

## Local Coverage Determination (LCD): Nerve Conduction Studies and Electromyography (L35048)

Select the **Print Complete Record**, **Add to Basket** or **Email Record** Buttons to print the record, to add it to your basket or to email the record.

**Printing Note:**

To print an entire document, including all codes in all code groups, use the **Need a PDF** Button or the **Print Complete Record** Button.

To print only the current visible page contents, use the **Print** Button in the page header.

Section Navigation

- **Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=391&amp;ver=1)</a>	A and B MAC	10111 - MAC A	J - J	Alabama
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=394&amp;ver=1)</a>	A and B MAC	10112 - MAC B	J - J	Alabama
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=392&amp;ver=1)</a>	A and B MAC	10211 - MAC A	J - J	Georgia
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=395&amp;ver=1)</a>	A and B MAC	10212 - MAC B	J - J	Georgia
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=393&amp;ver=1)</a>	A and B MAC	10311 - MAC A	J - J	Tennessee
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=396&amp;ver=1)</a>	A and B MAC	10312 - MAC B	J - J	Tennessee
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=374&amp;ver=1)</a>	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=378&amp;ver=1)</a>	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=375&amp;ver=1)</a>	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=379&amp;ver=1)</a>	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=376&amp;ver=1)</a>	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=380&amp;ver=1)</a>	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
<a href="#">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=377&amp;ver=1)</a>	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina

<a href="https://www.medicare.gov/databases/staticpages/contractor-details.aspx?Contrid=381&amp;ver=1">Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?Contrid=381&amp;ver=1)</a>	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina
---	---------------------	---------------	-------	----------------

– **LCD Information**

**Document Information**

**LCD ID**  
L35048

**Original Effective Date**  
For services performed on or after 10/01/2015

**Original ICD-9 LCD ID**

**Revision Effective Date**  
For services performed on or after 10/01/2018

**LCD Title**  
Nerve Conduction Studies and Electromyography

**Revision Ending Date**  
N/A

**Proposed LCD in Comment Period**  
N/A

**Retirement Date**  
N/A

**Source Proposed LCD**  
N/A

**Notice Period Start Date**  
10/09/2014

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**  
CPT codes, descriptions and other data only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

**Notice Period End Date**  
11/23/2014

Current Dental Terminology © 2017 American Dental Association. All rights reserved.

Copyright © 2018, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

**CMS National Coverage Policy**

Title XVIII of the Social Security Act §1862(a)(1)(A) states that no payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act §1861(r)(1) defines the term physician.

Title XVIII of the Social Security Act §1861(s)(2)(A) defines medical and other health services.

Title XVIII of the Social Security Act §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 CFR §410.32(a) indicates that diagnostic tests must be ordered by the treating physician, or other treating practitioner acting within the scope of his or her license and Medicare requirements, who uses the results in the management of the beneficiary's specific medical problem.

42 CFR §410.32(b)(3)(i-iii) defines supervision and the three levels of supervision.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §160.23 Sensory Nerve Conduction Threshold Tests (sNCTs)

Program Memorandum Carriers, Transmittal B-01-28, Change Request 850, dated April 19, 2001, describes tests that may be performed by Physical Therapists (PTs) with American Board of Physical Specialties (ABPTS) certification. Physician supervision of Diagnostic Tests.

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests.

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Transmittal 2677, Change Request 8169, dated March 26, 2013.

## Coverage Guidance

### Coverage Indications, Limitations, and/or Medical Necessity

Palmetto GBA expects that all healthcare professionals involved in the performance of electrodiagnostic (ED) testing, including technicians, will be appropriately trained and/or credentialed, either by a formal residency/fellowship program (physicians), certification by a nationally recognized organization, or by an accredited post-graduate training course covering anatomy, neurophysiology and forms of EDs, such as nerve conduction studies (NCS) and electromyography (EMG) that are acceptable to this Contractor, in order to provide the proper testing and assessment of the patient's condition, and appropriate safety measures. It would be highly unlikely that this training and/or credentialing is possessed by providers other than Neurologists, or Physical Medicine & Rehabilitation physicians.

Palmetto GBA also expects that the laboratories in which these studies are performed meet basic safety and quality standards regarding such issues as electrical safety and electrical equipment maintenance, needle handling, blood spill management, etc. Such standards have been established by the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM).

The ED evaluation is an extension of the neurologic portion of the history and physical examination. Both require a detailed knowledge of a patient and his/her disease. Training in the performance of ED procedures in isolation of knowledge about clinical diagnostic and management aspects of neuromuscular diseases, may not be adequate for proper performance of an ED evaluation and correct interpretation of ED test results. Without awareness of the patterns of abnormality expected in different diseases and knowledge that the results of NCS and EMG may be similar in different diseases, diagnosis solely by EMG-NCS findings may be both inadequate and ultimately be detrimental to the patient.

Guidelines about proper qualifications for qualified health care professionals performing ED evaluations have been developed and published by AANEM and other medical organizations, including the American Medical Association, the American Academy of Neurology, the American Academy of Physical Medicine and Rehabilitation, American Neurological Association, the American Board of Physical Therapy Specialties (ABPTS) in Clinical Electrophysiology, and the Department of Veterans Affairs.

Both EMGs and NCSs are usually required for a clinical diagnosis of peripheral nervous system disorders. Performance of one type of testing does not eliminate the need for the other. The intensity and extent of testing with EMG and NCS are matters of clinical judgment developed after the initial pre-test evaluation, and later modified during the testing procedure. Palmetto GBA expects that EMG's will be conducted in conjunction with nerve conduction velocity (NCVs) in all testing instances. The only exception would be in situations where a contraindication to performing an EMG exists. In such cases, the circumstances for the contraindication should be clearly documented in the medical record.

It is expected that only an appropriate and sufficient number of ED studies will be performed to arrive at an appropriate diagnosis. The AANEM has published a "Model Policy for Needle EMG and NCS" outlining recommendations pertaining to a reasonable maximum number of studies, per diagnostic indication, necessary for a practitioner to arrive at a diagnosis in 90% of patients with that final diagnosis. It is recommended that the ED provider utilize this table as a guideline when performing testing.

