

## Medical Policy



**Title: Electromyography (EMG), Nerve Conduction Studies (NCS), and Other Electrodiagnostic (EDX) Related Services**

*See also: Automated Point-of-Care Nerve Conduction Tests policy*

### **Professional**

Original Effective Date: January 1, 2005  
 Revision Date(s): February 17, 2006;  
 March 7, 2006; August 9, 2006;  
 December 1, 2006; March 13, 2012;  
 April 12, 2013; February 28, 2014;  
 July 29, 2014, October 1, 2017;  
 October 27, 2017; October 1, 2018  
 Current Effective Date: April 12, 2013

### **Institutional**

Original Effective Date: January 1, 2005  
 Revision Date(s): February 17, 2006;  
 March 7, 2006; August 9, 2006;  
 December 1, 2006; March 13, 2012;  
 April 12, 2013; February 28, 2014;  
 July 29, 2014; October 1, 2017;  
 October 27, 2017; October 1, 2018  
 Current Effective Date: April 12, 2013

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

### **DESCRIPTION**

Electrodiagnostic medicine (EDX) includes a variety of electrodiagnostic studies, which are an important means of diagnosing motor neuron diseases, myopathies, radiculopathies, plexopathies, neuropathies, and neuromuscular joint disorders. EDX studies are also useful when evaluating tumors involving and extremity, the spinal cord, and/or the peripheral nervous systems, and in neurotrauma, low-back pain, and spondylosis and cervical and lumbosacral disc diseases.

Electrodiagnostic (EDX) medicine and related services may include:

- Nerve conduction studies (NCS) - Nerve conduction studies (NCS) are performed to assess the integrity of, and diagnose diseases of, the peripheral nervous system. Specifically, they assess the speed (conduction velocity, and/or latency), size (amplitude), and shape of the response. Pathological findings include conduction slowing, conduction block, no response, and/or low amplitude response. NCS results can assess the degree of demyelination and axon loss in the segments of the nerve studied.
- Needle electromyography (EMG) - Needle EMG is performed to exclude, diagnose, describe and follow diseases of the peripheral nervous system and muscle. Needle EMG refers to the recording and study of electrical activity of muscle using a needle electrode.
- Late responses including H-Reflex and F-Wave studies - Late responses are performed to evaluate nerve conduction in portions of the nerve more proximal (near the spine) and, therefore, inaccessible to direct assessment using conventional techniques. Electrical stimulation is applied on the skin surface near a nerve site in a manner that sends impulses both proximally and distally. Characteristics of the response are assessed, including latency.
- Blink reflexes - The blink reflex is an electrophysiologic analog of the corneal reflex. The latency of the responses, including side-to-side differences, can help localize pathology in the region of the fifth or seventh cranial nerves, or in the brainstem. The latencies and amplitudes of directly elicited facial motor responses should be determined to exclude a peripheral abnormality if the blink reflexes are abnormal.
- Neuromuscular junction (NMJ) studies - Repetitive stimulation studies are used to identify and to differentiate disorders of the NMJ. This test consists of recording muscle responses to a series of nerve stimuli (at variable rates), both before, and at various intervals after, exercise or transmission of high frequency stimuli.
- Somatosensory evoked potentials (SEP) - SEPs are an extension of the electrodiagnostic evaluation and can be used to test condition in various sensory fibers of the peripheral and central nervous systems. SEPs may be used to assess the functional integrity of the central and peripheral sensory pathways.
- Diagnostic ultrasound
- Other related services

**POLICY**

1. Electromyography and Nerve Conduction Studies are **medically necessary** as referenced in the following charts:

Chart A - Type of Study / Maximum Number of Studies

Chart B - Nerve Conduction Studies, and

Chart C - Maximum Number of Studies for Additional Codes

**Chart A**

Type of Study / Maximum Number of Studies*		
Indication	Limbs Studies by Needle EMG (95860-95864, 95867-95870, 95885-95887)	Neuromuscular Junction Testing (Repetitive Stimulation, 95973)
Carpal Tunnel (unilateral)	1	
Carpal Tunnel (bilateral)	2	
Radiculopathy	2	
Mononeuropathy	1	
Polyneuropathy/ Mononeuropathy Multiplex	3	
Myopathy	2	2
Motor Neuronopathy (e.g., ALS)	4	2
Plexopathy	2	
Neuromuscular Junction	2	3
Tarsal Tunnel Syndrome (unilateral)	1	
Tarsal Tunnel Syndrome (bilateral)	2	
Weakness, Fatigue, Cramps, or Twitching (focal)	2	2
Weakness, Fatigue, Cramps, or Twitching (general)	4	2
Pain, Numbness, or Tingling (unilateral)	1	
Pain, Numbness, or Tingling (bilateral)	2	

\*Portions of the above chart adopted from the 2013 Current Procedural Terminology<sup>®</sup> American Medical Association publication – Appendix J.

