

Pain Management Coding Alert

Reader Question: Get More Info for Evoked Potentials Code

Question: Notes indicate the PM physician performed an evoked potentials test. It was a short-latency study, with stimulation to several peripheral nerve sites and recording from the central nervous system. The test was preceded by a level-two evaluation and management (E/M) service. What is the proper coding for this scenario?

Michigan Subscriber

Answer: You've got a definite answer for the E/M code, but you'll need more encounter specifics to code for the test. For the E/M, you'll report 99212 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making ...) with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) appended to show that the E/M was a significant, separately identifiable service from the evoked potentials test.

As for the evoked potentials test, there's several codes to choose from based on the specifics of the encounter. Go back and check the notes - or ask the performing provider - for more information on the test. Then, you'll choose from the following codes:

- 95925 - Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
- 95926 - ... in lower limbs
- 95938 - ... in upper and lower limbs
- 95927 - ...in the trunk or head.