Decisions to continue, modify or conclude an EMG/NCS test rely on knowledge of anatomy, physiology and neuromuscular diseases. Ongoing real-time assessment of data is required during the clinical diagnostic evaluation and especially during EMG examination. As such, the provider performing the testing and/or interpretation should be present on the site and immediately available during the examination.

NCS are used to measure action potentials resulting from peripheral nerve stimulation which are recordable over the nerve or from an innervated muscle. With this technique, responses are measured between two sites of stimulation, or between a stimulus and a recording site.

NCS are of two general types: sensory and motor. Either surface or needle electrodes can be used to stimulate the nerve or record the response. Axonal damage or dysfunction generally results in loss of nerve or muscle potential response amplitude; whereas, demyelination leads to prolongation of conduction time and slowing of conduction velocity.

Obtaining and interpreting NCS results requires extensive interaction between the performing qualified health care professional and patient, and is most effective when both obtaining raw data and interpretation are performed concurrently on a real-time basis.

Results of the NCS reflect on the integrity and function of:

- (I) the myelin sheath (Schwann cell derived insulation covering an axon), and
- (II) the axon (an extension of neuronal cell body) of a nerve.

Interruption of axon and dysfunction of myelin will both affect NCS results.

It is often also valuable to test conduction status in proximal segments of peripheral nerves. This assessment can be accomplished by H-reflex, F-wave and blink reflex testing. These proximal segments include the first several centimeters of a compound nerve emerging from the spinal cord or brainstem. H-reflex, F-waves and Blink reflex testing accomplish this task better than distal NCS.

EMG is the study and recording of intrinsic electrical properties of skeletal muscles. This is carried out with a needle electrode. Generally, the needles are of two types: monopolar or concentric. EMG is undertaken together with NCS. Unlike NCS, however, EMG testing relies on both auditory and visual feedback to the electromyographer. This testing is also invasive in that it requires needle electrode insertion and adjustment at multiple sites, and at times anatomically critical sites. As in NCS, during EMG studies the electromyographer depends on ongoing real-time interpretation based knowledge of the clinical diagnosis being evaluated to decide whether to continue, modify, or conclude a test. This process requires knowledge of anatomy, physiology, and neuromuscular diseases.

EMG results reflect not only on the integrity of the functioning connection between a nerve and its innervated muscle but also on the integrity of a muscle itself. The axon innervating a muscle is primarily responsible for the muscle's volitional contraction, survival, and trophic functions. Thus, interruption of the axon will alter the EMG. A few prime examples of conditions in which EMG is potentially helpful are disc disease producing spinal nerve dysfunction, advanced nerve compression in peripheral lesions, Amyotrophic Lateral Sclerosis (ALS), polyneuropathy, etc. After an acute neurogenic lesion, EMG changes may not appear for several days to weeks in the innervated muscles. Primary muscle disease such as polymyositis will also alter a normal EMG pattern. Myotonic disorders may show a pattern of spontaneous repetitive discharges on needle exploration.

In summary, axonal and muscle involvement are most sensitively detected by EMGs, and myelin and axonal involvement are best detected by NCSs.

### Physical Therapists Performing EMGs

Program Memorandum Transmittal B-01-28/Change Request 850 sets forth revised levels of physician supervision required for diagnostic tests payable under the Medicare Physician Fee Schedule. Effective July 1, 2001, certain codes in the range of CPT 95860-95937 were assigned new supervision levels (21, 22, 6a, 66, 77 or 77a). *This implementation date would make it possible for physical therapists to acquire the certification required to perform these services without supervision. A physical therapist who is presently certified by the American Board of Physical Therapy Specialties can perform procedures assigned level of 21, 22, 66, 6a, 77, or 77a without supervision.* These numeric levels assigned to the CPT® codes are listed in the Medicare Physician Fee Schedule Database (MFSDB). *Physical therapists who do not possess the ABPTS (American Board of Physical Therapy Specialties) certification by July 1, 2001, may continue to furnish those tests that require the certification if they have been furnishing such diagnostic tests prior to May 1, 2001.*

#### Payment will be based on the Medicare Physician Fee Schedule level of supervision designation.

Nerve conduction CPT® code 95905 does not have one of the above designations and is therefore not allowed by Physical Therapists.

Nerve conduction CPT® codes 95907-95913 had their Physician Supervision of Diagnostic Procedures Indicators adjusted to 7A effective 01/01/2013 (CR 8169). Therefore, if authorized by state law, PTs are allowed the technical portion and professional component of the test according to the description of 7A.

The TC component of the Neuromuscular junction testing CPT® code 95937 had its Physician Supervision of Diagnostic Procedures Indicator changed to "7A" This change is effective January 1, 2013.

Needle EMG CPT® codes 95860-95872 and 95885-95887 have the designation of 6A for the technical portion of the test. Therefore if authorized by state law PTs who are presently certified by the ABPTS as a qualified electrophysiologic clinical specialist are allowed the technical portion and the professional component of the test according to the description of 6A.

### A. Nerve Conduction Studies

The dichotomy into axonal and demyelinating neuropathies provides a practical means of correlating electrical abnormalities with major pathophysiologic changes in the nerve. Electrical studies can be of help in localization of an abnormality, and in distinguishing one variety of neuropathy from another: for example, diffuse vs. multifocal; axonal vs. demyelinating. Such distinction has diagnostic value. Specific classification of nerve injuries into neuropraxia and axonotmesis can be made on the basis of conduction studies and EMG. Such classification has a bearing on prognosis and treatment.

1. Focal neuropathies or compressive lesions such as carpal tunnel syndrome, ulnar neuropathies or root lesions, for localization.
2. Traumatic nerve lesions, for diagnosis and prognosis.
3. Diagnosis or confirmation of suspected generalized neuropathies, such as diabetic, uremic, metabolic or immune.
4. Repetitive nerve stimulation in the diagnosis of neuromuscular junction disorders such as myasthenia gravis, myasthenic syndrome.
5. There may be other instances, not detailed here, where NCS may be of use. Not all possible or potential indications are addressed here.