**Chart B**

Nerve Conduction Studies		
Codes	Nomenclature	CPT Instructions
95907	Nerve conduction studies; 1-2 studies	For the purposes of coding, a single conduction study is defined as a sensory conduction test, a motor conduction test with or without an F wave test, or an H-reflex test. Each type of study (sensory, motor with or without F wave, H-reflex) for each nerve includes all orthodromic and antidromic impulses associated with that nerve and constitutes a distinct study when determining the number of studies in each grouping (e.g. 1-2 or 3-4 nerve conduction studies). <u>Each type of nerve conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded.</u> The number of these separate tests should be added to determine which code to use. For a list of nerves, see the 2013 Current Procedural Terminology <sup>®</sup> American Medical Association publication – Appendix J.
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	

**Chart C**

<b>Maximum Number of Studies for Additional Codes</b>			
<b>Codes</b>	<b>Units</b>	<b>Codes</b>	<b>Units</b>
95865	1	95925	1
95866	1	95926	1
95872	1	95927	1
95885	<ul style="list-style-type: none"> <li>▪ 1 per extremity</li> <li>▪ also can be used for muscles on the thorax or abdomen (unilateral or bilateral)</li> </ul>	95933	2
95886	1 per extremity	95938	1
95887	1 per day	95939	1

2. Surface EMG (SEMG) (S3900) is **experimental / investigational**. This refers to a recording of electrophysiologic signals from skeletal muscles. The recording is made using electrodes placed on the surface of the skin overlying the muscle, and consists of motor unit action potential (MUAP) discharges. The electrical activity is only observed when the muscle is activated. It does not include any monitoring of externally stimulated muscle activity as occurs in nerve conduction studies, H reflexes, F waves, and other tests. There are no indications for the use of SEMG in the diagnosis and treatment of disorders of nerve or muscle.
  
3. Current perception threshold (CPT) / sensory nerve conduction threshold (SNCT) (G0255) is **experimental / investigational**. This test diagnoses sensory neurological impairments caused by various pathological conditions or toxic substance exposures. It is a noninvasive test that uses transcutaneous electrical stimulus to evoke a sensation. CPT/SNCT methods quantitate the level of sensory deficit by comparing current output to the nerve conduction threshold, but has the problem, however, that significant variability occurs associated with changing skin resistance.

Policy Guidelines

1. Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis, are not medically necessary.
  
2. Like the Wisconsin Physicians Service (WPS), Blue Cross and Blue Shield of Kansas expects healthcare professionals who perform electrodiagnostic (ED) testing will be appropriately trained and/or credentialed, either by a formal residency/fellowship program, certification by a nationally recognized organization, or by an accredited post-graduate training course covering anatomy, neurophysiology and forms of electrodiagnostics (including both NCS and EMG), 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.

3. The electrodiagnostic evaluation is 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 electrodiagnostic procedures in isolation of knowledge about clinical diagnostic and management aspects of neuromuscular diseases, may not be adequate for proper performance of an electrodiagnostic evaluation and correct interpretation of electrodiagnostic test results. Without awareness of the patterns of abnormality expected in different diseases and knowledge that the results of nerve conduction studies (NCS) and electromyography (EMG) may be similar in different diseases, diagnosis solely by EMG-NCS findings may be both inadequate and ultimately be detrimental to the patient.
4. Guidelines about proper qualifications for qualified health care professionals performing electrodiagnostic evaluations have been developed and published by AANEM (American Association of Neuromuscular and Electrodiagnostic Medicine) and other medical organizations, including the AMA, 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. (6)

#### Utilization

1. Repeat testing will be considered for reimbursement in the following clinical situations:
  - a. When seen for new symptoms or additional diagnosis we would consider another evaluation for the determination of a second diagnosis. When a diagnosis such as amyotrophic lateral sclerosis (ALS) is suspected, but testing is inconclusive, additional testing may be warranted.
  - b. When the disease process is one of rapid change, such as Guillain-Barré syndrome, it may be necessary for monitoring patient progress.
  - c. Recovery from injury may warrant retesting to help determine need for surgery and when surgery should be performed.
2. The claim must be submitted with medical record documentation to support medical necessity of repeat testing. Professional providers should report modifier 22.

## **RATIONALE**

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.

Decisions to continue, modify or conclude a testing 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.

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 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.

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.

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. (6)

## **CODING**

**The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

### CPT/HCPCS

- |       |  |
|-------|--|
| 51785 | Needle electromyography studies (EMG) of anal or urethral sphincter, any technique   |
| 95860 | Needle electromyography; one (1) extremity with or without related paraspinal areas  |
| 95861 | Needle electromyography; two (2) extremities with or without related paraspinal areas  |
| 95863 | Needle electromyography; three (3) extremities with or without related paraspinal areas  |
| 95864 | Needle electromyography; four (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 T-1 or T-12)   |
| 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  |
| 95872 | Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied   |
| 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) (out of sequence)  |
| 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 studies, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure) (out of sequence) |
| 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) (out of sequence)  |
| 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
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs (out of sequence)
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs
S3900	Surface electromyography (EMG)

#### ICD-10 Diagnoses (Effective October 1, 2015)

A52.15	Late syphilitic neuropathy
C70.1	Malignant neoplasm of spinal meninges
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
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
E09.41	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
E10.41	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
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy



E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
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
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E56.0	Deficiency of vitamin E
E56.8	Deficiency of other vitamins
E78.6	Lipoprotein deficiency
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G13.0	Paraneoplastic neuromyopathy and neuropathy
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G24.1	Genetic torsion dystonia
G24.3	Spasmodic torticollis
G32.0	Subacute combined degeneration of spinal cord in diseases classified elsewhere
G36.0	Neuromyelitis optica [Devic]
G37.0	Diffuse sclerosis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G50.1	Atypical facial pain
G51.0	Bell's palsy
G51.2	Melkersson's syndrome
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral
G51.4	Facial myokymia
G51.8	Other disorders of facial nerve
G52.2	Disorders of vagus nerve
G52.3	Disorders of hypoglossal nerve
G52.7	Disorders of multiple cranial nerves
G52.8	Disorders of other specified cranial nerves
G54.0	Brachial plexus disorders
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders, not elsewhere classified
G54.3	Thoracic root disorders, not elsewhere classified
G54.4	Lumbosacral root disorders, not elsewhere classified
G54.5	Neuralgic amyotrophy
G54.6	Phantom limb syndrome with pain
G54.7	Phantom limb syndrome without pain
G54.8	Other nerve root and plexus disorders
G55	Nerve root and plexus compressions in diseases classified elsewhere
G56.01	Carpal tunnel syndrome, right upper limb
G56.02	Carpal tunnel syndrome, left upper limb

