills for the 95903, although it often bills multiple units of the 95900. We've billed up to eight nerves on the same day using 95900, but we almost never bill both codes on the same day.

Claims with 95900 can bill up to 12 units, while 95903 is subject to the standard three-unit limit. HCFA's 3/94 Intermediary Manual, Part 3, Chapter VII, Bill Review, lists 95900 as an exclusion to the three-unit limit, and states that 95900 should be billed so the value of the unit field is not greater than twelve. The manual also says that when billing the 95903 code, the unit field value cannot exceed three units.

Note: Billers are cautioned to avoid using modifier -51 (multiple procedures) with the motor nerve conduction study codes because both 95900 and 95903 are modifier -51 exempt, according to CPT 2000.