The broad diagnostic scope of NCS is recognizable by the foregoing description. There may be instances where questions about an indication, or need for a study, will arise. The clinical history and examination, carried out before the study, must always describe and document clearly and comprehensibly the need for the planned test. A "rule-out" diagnosis is typically not acceptable. The Contractor is cognizant of the fact that patients are not always referred with a definite diagnosis in mind. Often, pain, paresthesia, or weakness in an extremity is the reason for an NCS or EMG. These common symptoms result not only from axonal and myelin dysfunction but also from systemic, non-neurological illnesses. EMG and NCV may help in making this distinction. Therefore, symptom-based diagnoses such as "pain in limb" weakness, disturbance in skin sensation or "paresthesia" are acceptable provided the clinical assessment unequivocally supports the need for a study. To cite but one example of many, an EMG or NCS is irrelevant as a first order diagnostic test for limb pain resulting from immediate antecedent trauma or acute bone injury.

Both EMGs and NCSs are required for a clinical diagnosis of peripheral nervous system disorders. EMG results reflect on the integrity of the functioning connection between a nerve and its innervated muscle and also on the integrity of a muscle itself. Performance of one does not eliminate the need for the other. The intensity and extent of testing with EMG and NCS are matters of clinical judgment developed after the initial pre-test evaluation, and later modified during the testing procedure.

Decisions to continue, modify or conclude a test also rely on a knowledge base of anatomy, physiology and neuromuscular diseases. There is a requirement for ongoing real-time clinical diagnostic evaluation, especially during EMG examination. Also, EMG examination is invasive. Needle placement in the exact muscle of interest is essential. It requires needle exploration near vital structures such as the pleura, femoral neurovascular bundle, peritoneum, intraspinal spaces, carotid artery, orbit and brachial plexus. Risk of infection from AIDS, Hepatitis B-E, Creutzfeldt-Jakob encephalopathy, and hemorrhage from anticoagulation can be managed by proper techniques.

The ED evaluation is actually an extension of the neurologic portion of the physical examination. Both require a detailed knowledge of a patient and his/her disease. Training in the performance of ED procedures, in isolation without awareness and ability to diagnose and manage neuromuscular diseases, is not always adequate for ED consultation. Recognition and experience in the management of disparate diseases that produce common ED findings may be necessary. For example, EMG-NCS findings may overlap in the following pairs of disorders: inflammatory myopathies and ALS, ALS and multi-level radiculopathies, myotonia of channelopathies (periodic paralyses) and myotonic dystrophies, focal neuropathies such as Carpal Tunnel Syndrome and proximal plexopathies. Other instances where knowledge of disease behavior is crucial are Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) and Multifocal Motor Neuropathy. These entities display ED features that resemble generalized polyneuropathies. Neuromuscular transmission disorders require separation based on clinical presentation and electrical features. Treatment will depend on differentiating among them. Without awareness of the disease spectrum, diagnosis solely by EMG-NCS findings may be either wrong or detrimental to the patient.

The following definitions are from the American Association of Neuromuscular and Electrodiagnostic Medicine Recommended Policy for Electrodiagnostic Medicine.

*The stimulation of nerves is similar across all NCSs; the characteristics of motor, sensory, and mixed NCSs are different and are discussed separately below. In each case, an appropriate nerve is stimulated and recording is made either from the appropriate nerves or from muscle supplied by the motor nerve.*

a. Motor -

Motor NCSs are performed by applying electrical stimulation at various points along the course of a motor nerve while recording the electrical response from an appropriate muscle. Response parameters include amplitude, latency, configuration, and motor conduction velocity.

b. Sensory -

Sensory NCSs are performed by applying electrical stimulation near a nerve and recording the response from a distant site along the nerve. Response parameters include amplitude, latency, and configuration and sensory conduction velocity.

c. Mixed -

Mixed NCSs are performed by applying electrical stimulation near a nerve containing both motor and sensory fibers (a mixed nerve) and recording from a different location along that nerve that also contains both motor and sensory nerve fibers. Response parameters include amplitude, latency, configuration, and both sensory and motor conduction velocity.

d. CPT® code 95905 -Nerve conduction studies performed using automated devices (for example devices such as NC-stat® System) cannot support testing of other locations and other nerves as needed, depending on the concurrent results of testing, and they should not be billed to Medicare with the current CPT® codes.

When the beneficiary has a high pre-test or a prior probability for having the diagnosis of Carpal Tunnel Syndrome, the NC-stat® System (alone) will be allowed, one service per arm, using CPT® code 95905. The diagnosis code G56.01 or G56.02 should be used. All other diagnosis codes will be denied as not medically necessary.

NCS performed independent of needle EMG may only provide a portion of the information needed to diagnose muscle, nerve root, and most nerve disorders. When the NCS is used on its own without integrating needle EMG findings or when an individual relies solely on a review of NCS data, the results can be misleading, and important diagnoses may be missed.

In most instances, both NCS and usually EMG are necessary to perform diagnostic testing. While a provider may choose to perform just a NCS, when performed alone it is usually considered to be a screening exam. The only exception to this is a situation when a provider may consider it appropriate to perform a NCS without doing an EMG for the diagnosis of carpal tunnel syndrome with a high pre-test probability.

## B. Electromyography

Neurogenic disorders can be distinguishable from myopathic disorders by a carefully performed EMG. For example, both polymyositis and ALS produce manifest weakness. The former carries a very different prognosis and treatment than the latter. An EMG is very valuable in making this distinction. Similarly, classification of nerve trauma into axonal vs. demyelinating categories, with corresponding differences in prognoses, are possible with EMG. Below is a list of common disorders where an EMG, in tandem with a properly conducted NCS, will be helpful in diagnosis:

1. Nerve compression syndromes, including carpal tunnel syndrome and other focal compressions.
2. Radiculopathy - cervical, lumbosacral.
3. Mono/polyneuropathy - metabolic, degenerative, hereditary.
4. Myopathy - including poly- and dermatomyositis, myotonic and congenital myopathies.
5. Plexopathy - idiopathic, trauma, infiltration.
6. Neuromuscular junction disorders - myasthenia gravis. Single fiber EMG is of special value here.
7. At times, immediately prior to botulinum toxin injection, for localization.
8. At times, immediately prior to injection of phenol or other substances for nerve blocking or chemodeneration.

