AASEM PRACTICE GUIDELINES - January 2013

2013 AMA CODE 95904 IS REPLACED BY NCS CODES BASED ON THE NUMBER OF NERVE TESTED REGARDLESS OF TYPE – (SENSORY or MOTOR)

NCS & SSEP

Even though Medicare Administrative Law Judges (ALJs) have named the AXON-II/Neural-Scan tests as "necessary" and "entitled to payment", the NCS code change may encourage payers to argue that real-time recordings must be made. These recordings only begin to change when motor fibers have lost at least 50% of their myelin. The A-delta fibers are 50 times smaller than motor fiber, therefore such measurements are of no presently known diagnostic value. However, they confirm the stimulus intensity causing the threshold action potential summation, which the can now be measured with the AXON-V upgrade.

NCS - NUMBER OF NERVES TESTED – Response Electrode Proximal to Stimulus

95907 (1 to 2), 08 (3 to 4), 09 (5 to 6), 10 (7 to 8), 11 (9 to 10), 12 (11 to 12), 13 (13 or more)
Medicare ruled in 2011-2012 that 3 nerves per side (6 total) are payable with 95904. In spite of code changes CMS will surely not change from 6 total for NCS (95909 5-6 nerves).

SSEP – GLOBAL (BILATERAL) Response Electrode Over Spinal Cord

95925 (Cervical/Upper Extremities), 95926 (Lumbar/Lower Extremities), 95927 (Trunk/Head)

Possible Combinations:

The most common pathological nerve roots - C5-6-7-8 and L4-5-S1 – can be tested by NCS. The others nerves can be tested using a less time consuming and less costly SSEP format. This maintains overall accuracy (more data equal higher sensitivity) by exactly detecting the thresholds of action potential firing (dial setting causing firing), with reduced costs to third-party payers.

Cervical NCS: Axillary (C5), Radial (C6-7), Ulnar (C8)
SSEP: Greater Occipital (C2), Mid Cervical (C3), Supraclavicular (C4), Ulnar (T1-2)
Lumbar NCS: Saphenous (L4), Peroneal (L5), Sural (S1)
SSEP: Lumbar (L1), Lateral Femoral Cutaneous (L2), Femoral (L3), Sciatic (S2)

NOTE:
NCS code 95909 is for 5 to 6 nerves. Single line with No Units or Modifier is used with this code. SSEP code is regional global (bilateral). Single line with No Units or Modifier with this code.

EXTENTED EVALUATION

99214: Extended Evaluations (separate visit):

- **Good medical practice dictates that a positive nerve test requires an Extended Evaluation (99214) to aid in making a final diagnosis. An Extended Evaluation Chart can be found in the AASEM Practice Guidelines**

DIAGNOSTIC CODING

ICD-9 - 353.0 Cervical Plexopathy – 353.1 Lumbar Plexopathy

Over 50% of spinal pain is referred to healthy nerves and up to 20% is referred to the opposite side. Using a presumptive diagnosis of plexopathy allows detection of less common sensory nerve pathologies. Support: *Massachusetts General Hospital Handbook of Pain Management* 2nd Ed. (2002) pg. 382: "*In most cases* (over 50%) *of neck and back pain the anatomic and pathologic diagnosis remains unclear.*" Carney (neurosurgeon) reports (Jo. PPM June 2012) pain NCS changed treatment is 56% and side of treatment in 8% of 151 cases.