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Pain Management Coding Alert

Nerve Studies: Code Carefully When Considering Electrodiagnostic Testing

NCS + EMG might equal EDX suite.

When your physician performs a nerve conduction study (NCS), there is a good chance that he also performed an electromyography (EMG) during the encounter.

If your physician provides this combination of services, it's called electrodiagnostic (EDX) testing. Coders need to know the basics of EDX coding or risk reporting incorrectly and costing the practice deserved reimbursement.

Check out this expert Q&A on the best practices for coding your provider's EDX services:

Q: What is EDX?

A: When the provider performs a nerve conduction study (NCS) and a needle electromyography (EMG) on the same patient, it's an EDX evaluation. Both portions of the EDX test occur "on the same date of service in the vast majority of cases," Carrie Winter, RHIA, health policy manager for American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

Q: What codes do I use for EDX tests?

A: For the NCS, you'd choose from the following codes, depending on the number of diagnostic nerve conduction studies performed: 95907 (Nerve conduction studies; 1-2 studies) through 95913 (... 13 or more studies).

For the EMG, when performed with the NCS, you'd choose between 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 (... 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]), and 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]), depending on encounter specifics. These are add-on codes, so you can never report them without a primary code. For an EDX, the primary code would be for the NCS.

Your provider will perform the NCS and EMG for the same patient ... usually. "Most insurance companies also require that [NCS and EMG] be performed together except in select situations," relays Winter.

Remember: CPT® forbids you from reporting 95905 (Motor and/or sensory nerve conduction, using preconfigured electrode array[s], amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report) with 95885 and 95886. You would report 95905 when the provider uses pre-configured electrode arrays rather than the individually placed stimulating electrodes, which are more commonly used by neurologists in nerve conduction studies.

Q: What types of patients would see a physician for an EDX?

According to Winter, EDX testing could be indicated for the following scenarios in a pain management practice:

- Focal neuropathies, entrapment neuropathies, or compressive lesions/syndromes such as carpal tunnel syndrome, ulnar neuropathies, or root lesions, for localization
- Symptom-based presentations such as "pain in limb," weakness, disturbance of skin sensation, or "paresthesia" when appropriate pre-test evaluations are inconclusive and the clinical assessment unequivocally supports the need for the study
- Cervical or lumbosacral radiculopathy
- Idiopathic, traumatic, inflammatory, or infiltrative plexopathy
- Myopathy, including polymyositis and dermatomyositis, myotonic disorders, and congenital myopathies.

"Remember, this is just a list of situations in which an EDX might be necessary," Winter reminds. The above list is not exhaustive, and you need to consider each encounter separately.

Q: Who notes the number of studies conducted on the encounter form: coder or provider?

A: "I have seen and heard of it being done both ways. It wouldn't be incorrect to do it either way," reports Winter. However, coders should always be familiar with how to appropriately count the number of nerves tested from the NCS report and use Appendix J (in the CPT® book) appropriately.

"Miscounting nerves and not interpreting Appendix J correctly is one of the biggest reasons that denials are seen for NCS testing. Often coders in smaller facilities are also responsible for the management and appeal of denials and it is important for everyone to understand how to appropriately bill for NCS testing and to deal with denials and appeals when appropriate," Winter says.

Q: Could you provide an example in which the physician provides a full EDX for a patient?

A 45-year-old female has a five-month history of frequent awakening at night due to right hand and forearm pain (M79.641, M79.631). Prolonged typing also causes distal right upper extremity numbness (R20.0), tingling (R20.2), and pain, and she sometimes drops things out of the right hand.

Physical examination reveals numbness of the palmar aspects of the right index and middle fingers and a questionable Tinel's sign over the right median nerve at the carpal tunnel. The physician performed three motor and four sensory nerve conduction studies (95910). Right median sensory nerve conduction is slowed across the carpal tunnel. Needle electromyography examination (95885) of a thenar muscle innervated by the median nerve of the symptomatic limb is indicated, along with an ulnar and radial-innervated muscle to confirm the diagnosis of median neuropathy at the right wrist (G56.01), evaluate severity, and rule out more widespread pathology.

Q: Are these tests usually performed in-office or off-site?

A: EDX testing is most often performed in a physicians' office, reports Winter. "However, there are instances where testing is performed in an outpatient hospital setting. In these instances, modifier 26 [Professional component] would be used" on the EDX codes, Winter says.