

Pain Management Coding Alert

Reader Question: Drop 1-Hour Rule on These Neurostimulator Tests

Question: Our physician recently performed a complex spinal cord neurostimulator test with subsequent programming. Encounter notes indicate that the test lasted 53 minutes. I have one coder who says we should use 95972 alone, but another coder says that we need to code 95972 along with modifier 52 (Reduced services). Do I need modifier 52 or not?

Tennessee Subscriber

Answer: No, you don't need modifier 52, as there is no time component for this test any longer. On the claim, report 95972 (Electronic analysis of implanted neurostimulator pulse generator system [e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements]; complex spinal cord, or peripheral [i.e., peripheral nerve, sacral nerve, neuromuscular] [except cranial nerve] neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming) for the service.

Explanation: There might be some confusion in your coding office because CPT® revised the 95972 descriptor in 2016, and dropped the "up to 1 hour" part of the descriptor to make the code clearer.

If you're unsure of an individual payer's policy on 95972, check with it before filing your neurostimulator claim. With a total encounter time of 53 minutes, however, the payer should accept your 95972 claim provided you prove medical necessity and the physician's actions meet the other parameters of the test.