There may be other instances, not detailed here, where EMG may be of use.

### Use of EMG with Botulinum Toxin Injection

EMG may be used to optimize the anatomic location of botulinum toxin injection. It is expected there will be one study performed per anatomic location of injection, if needed.

### Limitations:

#### Nerve Conduction Studies

Each descriptor (code) from CPT® codes 95907, 95908, 95909, 95910, 95911, 95912, and 95913, can be reimbursed only once per nerve, or named branch of a nerve, regardless of the number of sites tested or the number of methods used on that nerve. For instance, testing the ulnar nerve at wrist, forearm, below elbow, above elbow, axilla and supraclavicular regions will all be considered as a single nerve. Motor and sensory nerve testing are considered separate tests. CPT® code 95905 is payable only once per limb studied and cannot be used in conjunction with any other nerve conduction codes.

**Screening testing for polyneuropathy of diabetes or endstage renal disease (ESRD)** is NOT covered. Testing for the sole purpose of monitoring disease intensity or treatment efficacy in these two conditions is also not covered.

**Psychophysical measurements** (current, vibration, thermal perceptions), even though they may involve delivery of a stimulus, are considered to be part of the physical exam and may not be billed as a separate service.

**Current Perception Threshold/Sensory Nerve Conduction Threshold Test (sNCT)** – is not covered by Medicare. *This procedure is different and distinct from assessment of nerve conduction velocity, amplitude and latency. It is also different from short-latency somatosensory evoked potentials. Codes designated for eliciting nerve conduction velocity, latency or amplitude, and those designed for short latency evoked potentials are not to be used for sNCT. The sNCT has a unique code G0255: Effective October 1, 2002, CMS initially concluded that there was insufficient scientific or clinical evidence to consider the sNCT test and the device used in performing this test reasonable and necessary within the meaning of section 1862(a)(1)(A) of the law. Therefore, sNCT was noncovered. Based on a reconsideration [in March, 2004] of current Medicare policy for sNCT, CMS concludes that there continues to be insufficient scientific or clinical evidence to consider the sNCT test and the device used in performing this test as reasonable and necessary within the meaning of section 1862(a)(1)(A) of the law. CMS Internet Only Manual, Publication 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 160.23.*

Examination using portable hand-held devices, or devices which are incapable of real-time wave-form display and analysis, and incapable of both NCS and EMG testing, will be included in the E/M service. They will not be paid separately. Examples include, The Axon II or delta fiber analysis testing and/or machines with other names.

NCS must provide a number of response parameters in a real-time fashion to facilitate provider interpretation. Those parameters include amplitude, latency, configuration and conduction velocity. Medicare does not accept diagnostic studies that do not provide this information or those that provide delayed interpretation as substitutes for NCS. Raw measurement data obtained and transmitted trans-telephonically or over the Internet, therefore, does not qualify for the payment of the ED service codes included in this LCD.

Medicare does not expect to receive claims for nerve conduction testing accomplished with discriminatory devices that use fixed anatomic templates and computer-generated reports used as an adjunct to physical examination routinely on all

patients.

### Electromyography

It is expected that providers will use CPT® code 95870 for sampling muscles other than the paraspinals associated with the extremities, which have been tested. Medicare would not expect to see this code billed when the paraspinal muscles corresponding to an extremity are tested and when the extremity EMG CPT® code 95860, 95861, 95863 or 95864 is also billed. The necessity and reasonableness of the following uses of EMG studies have not been established:

- exclusive testing of intrinsic foot muscles in the diagnosis of proximal lesions
- definitive diagnostic conclusions based on paraspinal EMG in regions bearing scar of past surgeries (e.g., previous laminectomies)
- pattern-setting limited limb muscle examinations, without paraspinal muscle testing for a diagnosis of radiculopathy
- EMG testing shortly after trauma, before EMG abnormalities would have reasonably had time to develop
- surface and macro EMG's
- multiple uses of EMG in the same patient at the same location of the same limb for the purpose of optimizing botulinum toxin injections.

For outpatient settings other than Comprehensive Outpatient Rehabilitation Facility (CORF)s, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.) Each practitioner must provide only those services within the scope of practice for each state.

### Summary of Evidence

N/A

### Analysis of Evidence (Rationale for Determination)

N/A

## - Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

### CPT/HCPCS Codes

#### Group 1 Paragraph:

#### A. Nerve Conduction Studies (NCS)

**Both a nerve conduction velocity study and an electromyogram must be performed involving the nerve(s) being studied on the same date of service in order to be reimbursed for those procedures. The only exception is in the diagnosis of carpal tunnel which may not in all cases require both a nerve conduction velocity study and an electromyogram.**

#### Group 1 Codes:

CODE	DESCRIPTION
95905	Motor &/ sens nrve cndj test
95907	Nvr cndj tst 1-2 studies
95908	Nrv cndj tst 3-4 studies
95909	Nrv cndj tst 5-6 studies
95910	Nrv cndj test 7-8 studies
95911	Nrv cndj test 9-10 studies
95912	Nrv cndj test 11-12 studies

CODE	DESCRIPTION
95913	Nrv cndj test 13/> studies
95933	Blink reflex test
95937	Neuromuscular junction test
95999	Neurological procedure
G0255	Current percep threshold tst

**Group 2 Paragraph:**

**B. Electromyography (EMG)**

**Both a nerve conduction velocity study and an electromyogram must be performed involving the nerve(s) being studied on the same date of service in order to be reimbursed for those procedures. The only exception is in the diagnosis of carpal tunnel which may not in all cases require both a nerve conduction velocity study and an electromyogram.**