G56.11	Other lesions of median nerve, right upper limb
G56.12	Other lesions of median nerve, left upper limb
G56.21	Lesion of ulnar nerve, right upper limb
G56.22	Lesion of ulnar nerve, left upper limb
G56.31	Lesion of radial nerve, right upper limb
G56.32	Lesion of radial nerve, left upper limb
G56.41	Causalgia of right upper limb
G56.42	Causalgia of left upper limb
G56.81	Other specified mononeuropathies of right upper limb
G56.82	Other specified mononeuropathies of left upper limb
G57.01	Lesion of sciatic nerve, right lower limb
G57.02	Lesion of sciatic nerve, left lower limb
G57.11	Meralgia paresthetica, right lower limb
G57.12	Meralgia paresthetica, left lower limb
G57.21	Lesion of femoral nerve, right lower limb
G57.22	Lesion of femoral nerve, left lower limb
G57.31	Lesion of lateral popliteal nerve, right lower limb
G57.32	Lesion of lateral popliteal nerve, left lower limb
G57.41	Lesion of medial popliteal nerve, right lower limb
G57.42	Lesion of medial popliteal nerve, left lower limb
G57.51	Tarsal tunnel syndrome, right lower limb
G57.52	Tarsal tunnel syndrome, left lower limb
G57.61	Lesion of plantar nerve, right lower limb
G57.62	Lesion of plantar nerve, left lower limb
G57.71	Causalgia of right lower limb
G57.72	Causalgia of left lower limb
G57.81	Other specified mononeuropathies of right lower limb
G57.82	Other specified mononeuropathies of left lower limb
G58.0	Intercostal neuropathy
G58.7	Mononeuritis multiplex
G60.0	Hereditary motor and sensory neuropathy
G60.1	Refsum's disease
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.0	Guillain-Barre syndrome
G61.1	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G62.0	Drug-induced polyneuropathy
G62.1	Alcoholic polyneuropathy
G62.2	Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.82	Radiation-induced polyneuropathy
G62.89	Other specified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0	Sequelae of Guillain-Barré syndrome
G65.1	Sequelae of other inflammatory polyneuropathy
G65.2	Sequelae of toxic polyneuropathy
G70.00	Myasthenia gravis without (acute) exacerbation

G70.01	Myasthenia gravis with (acute) exacerbation
G70.1	Toxic myoneural disorders
G70.2	Congenital and developmental myasthenia
G70.80	Lambert-Eaton syndrome, unspecified
G70.81	Lambert-Eaton syndrome in disease classified elsewhere
G70.89	Other specified myoneural disorders
G70.9	Myoneural disorder, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.12	Myotonia congenita
G71.13	Myotonic chondrodystrophy
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
G71.2	Congenital myopathies
G71.3	Mitochondrial myopathy, not elsewhere classified
G71.8	Other primary disorders of muscles
G72.0	Drug-induced myopathy
G72.1	Alcoholic myopathy
G72.2	Myopathy due to other toxic agents
G72.3	Periodic paralysis
G72.41	Inclusion body myositis [IBM]
G72.49	Other inflammatory and immune myopathies, not elsewhere classified
G72.81	Critical illness myopathy
G72.89	Other specified myopathies
G73.1	Lambert-Eaton syndrome in neoplastic disease
G73.3	Myasthenic syndromes in other diseases classified elsewhere
G73.7	Myopathy in diseases classified elsewhere
G83.4	Cauda equina syndrome
G83.81	Brown-Séquard syndrome
G83.82	Anterior cord syndrome
G83.83	Posterior cord syndrome
G83.84	Todd's paralysis (postepileptic)
G83.89	Other specified paralytic syndromes
G90.01	Carotid sinus syncope
G90.09	Other idiopathic peripheral autonomic neuropathy
G90.4	Autonomic dysreflexia
G95.0	Syringomyelia and syringobulbia
G95.11	Acute infarction of spinal cord (embolic) (nonembolic)
G95.19	Other vascular myelopathies
G95.81	Conus medullaris syndrome
G95.89	Other specified diseases of spinal cord
G99.0	Autonomic neuropathy in diseases classified elsewhere
G99.2	Myelopathy in diseases classified elsewhere
J38.01	Paralysis of vocal cords and larynx, unilateral
J38.02	Paralysis of vocal cords and larynx, bilateral
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow

M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M21.071	Valgus deformity, not elsewhere classified, right ankle
M21.072	Valgus deformity, not elsewhere classified, left ankle
M21.331	Wrist drop, right wrist
M21.332	Wrist drop, left wrist
M21.371	Foot drop, right foot
M21.372	Foot drop, left foot
M21.511	Acquired clawhand, right hand
M21.512	Acquired clawhand, left hand
M21.6x1	Other acquired deformities of right foot
M21.6x2	Other acquired deformities of left foot
M21.831	Other specified acquired deformities of right forearm
M21.832	Other specified acquired deformities of left forearm
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.21	Polymyositis with respiratory involvement
M33.22	Polymyositis with myopathy
M33.29	Polymyositis with other organ involvement
M33.91	Dermatopolymyositis, unspecified with respiratory involvement
M33.92	Dermatopolymyositis, unspecified with myopathy
M33.99	Dermatopolymyositis, unspecified with other organ involvement
M34.82	Systemic sclerosis with myopathy

