

# **Nerve Conduction Velocity Studies/ Electrodiagnostic Studies/Neuromuscular Junction Testing**

Policy Number: MP-043  
Last Review Date: 05/09/2019  
Effective Date: 07/01/2019

## **Policy**

Evolent Health considers **Nerve Conduction Studies (NCS) and NCV studies** to be of help in localization of an abnormality, and in distinguishing one variety of neuropathy from another. Such distinction has diagnostic value and has a bearing on prognosis and treatment.

Indications for NCS/NCV studies with EMG include but not limited to any of the following:

- Focal neuropathies or compressive lesions such as: carpal tunnel syndrome, ulnar neuropathies, or root lesions localization
- Traumatic nerve lesions, for diagnosis and prognosis
- Diagnosis or confirmation of suspected generalized neuropathies, such as diabetic, uremic, metabolic, or immune neuropathies
- Repetitive nerve stimulation in the diagnosis of neuromuscular junction disorders such as myasthenia gravis, myasthenic syndrome
- Pain, paresthesia, or weakness in an extremity is the reason for an NCV and/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 and documentation unequivocally supports the need for a study.)

All of the following apply in relation to NCS and EMGs:

- Must be ordered by a physician.
- NCS should not routinely be conducted without EMGs (see exceptions below in this section).
- Studies must be conducted by an appropriately certified physician or physical therapist as defined by the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) guidelines.
- Certified physicians using the appropriate equipment are able to make the determination as to what tests are medically necessary. The intensity and extent of testing with EMG and NCS are matters of clinical judgment developed after the initial pre-test evaluation and can later be modified during the testing procedure.
- Results of studies must be reflected in the medical record in order to insure payment.

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- Physical therapists shall only be reimbursed for performing the technical component of the study.
- Study results must be reviewed and diagnoses rendered by a board-certified neurologist, physiatrist or hand surgeon or a physician certified by the American Board of Electrodiagnostic Medicine (ABEM) or American Board of Psychiatry and Neurology (ABPN). ABEM- certified physicians are listed in the ABEM directory found on their [website](#)

Any of the following are circumstances when NCS may be performed without a Needle EMG:

- Appropriate for acute cases of neuropathy and other nerve disorders including trauma (within 14 days of acute onset).
- Appropriate for the evaluation of a neuromuscular junction disorder if a needle examination was already performed within the past 60 days (allows option of adding on repetitive stimulation in patient previously evaluated without it).

**EMGs** - Neurogenic disorders are distinguishable from myopathic disorders by a carefully performed EMG. Common disorders where an EMG will be helpful in diagnosis (but are not limited to):

- Nerve compression syndromes, including carpal tunnel syndrome and other focal compressions
- Radiculopathy – cervical, lumbosacral
- Mono/polyneuropathy-metabolic, degenerative, hereditary
- Myopathy – including poly and dermatomyositis, myotonic and congenital myopathies
- Plexopathy - idiopathic, trauma, infiltration
- Neuromuscular junction disorders - myasthenia gravis. Single fiber EMG is of special value here
- At times, immediately prior to botulinum toxin injection, for localization
- At times, immediately prior to injection of phenol or other substances for nerve blocking or chemodenervation
- Can be considered as an option for polyneuropathy and, therefore, may be omitted in acute cases of neuropathy and other nerve disorders including trauma since EMG changes do not occur for 14-21 days

**NMJ** studies are appropriate to diagnose neuromuscular junction disorders of:

- Myasthenia gravis

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- Lambert Eaton myasthenic syndrome (LEMS)
- Botulinum toxicity
- Patients in intensive care unit (ICU) settings who experience continued weakness after a critical illness which has required induced paralysis for mechanical ventilation
- Patients with physical signs/symptoms of diplopia, dysphagia, weakness and/or fatigue may be tested when the above diagnoses are suspected

**Note:** For “Frequency of Testing Guidelines”, please see the American Association of Neuromuscular and Electrodiagnostic Medicine reference (Table 1: Maximum Number of Studies Table).

