

## Eli's Rehab Report

### Reader Question: Stick With G Codes for sNCT

Question: Which codes should I report for sensory nerve conduction threshold tests (sNCTs)?

Utah Subscriber

Answer: In October 2002, Medicare introduced G0255 (Current perception threshold/sensory nerve conduction test [sNCT], per limb, any nerve) to report current perception/sensory nerve conduction threshold testing (sNCT). The test is noninvasive, using a transcutaneous electrical stimulus to evoke a sensation to diagnose various sensory neuropathies.

Despite the new code, Medicare considers this a "noncovered" service. According to a May 2, 2002, CMS Program Memorandum (AB-02-066), CMS determined "that there is insufficient scientific or clinical evidence to consider the use of this device as reasonable and necessary; and, therefore, Medicare will not pay for this type of test."

You should not report 95904 (Nerve conduction, amplitude and latency/velocity study, each nerve; sensory) for sNCT tests that you perform on Medicare patients. As Noridian, the Medicare Part B payer for 11 states, makes clear in its local medical review policy (LMRP), "the use of code 95904 is inappropriate for this test, as it does not describe the test being performed. Use of this code could warrant a review of medical records and a potential fraud referral."

Some practices report G0255 to Medicare so they can obtain a denial to submit to a patient's secondary insurer. If you intend to do this, you should append modifier -GY (Item or service statutorily excluded or does not meet the definition of any Medicare benefit) to the code. This tells your carrier that you require a denial notice.

Although you are not required to maintain an advance beneficiary notice (ABN) on file for excluded Medicare services, it's a good idea to have the patient sign an ABN before you perform the sNCT so the patient is aware of his or her responsibility to pay you when Medicare denies the claim.