M34.83	Systemic sclerosis with polyneuropathy
M35.03	Sicca syndrome with myopathy
M35.8	Other specified systemic involvement of connective tissue
M36.0	Dermato(poly)myositis in neoplastic disease
M46.41	Discitis, unspecified, occipito-atlanto-axial region
M46.42	Discitis, unspecified, cervical region
M46.43	Discitis, unspecified, cervicothoracic region
M46.44	Discitis, unspecified, thoracic region
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M47.011	Anterior spinal artery compression syndromes, occipito-atlanto-axial region
M47.012	Anterior spinal artery compression syndromes, cervical region
M47.013	Anterior spinal artery compression syndromes, cervicothoracic region
M47.014	Anterior spinal artery compression syndromes, thoracic region
M47.015	Anterior spinal artery compression syndromes, thoracolumbar region
M47.016	Anterior spinal artery compression syndromes, lumbar region
M47.019	Anterior spinal artery compression syndromes, site unspecified
M47.021	Vertebral artery compression syndromes, occipito-atlanto-axial region
M47.022	Vertebral artery compression syndromes, cervical region
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.15	Other spondylosis with myelopathy, thoracolumbar region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.17	Other spondylosis with myelopathy, lumbosacral region
M47.18	Other spondylosis with myelopathy, sacral and sacrococcygeal region
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region

M47.898	Other spondylosis, sacral and sacrococcygeal region
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M48.08	Spinal stenosis, sacral and sacrococcygeal region
M50.01	Cervical disc disorder with myelopathy, occipito-atlanto-axial region
M50.02	Cervical disc disorder with myelopathy, mid-cervical region
M50.03	Cervical disc disorder with myelopathy, cervicothoracic region
M50.11	Cervical disc disorder with radiculopathy, occipito-atlanto-axial region
M50.12	Cervical disc disorder with radiculopathy, mid-cervical region
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M50.21	Other cervical disc displacement, occipito-atlanto-axial region
M50.22	Other cervical disc displacement, mid-cervical region
M50.23	Other cervical disc displacement, cervicothoracic region
M50.31	Other cervical disc degeneration, occipito-atlanto-axial region
M50.32	Other cervical disc degeneration, mid-cervical region
M50.33	Other cervical disc degeneration, cervicothoracic region
M50.81	Other cervical disc disorders, occipito-atlanto-axial region
M50.82	Other cervical disc disorders, mid-cervical region
M50.83	Other cervical disc disorders, cervicothoracic region
M50.91	Cervical disc disorder, unspecified, occipito-atlanto-axial region
M50.92	Cervical disc disorder, unspecified, mid-cervical region
M50.93	Cervical disc disorder, unspecified, cervicothoracic region
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.07	Intervertebral disc disorders with myelopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.84	Other intervertebral disc disorders, thoracic region
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M54.10	Radiculopathy, site unspecified
M54.11	Radiculopathy, occipito-atlanto-axial region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.31	Sciatica, right side
M54.32	Sciatica, left side

M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.6	Pain in thoracic spine
M60.011	Infective myositis, right shoulder
M60.012	Infective myositis, left shoulder
M60.021	Infective myositis, right upper arm
M60.022	Infective myositis, left upper arm
M60.031	Infective myositis, right forearm
M60.032	Infective myositis, left forearm
M60.041	Infective myositis, right hand
M60.042	Infective myositis, left hand
M60.044	Infective myositis, right finger(s)
M60.045	Infective myositis, left finger(s)
M60.051	Infective myositis, right thigh
M60.052	Infective myositis, left thigh
M60.061	Infective myositis, right lower leg
M60.062	Infective myositis, left lower leg
M60.070	Infective myositis, right ankle
M60.071	Infective myositis, left ankle
M60.073	Infective myositis, right foot
M60.074	Infective myositis, left foot
M60.076	Infective myositis, right toe(s)
M60.077	Infective myositis, left toe(s)
M60.08	Infective myositis, other site
M60.09	Infective myositis, multiple sites
M79.2	Neuralgia and neuritis, unspecified
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
M96.1	Postlaminectomy syndrome, not elsewhere classified
M99.20	Subluxation stenosis of neural canal of head region
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region