### Limitations

1. Nerve Conduction Velocity Studies (NCVs) are only covered when performed with needle electromyogram except in occasional circumstances as described above
2. A clinical history from the referral source must clearly document the need for each test. Referral data containing pertinent clinical information must be available for review in instances where the need for a test may come under scrutiny.
3. Both NCVs and EMGs are required for a clinical diagnosis of peripheral nervous system disorders.
4. Nerve conduction studies (NCS) must be performed on conventional EMG machines that also have the capability of performing needle EMG's.
5. NCS are not covered in any of the following instances:
  - Examinations using portable hand-held devices, which are incapable of real-time wave-form display and analysis. This type of testing is included in the reimbursement for an Evaluation and Management (E & M) visit. They will not be paid separately except once per upper extremity limb studied per patient per year in patients with a high pre-test probability (80% or more) of carpal tunnel syndrome.
  - Devices that use fixed anatomic templates and computer generated reports used as an adjunct to physical examination routinely.
  - Psychophysical measurements (current, vibration, thermal perceptions), even though they may involve delivery of a stimulus.

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- Segmental testing of a single nerve will not be covered on a multiple unit basis. For instance, testing the ulnar nerve at wrist, forearm, below elbow, above elbow, axilla and supraclavicular regions will all be considered as a one unit test.
  - Different methods of measuring the conduction in the same nerve will not be reimbursed as separate services.
  - Narrative reports alluding to “normal” or “abnormal” results without numerical data will not be covered.
  - Regular repeated routine testing is often of questionable benefit and viewed as not medically necessary.
  - Screen testing for polyneuropathy (not mononeuropathies) of diabetes or endstage renal disease (ESRD) is not covered.
  - Psychophysical measurements (current, vibration, thermal perceptions), even though they may involve delivery of a stimulus, are not covered.
6. NMJ studies are not covered for the following:
- Any diagnosis not listed above in the indications criteria
  - Any diagnostic test or procedure that does not meet the CPT definition of code 95937 such as quantitative sensory testing by any means and sensory nerve conduction threshold testing. Examples of these tests include devices used for Current Perception Threshold/Sensory Nerve Conduction Threshold (CPT/sNCT) testing or the pressure-specified sensory device (PSSD).
  - Tests depending on the patient’s subjective response to single or repetitive stimulation (electrical, vibratory, thermal or tactile), regardless of whether or not these data are analyzed and presented through electronic or computerized systems.
7. NC-Stat (Neurometrix) and Neurostat are considered experimental and investigative due to lack of scientific evidence to support their effectiveness.

### **Background**

Nerve conduction studies (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. Nerve conduction studies are of two general types: sensory and motor. Either surface or needle electrodes can be used to stimulate

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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.

Electromyography (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 clinical diagnosis being evaluated to decide whether to continue, modify, or conclude a test. This process requires knowledge of anatomy, physiology, and neuromuscular diseases.

Neuromuscular junction testing involves the stimulation of an individual motor nerve by means of repetitive electrical impulses with measurement of the resulting electrical activity of a muscle supplied by that nerve. Supramaximal electrical stimuli are delivered to the nerve. A surface electrode over, or a percutaneous electrode placed in a corresponding muscle records the evoked muscle action potentials using standard nerve conduction study techniques. The nerve is then stimulated electrically in a repetitive train at 2-3 Hz, or in special circumstances at higher rates up to 50 Hz. In diseases of the neuromuscular junction, characteristic changes of a progressive decrease (decrement) in the compound action potential amplitude may be seen during the repetitive stimulation.

### **Codes:**

| <b>CPT Codes / HCPCS Codes / ICD-10 Codes</b> |  |
|---|--|
| <b>Code</b>                                   | <b>Description</b>   |
| 92265   | Needle oculoelectromyography, 1 or more extra ocular muscles, 1 or both eyes, with interpretation and report |
| 95860   | Needle electromyography, 1 extremity with or without related paraspinal areas                                |

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|-------|--|
| 95861 | Needle electromyography, 2 extremities with or without related paraspinal areas  |
| 95863 | Needle electromyography, 3 extremities with or without related paraspinal areas  |
| 95864 | Needle electromyography, 4 extremities with or without related paraspinal areas  |
| 95865 | Needle electromyography, larynx  |
| 95866 | Needle electromyography, hemidiaphragm   |
| 95867 | Needle electromyography, cranial nerve supplied muscle(s), unilateral  |
| 95868 | Needle electromyography, cranial nerve supplied muscle(s), bilateral   |
| 95869 | Needle electromyography, thoracic paraspinal muscles (excluding T1 or T2)  |
| 95870 | Needle electromyography, limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters  |
| 95872 | Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking, and/or fiber density, any/all sites of each muscle studied  |
| 95873 | Electrical stimulation for guidance in conjunction with chemodenervation   |
| 95874 | Needle electromyography for guidance in conjunction with chemodenervation  |
| 95885 | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (list separately in addition to code for primary procedure)  |
| 95886 | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (list separately in addition to code for primary procedure) |

