
Nerve Conduction Studies (NCS) and Needle Electromyography (EMG) Procedures General Reimbursement Guidance

NeuroMetrix provides customers with general reimbursement guidance for procedures performed with our products. This information is not intended to increase or maximize reimbursement by any third party payer but to assist providers in accurately obtaining coverage and reimbursement for healthcare goods and services. It is always the responsibility of the provider to determine appropriate coding, charges and reimbursement. Please contact your local carrier/payer for their specific coverage, coding and payment policies. NeuroMetrix makes no guarantee that the use of this information will result in coverage/payment for the services provided.

Nerve Conduction Studies

Coding

The following codes may be appropriate for billing nerve conduction studies (NCS). Please contact your payers to obtain specific billing instructions.

CPT Codes

- 95900: Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
- 95903: Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
- 95904: Nerve conduction, amplitude and latency/velocity study, each nerve; sensory

Units

- Total the appropriate number of nerves tested for each CPT code. This will represent the number of units to bill for each CPT code.

Modifiers

- Typically modifiers are not necessary for standard billing of nerve conduction studies, with one exception:
 - If billing units of 95903 and 95900 on the same claim, a 59 modifier should be attached to all units of 95900 on the claim.
- Bilateral modifier (-50) is not appropriate.
- CPT codes 95900, 95903 and 95904 are “modifier 51 exempt”; this modifier should not be used.

Needle Electromyography Procedures

Coding

The following are the most common CPT codes for needle electromyography procedures. Refer to your billing and coding resources for a complete list of needle electromyography CPT codes.

CPT Codes

- 95860: Needle electromyography; one extremity with or without related paraspinal areas
- 95861: Needle electromyography; two extremities with or without paraspinal areas
- 95863: Needle electromyography; three extremities with or without related paraspinal areas
- 95864: Needle electromyography; four extremities with or without related paraspinal areas
- 95867: Needle electromyography; cranial nerve supplied muscle(s), unilateral
- 95868: Needle electromyography; cranial nerve supplied muscles, bilateral
- 95869: Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
- 95870: Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters

Modifiers

- Typically modifiers are not necessary for standard billing of needle electromyography procedures.

ICD-9-CM Diagnosis Codes

Diagnosis codes are used by physicians and hospitals to document the clinical indication for the procedure. Third party payers require the use of medically appropriate ICD-9 codes. Please check with your local carrier/payer for their list of appropriate ICD-9 codes.

Frequently Asked Questions

Q. What are the technician supervisor requirements for nerve conduction studies?

A. Under Medicare guidelines, nerve conduction studies may be performed under direct supervision. Direct supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.¹

Q. How many units of each NCS CPT code should be billed?

A. One (1) unit of the appropriate NCS code should be billed for each nerve tested.

Q. Should multiple NCS CPT code units be billed together or split?

A. Multiple units of a particular NCS CPT code should be listed on a single line, versus splitting the units across multiple lines.

Q. Can the provider bill for an office visit the same day as the NCS study is performed?

A. An office visit can only be billed separately when a full-scale separate service takes place in addition to the nerve conduction study (generally, a Level 3 E/M or higher). If the presenting ICD-9 code for the office visit is different from that of the NCS study, a 25 modifier should be added to the E/M code.

Q. When is modifier 59 used?

A. When units of 95900 (*Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study*) are billed with units of 95903 (*Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study*), the 59 modifier should be appended to 95900 to denote it as a distinct procedure.

Q. Who can perform needle electromyography procedures?

A. In general, licensed physicians must perform needle electromyography procedures. Regulations and requirements can vary, please consult your payer guidelines and state regulations.

Q. Why would Medicare deny a claim for Medical Necessity?

A. One must use an ICD-9 code from the state-specific Local Coverage Determination (LCD) to designate medical necessity for Medicare submissions.

Q. Why would a third-party payer deny a claim submitted for an NCS and/or needle electromyography procedure?

A. Payer policies and procedures vary by provider agreement and patient health plans. They are highly variable, are subject to change and can contain numerous exceptions and exemptions. As with any procedure, NeuroMetrix encourages providers to validate their reimbursement with their payers.

Q. What are the requirements/restrictions regarding frequency of testing for NCS and needle electromyography?

A. Guidelines on testing frequency vary by Medicare Carriers and Third Party Payers. Please contact your local carrier/payer for their specific guidelines.