**Group 2 Codes:**

CODE	DESCRIPTION
51785	Anal/urinary muscle study
92265	Eye muscle evaluation
95860	Muscle test one limb
95861	Muscle test 2 limbs
95863	Muscle test 3 limbs
95864	Muscle test 4 limbs
95865	Muscle test larynx
95866	Muscle test hemidiaphragm
95867	Muscle test cran nerv unilat
95868	Muscle test cran nerve bilat
95869	Muscle test thor paraspinal
95870	Muscle test nonparaspinal
95872	Muscle test one fiber
95885	Musc tst done w/nerv tst lim
95886	Musc test done w/n test comp
95887	Musc tst done w/n tst nonext

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:**

**Note: ICD-10 CM codes must be coded to the highest level of specificity.**

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A05.4	Foodborne Bacillus cereus intoxication

ICD-10 CODE	DESCRIPTION
A05.5	Foodborne Vibrio vulnificus intoxication
A05.8	Other specified bacterial foodborne intoxications
A05.9	Bacterial foodborne intoxication, unspecified
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A30.8	Other forms of leprosy
A30.9	Leprosy, unspecified
A33	Tetanus neonatorum
A34	Obstetrical tetanus
A35	Other tetanus
A52.15	Late syphilitic neuropathy
B91	Sequelae of poliomyelitis
B92	Sequelae of leprosy
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
D21.9	Benign neoplasm of connective and other soft tissue, unspecified
D32.1	Benign neoplasm of spinal meninges
D33.3	Benign neoplasm of cranial nerves
D33.4	Benign neoplasm of spinal cord



ICD-10 CODE	DESCRIPTION
D33.7	Benign neoplasm of other specified parts of central nervous system
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy

ICD-10 CODE	DESCRIPTION
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E25.0	Congenital adrenogenital disorders associated with enzyme deficiency
E25.8	Other adrenogenital disorders
E51.2	Wernicke's encephalopathy
E51.8	Other manifestations of thiamine deficiency
E51.9	Thiamine deficiency, unspecified
E56.0	Deficiency of vitamin E
E56.8	Deficiency of other vitamins
E74.01	von Gierke disease
E74.02	Pompe disease
E74.03	Cori disease
E74.04	McArdle disease
E74.09	Other glycogen storage disease
E78.6	Lipoprotein deficiency
F44.4	Conversion disorder with motor symptom or deficit
F44.6	Conversion disorder with sensory symptom or deficit
F44.9	Dissociative and conversion disorder, unspecified
F45.42	Pain disorder with related psychological factors
G04.1	Tropical spastic paraplegia
G04.90	Encephalitis and encephalomyelitis, unspecified

Showing 1 to 100 of 1818 entries in Group 1

[First](#) [Prev](#) [1](#) [2](#) [3](#) [4](#) [5](#) [Next](#) [Last](#)

#### ICD-10 Codes that DO NOT Support Medical Necessity

##### Group 1 Paragraph:

All diagnoses not listed in the "ICD-10 Codes that Support Medical Necessity."

##### Group 1 Codes:

N/A

##### Additional ICD-10 Information

N/A

## - General Information

### Associated Information

#### Documentation Requirements

The patient's medical records must clearly document the medical necessity for the test, including a brief history and exam that ensures the individual(s) that perform/interpret the study do so with adequate knowledge of essential presenting criteria. It is not necessary to include documentation with each claim submission. Data gathered during NCS, however, should be available which reflect the numerical values (latency, amplitude, and nerve conduction), and testing conditions (skin temperature, type of needle, etc.), preferably in a tabular (not narrative) format. The reason for referral and a clear diagnostic impression are required for each study. In cases where a review becomes necessary, a hard copy of waveforms and a complete written report with an interpretation of the test must be submitted upon request. All studies must contain the printed name, signature, and professional designation of ALL individuals, performing, interpreting, and/or supervising the test.

Normal findings and abnormalities uncovered during the study should be documented with the muscles tested, the presence and type of spontaneous activity, as well as the characteristics of the voluntary unit potentials and interpretation.

#### Sources of Information

N/A

#### Bibliography

AANEM Position Statement. Proper performance and interpretation of electrodiagnostic studies. *Muscle Nerve*. 2006;33(3):436-439.

Brown E. An Evidence based technology assessment of the NC-stat® device. 08/21/08

Elkowitz SJ, Dubin NH, Richards BE, Wilgis EF. Clinical utility of portable versus traditional electrodiagnostic testing for diagnosing, evaluating and treating carpal tunnel syndrome. *Am J Orthop*. 2005;34(8):362-364.

Hilburn JW. General principles and use of electrodiagnostic studies in carpal and cubital tunnel syndromes. With special attention to pitfalls and interpretation. *Hand Clin*. 1996;12(2):205-221.

Jabre JF, Salzsieder BT, Gnemi KE. Criterion validity of the NC-stat automated nerve conduction measurement instrument. *Physiol Meas*. 2007;28(1):95-104.

Katz JN, Simmons BP. Clinical Practice. Carpal Tunnel Syndrome. *New England Journal of Medicine*. 2002;346(23):1807-1812.

Katz RT. NC-stat as a screening tool for carpal tunnel syndrome in industrial workers. *J Occup Environ Med*. 2006;48(4):414-418.

Kong X, Gozani SN, Hayes MT, Weinberg DH. NC-stat sensory nerve conduction studies in the median and ulnar nerves of symptomatic patients. *Clin Neurophysiol*. 2006;117(2):405-413.

Leffler CT, Gozani SN, Cros D. Median neuropathy at the wrist: Diagnostic utility of clinical findings and an automated electrodiagnostic device. *J Occup Environ Med*. 2000;42(4):398-409.

Perkins BA, Grewal J, Ng E, Ngo M, Bril V. Validation of a novel point-of-care nerve conduction device for the detection of diabetic sensorimotor polyneuropathy. *Diabetes Care*. 2006;29(9):2023-2027.

Vinik AI, Emley MS, Megerian JT, Gozani SN. Median and ulnar nerve conduction measurements in patients with symptoms of diabetic peripheral neuropathy using the NC-stat system. *Diabetes Technol Ther*. 2004;6(6):816-824.