M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.25	Subluxation stenosis of neural canal of pelvic region
M99.26	Subluxation stenosis of neural canal of lower extremity
M99.27	Subluxation stenosis of neural canal of upper extremity
M99.28	Subluxation stenosis of neural canal of rib cage
M99.29	Subluxation stenosis of neural canal of abdomen and other regions
M99.30	Osseous stenosis of neural canal of head region
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.34	Osseous stenosis of neural canal of sacral region
M99.35	Osseous stenosis of neural canal of pelvic region
M99.36	Osseous stenosis of neural canal of lower extremity
M99.37	Osseous stenosis of neural canal of upper extremity
M99.38	Osseous stenosis of neural canal of rib cage
M99.39	Osseous stenosis of neural canal of abdomen and other regions
M99.40	Connective tissue stenosis of neural canal of head region
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.45	Connective tissue stenosis of neural canal of pelvic region
M99.46	Connective tissue stenosis of neural canal of lower extremity
M99.47	Connective tissue stenosis of neural canal of upper extremity
M99.48	Connective tissue stenosis of neural canal of rib cage
M99.49	Connective tissue stenosis of neural canal of abdomen and other regions
M99.50	Intervertebral disc stenosis of neural canal of head region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.55	Intervertebral disc stenosis of neural canal of pelvic region
M99.56	Intervertebral disc stenosis of neural canal of lower extremity
M99.57	Intervertebral disc stenosis of neural canal of upper extremity
M99.58	Intervertebral disc stenosis of neural canal of rib cage
M99.59	Intervertebral disc stenosis of neural canal of abdomen and other regions
M99.60	Osseous and subluxation stenosis of intervertebral foramina of head region
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.62	Osseous and subluxation stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.64	Osseous and subluxation stenosis of intervertebral foramina of sacral region
M99.65	Osseous and subluxation stenosis of intervertebral foramina of pelvic region
M99.66	Osseous and subluxation stenosis of intervertebral foramina of lower extremity
M99.67	Osseous and subluxation stenosis of intervertebral foramina of upper extremity
M99.68	Osseous and subluxation stenosis of intervertebral foramina of rib cage
M99.69	Osseous and subluxation stenosis of intervertebral foramina of abdomen and other regions
M99.70	Connective tissue and disc stenosis of intervertebral foramina of head region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region



M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region
M99.75	Connective tissue and disc stenosis of intervertebral foramina of pelvic region
M99.76	Connective tissue and disc stenosis of intervertebral foramina of lower extremity
M99.77	Connective tissue and disc stenosis of intervertebral foramina of upper extremity
M99.78	Connective tissue and disc stenosis of intervertebral foramina of rib cage
M99.79	Connective tissue and disc stenosis of intervertebral foramina of abdomen and other regions
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
R20.0	Anesthesia of skin
R20.1	Hypoesthesia of skin
R20.2	Paresthesia of skin
R20.3	Hyperesthesia
R20.8	Other disturbances of skin sensation
R29.0	Tetany
R29.5	Transient paralysis
R39.14	Feeling of incomplete bladder emptying
R49.8	Other voice and resonance disorders

**The following ICD-10 codes represent the initial encounter only.**

**The subsequent encounter and sequela are applicable to this policy.**

**Use the 7<sup>th</sup> character D for subsequent counter or S for sequela when indicated.**

S14.0xxA	Concussion and edema of cervical spinal cord, initial encounter
S14.105A	Unspecified injury at C5 level of cervical spinal cord, initial encounter
S14.106A	Unspecified injury at C6 level of cervical spinal cord, initial encounter
S14.107A	Unspecified injury at C7 level of cervical spinal cord, initial encounter
S14.108A	Unspecified injury at C8 level of cervical spinal cord, initial encounter
S14.111A	Complete lesion at C1 level of cervical spinal cord, initial encounter
S14.112A	Complete lesion at C2 level of cervical spinal cord, initial encounter
S14.113A	Complete lesion at C3 level of cervical spinal cord, initial encounter
S14.114A	Complete lesion at C4 level of cervical spinal cord, initial encounter
S14.115A	Complete lesion at C5 level of cervical spinal cord, initial encounter
S14.116A	Complete lesion at C6 level of cervical spinal cord, initial encounter
S14.117A	Complete lesion at C7 level of cervical spinal cord, initial encounter
S14.118A	Complete lesion at C8 level of cervical spinal cord, initial encounter
S14.121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter
S14.123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter
S14.124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter
S14.125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter
S14.126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter
S14.127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter
S14.128A	Central cord syndrome at C8 level of cervical spinal cord, initial encounter
S14.131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter
S14.133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter
S14.134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter

S14.135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter
S14.136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter
S14.137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter
S14.138A	Anterior cord syndrome at C8 level of cervical spinal cord, initial encounter
S14.141A	Brown-Sequard syndrome at C1 level of cervical spinal cord, initial encounter
S14.142A	Brown-Sequard syndrome at C2 level of cervical spinal cord, initial encounter
S14.143A	Brown-Sequard syndrome at C3 level of cervical spinal cord, initial encounter
S14.144A	Brown-Sequard syndrome at C4 level of cervical spinal cord, initial encounter
S14.145A	Brown-Sequard syndrome at C5 level of cervical spinal cord, initial encounter
S14.146A	Brown-Sequard syndrome at C6 level of cervical spinal cord, initial encounter
S14.147A	Brown-Sequard syndrome at C7 level of cervical spinal cord, initial encounter
S14.148A	Brown-Sequard syndrome at C8 level of cervical spinal cord, initial encounter
S14.151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter
S14.152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
S14.153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
S14.154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
S14.155A	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter
S14.156A	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter
S14.157A	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter
S14.158A	Other incomplete lesion at C8 level of cervical spinal cord, initial encounter
S14.2xxA	Injury of nerve root of cervical spine, initial encounter
S14.3xxA	Injury of brachial plexus, initial encounter
S14.5xxA	Injury of cervical sympathetic nerves, initial encounter
S24.0xxA	Concussion and edema of thoracic spinal cord, initial encounter
S24.101A	Unspecified injury at T1 level of thoracic spinal cord, initial encounter
S24.102A	Unspecified injury at T2-T6 level of thoracic spinal cord, initial encounter
S24.103A	Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter
S24.104A	Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter
S24.111A	Complete lesion at T1 level of thoracic spinal cord, initial encounter
S24.112A	Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.113A	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.114A	Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.131A	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter
S24.132A	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.133A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.134A	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.141A	Brown-Sequard syndrome at T1 level of thoracic spinal cord, initial encounter
S24.142A	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.143A	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.144A	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.151A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter
S24.152A	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.153A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.154A	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.2xxA	Injury of nerve root of thoracic spine, initial encounter
S24.3xxA	Injury of peripheral nerves of thorax, initial encounter
S24.4xxA	Injury of thoracic sympathetic nervous system, initial encounter
S24.8xxA	Injury of other specified nerves of thorax, initial encounter
S34.01xA	Concussion and edema of lumbar spinal cord, initial encounter
S34.02xA	Concussion and edema of sacral spinal cord, initial encounter
S34.101A	Unspecified injury to L1 level of lumbar spinal cord, initial encounter