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|---|---|
| 95887   | Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (list separately in addition to code for primary procedure) |
| 95905   | Motor and/or sensory nerve conduction, using preconfigured electrode array (s), amplitude and latency/ velocity study, each limb, includes F-wave study when performed with interpretation and report           |
| 95907   | Nerve conduction studies; 1-2 studies   |
| 95908   | Nerve conduction studies; 3-4 studies   |
| 95909   | Nerve conduction studies; 5-6 studies   |
| 95910   | Nerve conduction studies; 7-8 studies   |
| 95911   | Nerve conduction studies; 9-10 studies  |
| 95912   | Nerve conduction studies; 11-12 studies   |
| 95913   | Nerve conduction studies; 13 or more studies  |
| 95933   | Orbicularis oculi (blink) reflex, by electrodiagnostic testing  |
| 95937   | Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve; any 1 method   |
| <b>HCPCS codes NOT covered:</b>                             |   |
| G0255   | Current perception threshold/sensory nerve conduction test (sNCT) per limb, any nerve   |
| <b>ICD-10 codes (All CPT codes except 95905 and 95937):</b> |   |
| A05.1   | Botulism food poisoning   |
| A33-A35   | Tetanus   |
| B91   | Sequelae of poliomyelitis   |
| C70.0-C72.9   | Malignant neoplasms of brain and other parts of central nervous system  |
| C79.31-C79.52   | Secondary malignant neoplasm of brain, cerebral meninges, and other parts of nervous system   |
| D32.0-D33.9   | Benign neoplasm of meninges, brain, and other parts of nervous system   |



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| E08.40-E08.618  | Diabetes mellitus due to underlying neurological conditions  |
| E09.40-09.610   | Drug or chemical induced diabetes mellitus with neurological complications   |
| E10.40-E10.65   | Type 1 diabetes mellitus with complications  |
| E11.311-E11.618 | Diabetes type 2 with neurological complications  |
| E13.311-E13.618 | Other specified diabetes mellitus with neurological complications  |
| E51.2-E51.9     | Other manifestations of thiamine deficiency  |
| E56.0-E56.8     | Deficiency of other vitamins   |
| E56.9           | Vitamin Deficiency Unspecified   |
| E78.6           | Lipoprotein deficiency   |
| G04.1           | Topical spastic paraplegia   |
| G14             | Postpolio syndrome   |
| G20-G21.4       | Parkinson's disease  |
| G24.01-G24.9    | Dystonia   |
| G25.0-G25.9     | Other extrapyramidal and movement disorders  |
| G11.0-G13.8     | Hereditary ataxia, spinal muscular atrophy and related syndromes, and systemic atrophies primarily affecting central nervous system in diseases classified elsewhere |
| G35             | Multiple sclerosis   |
| G36.0-G37.9     | Other acute disseminated or other demyelinating diseases of central nervous system   |
| G50.0-G59       | Nerve, nerve root and plexus disorders   |
| G60.0-G65.2     | Sequelae of inflammatory and toxic polyneuropathies  |
| G70.00-G73.7    | Diseases of myoneural junction and muscle  |
| G80.0-G80.9     | Cerebral palsy   |
| G81.00-G81.94   | Hemiplegia and hemiparesis   |
| G82.20-G83.9    | Paralytic syndromes  |
| G90.01-G90.9    | Disorders of autonomic nervous system  |



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|-----------------|---|
| G95.0-G95.9     | Other and unspecified diseases of spinal cord                                 |
| H02.141-H02.149 | Spastic ectropion of eyelid   |
| H49.00-H52.7    | Disorders of ocular muscles, binocular movement, accommodation and refraction |
| H53.2           | Diplopia  |
| I95.1           | Orthostatic hypotension   |
| J38.00-J38.02   | Paralysis of vocal cords and larynx   |
| J38.5           | Laryngeal spasm   |
| J38.7           | Other disease of larynx   |
| K22.0           | Achalasia of cardia   |
| M21.00-M21.969  | Other acquired deformities of limbs   |
| M30.0-M36.8     | Systemic disorders of connective tissue in diseases classified elsewhere      |
| M43.00-M43.19   | Spondylolisthesis site unspecified  |
| M47.011-M47.9   | Spondylosis   |
| M48.00          | Spinal stenosis, site unspecified   |
| M48.02          | Spinal stenosis, cervical region  |
| M48.061         | Spinal stenosis, lumbar region without neurogenic claudication                |
| M50.00-M54.9    | Other dorsopathies  |
| M60.000-M60.09  | Myositis  |
| M62.00-M62.9    | Other disorders of muscle   |
| M79.0-M79.2     | Rheumatism, myalgia, and neuralgia and neuritis, unspecified                  |
| M79.601-M79.676 | Pain in limb, unspecified   |
| M96.1           | Post laminectomy syndrome, not elsewhere classified                           |
| Q05.0-Q05.9     | Spina bifida  |
| Q06.2           | Diastematomyelia  |
| Q07.01          | Arnold-Chiari syndrome with spina bifida                                      |