AANEM Position Statement. Recommended Policy for Electrodiagnostic Medicine. Updated 2014

Wisconsin Physicians Service Insurance Corp. Contractor LCD, L34594, Nerve Conduction Studies and Electromyography.

- **Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2018	R20	Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> the following ICD-10 codes have been added: G71.09, M79.11, M79.12, M79.18. Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Codes</b> the following ICD-10 codes have been deleted: G71.09, M79.11, M79.12, M79.18.  <i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none"> <li>• Typographical Error</li> </ul>
10/01/2018	R19	Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> the following ICD-10 codes have been deleted: G51.3, G71.0, M79.1. Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> the following ICD-10 codes have been added: G51.31, G51.32, G51.33, G71.00, G71.01, G71.02, I63.81, I63.89, I67.850, I67.858. Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Codes</b> the following ICD-10 codes have been added: G71.09, M79.11, M79.12, M79.18. This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2018.  <i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>

05/10/2018	R18	<p>Punctuation was corrected throughout the policy as necessary. Acronyms were inserted where appropriate throughout the policy. CPT® was inserted throughout the policy where applicable. Under <b>CMS National Coverage Policy</b> deleted the word "Medicare" in the first cited regulation. A (1) was added after (r) in the second cited regulation. An "a" was added after 42 CFR, Section 410.32 in the fifth cited regulation. The words "Physical Therapists" was added in front of the acronym "PT", the words "American Board of Physical Therapy Specialties" was added in front of the acronym "ABPTS", and parentheses were placed around both acronyms in the eighth cited regulation. Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> changed the words "electrodiagnostics (including both NCS and EMG)" to the words "such as nerve conduction studies (NCS) and electromyography (EMG) that are" in the first paragraph. The word "the" was added in front of the word "American" in the second paragraph. The acronym "AMA" was changed to the words "American Medical Association" in the fourth paragraph. The words "nerve conduction velocity" was added in front of the acronym "NCVs" and parentheses were placed around the acronym in the fifth paragraph. Under <b>Coverage Indications, Limitations and/or Medical Necessity – A. Nerve Conduction Studies</b> added the word "the" in the third numbered sentence after the first paragraph. The word "such" was added after the word "structures" in the fourth paragraph. The word "such" was added after the word "neuropathies" in the fifth paragraph. Verbiage was added to subtitle <b>b. Sensory</b> that was inadvertently omitted. The word "Mixed" was added to subtitle <b>c.</b> and verbiage was added that was inadvertently omitted. Under <b>Coverage Indications, Limitations and/or Medical Necessity – B. Electromyography</b> added the word "a" before the word "properly" in the first paragraph. Under <b>Coverage Indications, Limitations and/or Medical Necessity – Current Perception Threshold/Sensory Nerve Conduction Threshold Test (sNCT)</b> added the words "Internet Only Manual," before the word "Publication" in the first paragraph. Under <b>Bibliography</b> changes were made to citations to reflect AMA citation guidelines.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>
------------	-----	--	--

02/26/2018	R17	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> <li>• Change in Affiliated Contract Numbers</li> </ul>
01/29/2018	R16	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> <li>• Change in Affiliated Contract Numbers</li> </ul>
10/01/2017	R15	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> deleted ICD-10 code M48.06. Under <b>ICD-10 Codes That Support Medical Necessity Group 1: Codes</b> added ICD-10 codes G12.23, G12.24, G12.25, M33.03, M33.13, M33.93, M48.061 and M48.062.</p> <p>Under <b>ICD-10 Codes That Support Medical Necessity Group 1:Codes</b> code description changes were made to ICD-10 codes M33.00, M33.01, M33.02, M33.09, M33.10, M33.11, M33.12 and M33.19. This revision is due to the 2017 Annual ICD-10 Code Updates.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
05/18/2017	R14	Under <b>CPT/HCPCS Codes – Group 1: Paragraph and Group 2: Paragraph</b> – added verbiage to state "Both a nerve conduction velocity study and an electromyogram must be performed involving the nerve(s) being studied on the same date of service in order to be reimbursed for those procedures. The only exception is in the diagnosis of carpal tunnel which may not in all cases require both a nerve conduction velocity study and an electromyogram".	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
05/11/2017	R13	<p>Under <b>CMS National Coverage Policy</b> - revised title of Title XVIII of the Social Security Act Section 1861(s)(2)(A) to read – 'Defines medical and other health services'. Revised title of Transmittal B-01-28 Change Request 850 to read, 'Physician Supervision of Diagnostic Tests'. Revised title of CMS Internet-Only Manual, Publication 100-02 Chapter 15 Section 80 to read 'Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests'.</p> <p>Under <b>Coverage Indications, Limitations and/or Medical Necessity</b>- revised sentence from fifth paragraph under <b>A. Nerve Conduction Studies</b> to read "Other instances where knowledge of disease behavior is crucial are Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) and Multifocal Motor Neuropathy". Corrected code listed under <b>Limitations: Nerve Conduction Studies</b>, from 59509 to 95909.</p> <p>Under <b>Sources of Information and Basis for Decision</b>- grammatical corrections and updates made to sources.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>