S34.102A	Unspecified injury to L2 level of lumbar spinal cord, initial encounter
S34.103A	Unspecified injury to L3 level of lumbar spinal cord, initial encounter
S34.104A	Unspecified injury to L4 level of lumbar spinal cord, initial encounter
S34.105A	Unspecified injury to L5 level of lumbar spinal cord, initial encounter
S34.111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter
S34.112A	Complete lesion of L2 level of lumbar spinal cord, initial encounter
S34.113A	Complete lesion of L3 level of lumbar spinal cord, initial encounter
S34.114A	Complete lesion of L4 level of lumbar spinal cord, initial encounter
S34.115A	Complete lesion of L5 level of lumbar spinal cord, initial encounter
S34.121A	Incomplete lesion of L1 level of lumbar spinal cord, initial encounter
S34.122A	Incomplete lesion of L2 level of lumbar spinal cord, initial encounter
S34.123A	Incomplete lesion of L3 level of lumbar spinal cord, initial encounter
S34.124A	Incomplete lesion of L4 level of lumbar spinal cord, initial encounter
S34.125A	Incomplete lesion of L5 level of lumbar spinal cord, initial encounter
S34.131A	Complete lesion of sacral spinal cord, initial encounter
S34.132A	Incomplete lesion of sacral spinal cord, initial encounter
S34.139A	Unspecified injury to sacral spinal cord, initial encounter
S34.21xA	Injury of nerve root of lumbar spine, initial encounter
S34.22xA	Injury of nerve root of sacral spine, initial encounter
S34.3xxA	Injury of cauda equina, initial encounter
S34.4xxA	Injury of lumbosacral plexus, initial encounter
S34.5xxA	Injury of lumbar, sacral and pelvic sympathetic nerves, initial encounter
S34.6xxA	Injury of peripheral nerve(s) at abdomen, lower back and pelvis level, initial encounter
S34.8xxA	Injury of other nerves at abdomen, lower back and pelvis level, initial encounter
S44.01xA	Injury of ulnar nerve at upper arm level, right arm, initial encounter
S44.02xA	Injury of ulnar nerve at upper arm level, left arm, initial encounter
S44.11xA	Injury of median nerve at upper arm level, right arm, initial encounter
S44.12xA	Injury of median nerve at upper arm level, left arm, initial encounter
S44.21xA	Injury of radial nerve at upper arm level, right arm, initial encounter
S44.22xA	Injury of radial nerve at upper arm level, left arm, initial encounter
S44.31xA	Injury of axillary nerve, right arm, initial encounter
S44.32xA	Injury of axillary nerve, left arm, initial encounter
S44.41xA	Injury of musculocutaneous nerve, right arm, initial encounter
S44.42xA	Injury of musculocutaneous nerve, left arm, initial encounter
S44.51xA	Injury of cutaneous sensory nerve at shoulder and upper arm level, right arm, initial encounter
S44.52xA	Injury of cutaneous sensory nerve at shoulder and upper arm level, left arm, initial encounter
S44.8x1A	Injury of other nerves at shoulder and upper arm level, right arm, initial encounter
S44.8x2A	Injury of other nerves at shoulder and upper arm level, left arm, initial encounter
S54.01xA	Injury of ulnar nerve at forearm level, right arm, initial encounter
S54.02xA	Injury of ulnar nerve at forearm level, left arm, initial encounter
S54.11xA	Injury of median nerve at forearm level, right arm, initial encounter
S54.12xA	Injury of median nerve at forearm level, left arm, initial encounter
S54.21xA	Injury of radial nerve at forearm level, right arm, initial encounter
S54.22xA	Injury of radial nerve at forearm level, left arm, initial encounter
S54.31xA	Injury of cutaneous sensory nerve at forearm level, right arm, initial encounter
S54.32xA	Injury of cutaneous sensory nerve at forearm level, left arm, initial encounter
S54.8x1A	Unspecified injury of other nerves at forearm level, right arm, initial encounter
S54.8x2A	Unspecified injury of other nerves at forearm level, left arm, initial encounter
S64.01xA	Injury of ulnar nerve at wrist and hand level of right arm, initial encounter
S64.02xA	Injury of ulnar nerve at wrist and hand level of left arm, initial encounter

