

## Eli's Rehab Report

### Reader Questions: Make Use of Modifier 59 With Motor NCS

**Question:** When my physiatrist performs [CPT 95900](#) and 95903 on different nerves, should I add modifier 59 to 95900 or 95903?

Tennessee Subscriber

**Answer:** You need to append the appropriate modifier to 95900 (Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study), whether it is modifier 59 (Distinct procedural service), modifier RT (Right side), or modifier LT (Left side). Remember, 95900 is a component code of comprehensive code 95903 (...motor, with F-wave study), so it is imperative that you indicate to your carrier that you should receive separate reimbursement for each.

If your physiatrist performed the motor NCS on the right side while he performed the motor NCS with F-wave study on the left side, you should append modifiers RT and LT accordingly.

However, if the physiatrist performs both 95900 and 95903 on the same side (either the same extremity but different nerve or one on the upper and one on the lower), your only option is to use modifier 59.

You should append that to 95900 to indicate that it is separate and distinct from the more comprehensive service.

**Caution:** Before using the RT and LT modifiers, check with your payers to see whether they have the capability of correctly processing 95900 and 95903 with these modifiers.

For example, Cigna Medicare (Part B carrier for Indiana, North Carolina and Tennessee) stated in a February 2005 article for North Carolina jurisdiction: "Reporting any of these codes with a 'Lt' or 'Rt' modifier will cause the claims system to inappropriately price the services. A '0' indicator for bilateral procedure means 150 percent payment adjustment for bilateral procedure does not apply. Providers should instead append modifier 76 (Repeat procedure by same physician)."