10/31/2016	R12	Under <b>CPT/HCPCS Codes Group 1: Codes</b> deleted CPT 95873 and under <b>Group 2: Codes</b> deleted CPT code 95874 as these CPT codes are for guidance used for therapeutic procedures and are not diagnostic procedures as per their code descriptions. This revision is retroactive to 10/01/2015.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other</li> </ul>
10/01/2016	R11	Under <b>ICD-10 Codes That Support Medical Necessity</b> added ICD-10 codes G56.03, G56.13, G56.23, G56.33, G56.43, G56.83, G56.93, G57.03, G57.13, G57.23, G57.33, G57.43, G57.53, G57.63, G57.73, G57.83, G57.93, G61.82, M50.020, M50.021, M50.022, M50.023, M50.121, M50.122, and M50.123, deleted ICD-10 codes M50.02, M50.12, M50.22, M50.32, M50.82 and M50.92 and revised the code descriptions for ICD-10 codes S54.8X1A, S54.8X1D, S54.8X1S, S54.8X2A, S54.8X2D and S54.8X2S. This revision is due to the Annual ICD-10 Code Update and becomes effective 10/1/16.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
05/19/2016	R10	Under <b>CMS National Coverage Policy</b> corrected the verbiage for Title XVIII of the Social Security Act, §1861(r) and added "indicates" to Title XVIII of the Social Security Act, § 1861(s)(2). Deleted the Federal Register Vol. 62, Number 211. Transmittal 2663, was rescinded and replaced with Transmittal 2677, Change Request 8169, dated March 26, 2013, CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual. Under <b>Coverage Indications, Limitations and/or Medical Necessity A. Nerve Conduction Studies</b> added "to" to the second sentence of the tenth paragraph. Under <b>Sources of Information and Basis for Decision</b> added authors and titles to preexisting references and changed "Washington" to "Wisconsin". Corrected LCD typographical number error from L31345 to L31346.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>
10/01/2015	R9	Under <b>Sources of Information and Basis for Decision</b> removed bibliography Morse J. NC-stat@ System, NeuroMetric® Inc. Nerve Conduction Testing System Technology Assessment, as the website <a href="http://www.lni.wa.gov/claimsins/files/omd/tancstat0506.pdf">www.lni.wa.gov/claimsins/files/omd/tancstat0506.pdf</a> , is longer available for this specific article.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
10/01/2015	R8	Per CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.1.3 LCDs consist of only "reasonable and necessary" information. All bill type and revenue codes have been removed.	<ul style="list-style-type: none"> <li>• Other (Bill type and/or revenue code removal)</li> </ul>
10/01/2015	R7	Under Sources of Information and Basis for Decision updated text hyperlink as the web address had changed for ANNEM Recommended Policy for Electrodiagnostic Medicine.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
10/01/2015	R6	Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> in sentence stating "The diagnosis code 354.0 should be used", removed code 354.0 and put "G56.01 or G56.02" in its place. Under <b>CPT/HCPCS Codes</b> added CPT codes 95872, 95874, 95885, 95886, and 95887 as these codes did not transfer over from the original LCD.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> </ul>
10/01/2015	R5	Removed Bill Type 083X, this bill type does not apply to Medicare hospital outpatient claims paid under OPPS. Instead hospitals would use 013X, 014X, or 012X to report Medicare outpatient services.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
10/01/2015	R4	Consolidated LCD into an A/B MAC LCD.	<ul style="list-style-type: none"> <li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>

10/01/2015	R3	<p>Under <b>ICD-10 Codes that Support Medical Necessity</b> the following ICD-10 codes were added:  A05.0, A05.2, A05.3, A05.4, A05.5, A05.8, A05.9, A30.0, A30.1, A30.2, A30.3, A30.4, A30.5, A30.8, A30.9, A33, A34, B92, C49.9, D21.9, D48.1, E25.0, E25.8, E74.01, E74.02, E74.03, E74.04, E74.09, F44.4, F44.6, F44.9, F45.42, G04.90, G04.91, G12.1, G12.20, G12.21, G12.22, G12.29, G12.8, G21.0, G21.11, G21.19, G21.2, G21.3, G21.8, G21.9, G23.0, G23.1, G23.2, G23.8, G23.9, G25.0, G25.1, G25.82, G31.9, G31.85, G40.001, G40.009, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.A01, G40.A09, G40.A11, G40.A19, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801, G40.802, G40.803, G40.804, G40.811, G40.812, G40.813, G40.814, G40.821, G40.822, G40.823, G40.824, G40.89, G40.901, G40.909, G40.911, G40.919, G43.001, G43.009, G43.101, G43.109, G43.401, G43.409, G43.501, G43.509, G43.601, G43.609, G43.701, G43.709, G43.A0, G43.B0, G43.C0, G43.D0, G43.801, G43.809, G43.821, G43.829, G43.901, G43.909, G51.1, G52.0, G62.9, G82.20, G90.1, G90.3, G92, G93.0, G93.1, G93.2, G98.8, H50.10, H50.40, H50.50, H55.00, H55.02, H55.03, H55.04, H55.09, H55.81, H55.89, I67.81, I67.82, I67.83, I67.841, I67.848, I67.89, I73.9, I95.0, I95.89, J38.01, M15.3, M19.011, M19.012, M19.021, M19.022, M19.031, M19.032, M19.041, M19.042, M19.071, M19.072, M21.41, M21.42, M25.511, M25.512, M25.521, M25.522, M25.531, M25.532, M25.551, M25.552, M25.561, M25.562, M25.571, M25.572, M25.78, M31.6, M32.10, M43.21, M43.22, M43.23, M43.24, M43.25, M43.26, M43.27, M43.28, M46.48, M46.49, M51.9, M53.2X7, M53.3, M53.84, M53.85, M54.9, M60.000, M60.001, M60.003, M60.004, M65.011, M65.012, M65.021, M65.022, M65.031, M65.032, M65.041, M65.042, M65.051, M65.052, M65.061, M65.062, M65.071, 065.072, M65.08, M65.311, M65.312, M65.321, M65.322, M65.331, M65.332, M65.341, M65.342, M65.351, M65.352, M65.4, M65.811, M65.812, M65.821, M65.822, M65.831, M65.832, M65.841, M65.842, M65.851, M65.852, M65.861, M65.862, M65.871, M65.872, M65.88, M65.89, M71.9, M75.31, M75.32, M75.41, M75.42, M75.81, M75.82, M79.0, M79.89, M93.211, M93.212, M93.221, M93.222, M93.231, M93.232, M93.241, M93.242, M93.251, M93.252, M93.261, M93.262, M93.271, M93.272, M93.28, M93.29, N31.9, N32.81, O26.821, O26.822, O26.823, O90.89, Q07.8, Q68.0, Q76.2, R26.2, R27.9, R29.3, R29.6, R29.810, R29.818, R29.891, R40.0, R40.1, R40.4, R45.83, R45.84, R47.01, R53.2, R55, S04.71XA-S, S04.72XA-S, S24.111A-S, S24.112A-S, S24.113A-S, S24.114A-S, S24.131A-S, S24.132A-S, S24.133A-S, S24.134A-S, S24.141A-S, S24.142A-S, S24.151A-S, S24.152A-S, S64.498A-S, S99.811A-S, S99.812A-S, S99.821A-S, S99.822A-S, and T75.4XXA-S. Under <b>Sources of Information and Basis for Decision</b> removed citation U.S. Food and Drug Administration 510(k) Premarket Notification Database. NeuroMetrix NC-stat.® No. K041320. Rockville, MD: FDA. Aug. 12, 2004 as web site for this particular FDA premarket notification is no longer available.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> <li>• Change in Assigned States or Affiliated Contract Numbers</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2015	R2	<p>Under <b>ICD-10 Codes That Support Medical Necessity</b> section of the LCD a descriptor change was made to the following ICD-10 Codes due to the CMS Quarterly Update in June 2014: M50.01, M50.11, M50.21, M50.31, M50.81 and M50.91. Descriptor changes were made per CMS Quarterly Update in June 2014. These description changes became effective 7/1/2014.</p>	<ul style="list-style-type: none"> <li>• Other (Descriptor changes made per CMS Quarterly Update June 2014.)</li> </ul>