S64.11xA	Injury of median nerve at wrist and hand level of right arm, initial encounter
S64.12xA	Injury of median nerve at wrist and hand level of left arm, initial encounter
S64.21xA	Injury of radial nerve at wrist and hand level of right arm, initial encounter
S64.22xA	Injury of radial nerve at wrist and hand level of left arm, initial encounter
S64.31xA	Injury of digital nerve of right thumb, initial encounter
S64.32xA	Injury of digital nerve of left thumb, initial encounter
S64.490A	Injury of digital nerve of right index finger, initial encounter
S64.491A	Injury of digital nerve of left index finger, initial encounter
S64.492A	Injury of digital nerve of right middle finger, initial encounter
S64.493A	Injury of digital nerve of left middle finger, initial encounter
S64.494A	Injury of digital nerve of right ring finger, initial encounter
S64.495A	Injury of digital nerve of left ring finger, initial encounter
S64.496A	Injury of digital nerve of right little finger, initial encounter
S64.497A	Injury of digital nerve of left little finger, initial encounter
S64.8x1A	Injury of other nerves at wrist and hand level of right arm, initial encounter
S64.8x2A	Injury of other nerves at wrist and hand level of left arm, initial encounter
S74.01xA	Injury of sciatic nerve at hip and thigh level, right leg, initial encounter
S74.02xA	Injury of sciatic nerve at hip and thigh level, left leg, initial encounter
S74.11xA	Injury of femoral nerve at hip and thigh level, right leg, initial encounter
S74.12xA	Injury of femoral nerve at hip and thigh level, left leg, initial encounter
S74.21xA	Injury of cutaneous sensory nerve at hip and high level, right leg, initial encounter
S74.22xA	Injury of cutaneous sensory nerve at hip and thigh level, left leg, initial encounter
S74.8x1A	Injury of other nerves at hip and thigh level, right leg, initial encounter
S74.8x2A	Injury of other nerves at hip and thigh level, left leg, initial encounter
S84.01xA	Injury of tibial nerve at lower leg level, right leg, initial encounter
S84.02xA	Injury of tibial nerve at lower leg level, left leg, initial encounter
S84.11xA	Injury of peroneal nerve at lower leg level, right leg, initial encounter
S84.12xA	Injury of peroneal nerve at lower leg level, left leg, initial encounter
S84.21xA	Injury of cutaneous sensory nerve at lower leg level, right leg, initial encounter
S84.22xA	Injury of cutaneous sensory nerve at lower leg level, left leg, initial encounter
S84.801A	Injury of other nerves at lower leg level, right leg, initial encounter
S84.802A	Injury of other nerves at lower leg level, left leg, initial encounter
S94.01xA	Injury of lateral plantar nerve, right leg, initial encounter
S94.02xA	Injury of lateral plantar nerve, left leg, initial encounter
S94.11xA	Injury of medial plantar nerve, right leg, initial encounter
S94.12xA	Injury of medial plantar nerve, left leg, initial encounter
S94.21xA	Injury of deep peroneal nerve at ankle and foot level, right leg, initial encounter
S94.22xA	Injury of deep peroneal nerve at ankle and foot level, left leg, initial encounter
S94.31xA	Injury of cutaneous sensory nerve at ankle and foot level, right leg, initial encounter
S94.32xA	Injury of cutaneous sensory nerve at ankle and foot level, left leg, initial encounter
S94.8x1A	Injury of other nerves at ankle and foot level, right leg, initial encounter
S94.8x2A	Injury of other nerves at ankle and foot level, left leg, initial encounter

<b>REVISIONS</b>	
11-12-2008	<p>In Header section:</p> <ul style="list-style-type: none"> <li>Replaced previous title of "Electrodiagnostic (EDX) Medicine and Related Services" with current title.</li> </ul> <p>In Description section:</p> <ul style="list-style-type: none"> <li>Expanded to include definition of electrodiagnostic medicine and provided descriptions for identified services.</li> </ul>

	<p>In Policy section regarding #1 through #12:</p> <ul style="list-style-type: none"> <li>▪ Removed the following: <ol style="list-style-type: none"> <li>1. EDX testing should be medically indicated. EDX examinations include history taking, appropriate physical examination, and the design, performance, and interpretation of EDX studies.</li> <li>3. The number of tests performed should be the minimum needed to establish an accurate diagnosis.</li> <li>4. A specialty-trained provider should perform NCS.</li> <li>5. A provider specialty trained in electrodiagnostic medicine must perform the needle EMG examination as these tests are simultaneously performed and interpreted.</li> <li>8. Examination using portable hand-held devices, which are incapable of waveform analysis, will not be paid. Equipment shall have FDA clearance for performance of nerve conduction studies. The device must be capable of electrically stimulating a nerve and recording the resultant response at a second location on that nerve (sensory study) and /or in a muscle innervated by the stimulated nerve (motor study). Psychophysical measurements (current, vibration, and thermal perceptions) even though they may involve delivery of a stimulus, are not recognized for payment.</li> <li>10. Determining the proper number of units for nerve conduction has always been a challenge. The AANEM worked with the American Medical Association (AMA) and the American Academy of Neurology (AAN) to create a list of nerves to assist physicians and billing departments to clarify the specific nerves that can be billed for nerve conduction studies. Each study on the list qualifies as one unit for nerve conduction studies (95900, 95903 and 95904).</li> <li>11. For list of <u>Maximum Number of Studies</u> refer to AANEM web site, <a href="http://www.aanem.org/practiceissues/recPolicy/recommended_policy_6.cfm">http://www.aanem.org/practiceissues/recPolicy/recommended_policy_6.cfm</a></li> <li>12. For <u>List of Nerves with Added Specificity</u> refer to AANEM web site, <a href="http://www.aanem.org/practiceissues/recPolicy/listofNerves.cfm">http://www.aanem.org/practiceissues/recPolicy/listofNerves.cfm</a></li> </ol> </li> <li>▪ Replaced, "6. EDX unit limits are discussed in the 'Coding' section of this document. When exceeding the normal unit limit, the provider should use modifier 22 and submit supplementary documentation to justify the additional testing (American Association of Neuromuscular and Electrodiagnostic Medicine [AANEM] estimates this may occur in 10% of cases). Additional testing may be indicated in patients with a differential diagnosis, which includes peripheral neuropathy, cervical radiculopathy, brachial plexopathy, or more proximal median neuropathy." with current #1. <ul style="list-style-type: none"> <li>▪ Added AANEM Recommended Maximum Number of Studies chart.</li> <li>▪ Added Maximum Number of Studies for Additional Codes chart.</li> <li>▪ Previous #7 became current #2.</li> <li>▪ Added new #3.</li> </ul> </li> </ul> <hr/> <ul style="list-style-type: none"> <li>▪ Previous #2 and #9 became current #1 and #3 in Policy Guideline subsection.</li> <li>▪ The following wording from previous #6 "When exceeding the normal unit limit, the provider should use modifier 22 and submit supplementary documentation to justify the additional testing AANEM estimates this may occur in 10% of cases)" became current #2 in Policy Guideline subsection.</li> <li>▪ Removed Documentation subsection which stated: <ol style="list-style-type: none"> <li>1. Documentation should explain what differential diagnostic problems needed to be ruled out in that particular situation. In some patients, multiple diagnoses will be established by EDX testing. It should be noted that in some situations it is necessary to test an asymptomatic contralateral limb to establish normative values for an individual patient. Normal values based on the general population alone are less sensitive than this approach; therefore restrictions on contralateral asymptomatic limb testing will reduce the sensitivity of electrodiagnostic tests.</li> <li>2. Contralateral (bilateral) extremity counterparts may be billed separately as noted in the Blink Reflexes section. Contralateral means opposite sides of the body, not opposite sides of an extremity. When billing, indicate right (RT) and left (LT).</li> </ol> </li> </ul>
--	--