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|---|---|
| Q07.03                                      | Arnold-Chiari syndrome with spina bifida and hydrocephalus                                  |
| Q68.0                                       | Congenital deformity of sternocleidomastoid muscle  |
| Q85.00-Q85.09                               | Neurofibromatosis and Schwannomatosis   |
| R20.0-R20.9                                 | Disturbances of skin sensation  |
| R25.0-R25.9                                 | Abnormal involuntary movements  |
| R26.0-R26.9                                 | Abnormalities of gait and mobility  |
| R27.0-R27.9                                 | Other lack of coordination  |
| R29.3                                       | Abnormal posture  |
| R29.810                                     | Facial weakness   |
| R29.898                                     | Other symptoms and signs involving the musculoskeletal system                               |
| R41.0-41.9                                  | Other symptoms and signs involving cognitive functions and awareness                        |
| R47.01-R47.9                                | Speech disturbances, not elsewhere classified   |
| R49.0-R49.9                                 | Voice and resonance disorders   |
| R53.0-R53.83                                | Malaise and fatigue   |
| R94.131                                     | Abnormal electromyogram (EMG)   |
| S04.01-S04.9XXS                             | Injury to the optic and other cranial nerves  |
| S12.000A-S14.104A                           | Fracture of cervical vertebra and other parts of neck                                       |
| S14.0XXA-S14.9XXS                           | Injury of nerves and spinal cord at neck level  |
| S22.00A-S22.9XXS                            | Fracture of rib (s), sternum and thoracic spine   |
| S24.0XXA-S24.9XXS                           | Injury of nerves and spinal cord at thorax level  |
| S32.000A-S32.9XXS                           | Fracture of lumbar spine and pelvis   |
| S34.01XA-S34.9XXS                           | Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back, and pelvis level |
| S44.00XA-S44.92XA                           | Injury of nerves at shoulder and upper arm level  |
| S74.00XA-S84.929S                           | Injury of nerves at lower leg level   |
| <b>ICD-10 codes specifically for 95905:</b> |   |

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| G56.00-G56.92                               | Carpal tunnel syndrome and mononeuropathies of upper limb   |
| <b>ICD-10 codes specifically for 95937:</b> |   |
| A05.1                                       | Botulism food poisoning                                     |
| A48.52                                      | Wound botulism  |
| G12.0-G12.9                                 | Spinal muscular atrophy and related syndromes               |
| G61.0                                       | Guillain-Barre syndrome                                     |
| G62.80-G62.81                               | Critical illness polyneuropathies                           |
| G70.0-G70.9                                 | Myasthenia gravis and other myoneural disorders             |
| G71.11-G71.12                               | Myotonic muscular dystrophy and congenita                   |
| G72.3                                       | Periodic paralysis  |
| G72.81                                      | Critical illness myopathy                                   |
| G73.1                                       | Lambert-Eaton syndrome                                      |
| G73.3                                       | Myasthenic syndromes in other diseases classified elsewhere |
| H02.401                                     | Unspecified ptosis of right eyelid                          |
| H02.402                                     | Unspecified ptosis of left eyelid                           |
| H02.403                                     | Unspecified ptosis of bilateral eyelids                     |
| H02.049                                     | Spastic entropion of unspecified eye, unspecified eye       |
| H02.409                                     | Unspecified ptosis of unspecified eyelid                    |
| R13.0-R13.19                                | Dysphasia   |
| H53.019                                     | Deprivation amblyopia, unspecified eye                      |
| R47.02                                      | Dysphasia   |
| R47.1                                       | Dysarthria and anarthria                                    |
| R47.81-R47.9                                | Slurred speech, other speech disturbances                   |
| R49.0-R49.9                                 | Voice and resonance disorders                               |

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