10/01/2015	R1	<b>Bill Type Codes</b> and <b>Revenue Codes</b> were added to applicable sections of the LCD. This policy was converted to an A/B MAC LCD and will replace the Part A future draft LCD-DL35183.	<ul style="list-style-type: none"> <li>Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>
------------	----	---	--

- **Associated Documents**

**Attachments**

N/A

**Related Local Coverage Documents**

N/A

**Related National Coverage Documents**

N/A

**Public Version(s)**

Updated on 11/09/2018 with effective dates 10/01/2018 - N/A

Updated on 08/31/2018 with effective dates 10/01/2018 - N/A ([/medicare-coverage-database/details/lcd-details.aspx?LCDId=35048&ver=63&CntrctrSelected=378\\*1&Cntrctr=378&LCntrctr=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocType=2&bc=AgACAAQBAAAA&](#))

Updated on 05/04/2018 with effective dates 05/10/2018 - 09/30/2018 ([/medicare-coverage-database/details/lcd-details.aspx?LCDId=35048&ver=60&CntrctrSelected=378\\*1&Cntrctr=378&LCntrctr=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocType=2&bc=AgACAAQBAAAA&](#))

Updated on 12/07/2017 with effective dates 02/26/2018 - 05/09/2018 ([/medicare-coverage-database/details/lcd-details.aspx?LCDId=35048&ver=55&CntrctrSelected=378\\*1&Cntrctr=378&LCntrctr=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocType=2&bc=AgACAAQBAAAA&](#))

Updated on 12/07/2017 with effective dates 01/29/2018 - 02/25/2018 ([/medicare-coverage-database/details/lcd-details.aspx?LCDId=35048&ver=54&CntrctrSelected=378\\*1&Cntrctr=378&LCntrctr=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocType=2&bc=AgACAAQBAAAA&](#))

Updated on 09/01/2017 with effective dates 10/01/2017 - 01/28/2018 ([/medicare-coverage-database/details/lcd-details.aspx?LCDId=35048&ver=53&CntrctrSelected=378\\*1&Cntrctr=378&LCntrctr=378\\*1%7c379\\*1%7c380\\*1%7c381\\*1&DocType=2&bc=AgACAAQBAAAA&](#))

Some older versions have been archived. Please visit the to retrieve them.

- **Keywords**

- EMG
- NCS

Read the [LCD Disclaimer](#) ([../staticpages/lcd-disclaimer.aspx](#))

98

Home



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244



Go to HHS Home Page (<https://www.hhs.gov/>)

**CMS & HHS Websites**

[Medicare.gov](#) Link to the medicare.gov website - Opens in a new window (<https://www.medicare.gov/>)

[MyMedicare.gov](#) Link to the MyMedicare.gov website - Opens in a new window (<https://www.MyMedicare.gov/>)

[Medicaid.gov](#) - Opens in a new window (<https://www.Medicaid.gov/>)

[InsureKidsNow.gov](#) - Opens in a new window (<https://www.insurekidsnow.gov/>)

[HealthCare.gov](#) - Opens in a new window (<https://www.HealthCare.gov/>)

[HHS.gov/Open](#) - Opens in a new window (<https://www.hhs.gov/open/>)

**Tools**



[AcronymsCenters for Medicare & Medicaid Services Acronym Lookup tool - Opens in a new window \(https://www.cms.gov/apps/acronyms\)](https://www.cms.gov/apps/acronyms)

[Contacts - Opens in a new window \(https://www.cms.gov/apps/contacts\)](https://www.cms.gov/apps/contacts)

[Glossary - Opens in a new window \(https://www.cms.gov/apps/glossary/\)](https://www.cms.gov/apps/glossary/)

[Archive - Opens in a new window \(https://www.archive-it.org/collections/2744\)](https://www.archive-it.org/collections/2744)

## Helpful Links

[Web Policies & Important Links \(https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/index.html\)](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/index.html)

[For Developers \(https://developer.cms.gov/\)](https://developer.cms.gov/)

[Privacy Policy \(https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html\)](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html)

[Plain Language \(https://www.medicare.gov/about-us/plain-writing/plain-writing.html\)](https://www.medicare.gov/about-us/plain-writing/plain-writing.html)

[Freedom of Information Act \(https://www.cms.gov/center/freedom-of-information-act-center.html\)](https://www.cms.gov/center/freedom-of-information-act-center.html)

[No Fear Act \(https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/NoFearAct.html\)](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/NoFearAct.html)

[Nondiscrimination/Accessibility \(https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html\)](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html)

[HHS.gov - Opens in a new window \(https://www.hhs.gov\)](https://www.hhs.gov)

[Inspector General - Opens in a new window \(https://www.oig.hhs.gov\)](https://www.oig.hhs.gov)

[USA.gov - Opens in a new window \(https://www.usa.gov\)](https://www.usa.gov)

[Help with file formats & plug-ins \(https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Help.html\)](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Help.html)

Receive Email Updates

Submit