	<p>3. Any services exceeding the unit limit listed by the code must be submitted with medical record documentation to support medical necessity of increased units. Professional providers should report modifier 22.</p> <ul style="list-style-type: none"> <li>▪ Removed from Utilization subsection:             <ol style="list-style-type: none"> <li>1. Units exceeding the unit maximum must have medical records submitted with the claims or the additional units will be denied. Professional providers should report modifier 22.</li> <li>2c. Polymyositis and myasthenia gravis and other such diseases usually have a course that is not stable and do not respond to treatment consistently; in these cases monitoring of the patient's condition may be needed to monitor disease progress and therapeutic intervention responses.</li> <li>2d. It may be necessary to retest when a course of a disease changes unexpectedly.                 <ul style="list-style-type: none"> <li>▪ In Utilization subsection 2b. replaced "early treatment to begin with preliminary testing with additional testing for prognosis and status of patient." with "monitoring patient progress."</li> <li>▪ In Utilization subsection 3 replaced "Repeat EDX is sometimes necessary and when supported by medical documentation will be allowed. The claim must be submitted with medical record documentation to support medical necessity of repeat testing. Professional providers should report modifier 22. Common frequency testing for these diagnosis for a 12 month period, per provider are:                     <ol style="list-style-type: none"> <li>a. Two (2) tests - Carpal tunnel-unilateral, carpal tunnel-bilateral, radiculopathy, mononeuropathy, poly-neuropathy, myopathy, and neuromuscular junction (NMJ) disorders.</li> <li>b. Three (3) tests - Motor neuronopathy and plexopathy." with "The claim must be submitted with medical record documentation to support medical necessity of repeat testing. Professional providers should report modifier 22."</li> </ol> </li> </ul> </li> </ol> </li> </ul>
	<p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Replaced Code/Unit charts reflecting descriptions, units, guidelines, and comments with traditional CPT/HCPCS nomenclature.</li> <li>▪ Units for codes 95860-95864, 95867-95870, 95900, 95903, 95904, 95934, 95936, and 95937 were updated to be in accordance with AANEM guidelines and reflected in the AANEM Recommended Maximum Number of Studies chart.</li> <li>▪ Units for codes 95865, 95866, 95872, 95921, 95922, 95923, 95925, 95926, 95927, and 95933 were unchanged and reflected in the Maximum Number of Studies for Additional Codes chart.</li> <li>▪ Replaced individual diagnosis codes with code ranges where applicable.</li> </ul> <p>No CPT/HCPCS or Diagnosis codes were removed or added.\</p>
03-13-2012	<p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Added CPT codes: 95885, 95886, 95887, 95938, 95939 (effective 01-01-2012)</li> </ul>
04-12-2013	<p>In Description section:</p> <p>Removed "Autonomic nervous system function testing - The purpose of autonomic nervous system function testing is to determine the presence of autonomic dysfunction, the site of autonomic dysfunction, and the various autonomic systems that may be disordered." as this information was erroneously in the policy.</p> <p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ Revised wording of Item 1 from, "Electromyography and Nerve Conduction Studies are medically necessary as referenced in the AANEM (American Association of Neuromuscular and Electrodiagnostic Medicine) Maximum Number of Studies and Maximum Number of Studies for Additional Codes charts." to,             <ol style="list-style-type: none"> <li>"1. Electromyography and Nerve Conduction Studies are medically necessary as referenced in the following charts:                 <ul style="list-style-type: none"> <li>Chart A - Type of Study / Maximum Number of Studies</li> <li>Chart B - Nerve Conduction Studies, and</li> <li>Chart C - Maximum Number of Studies for Additional Codes"</li> </ul> </li> </ol> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Renamed the chart titled, "AANEM Recommended Maximum Number of Studies" to "Type of Study / Maximum Number of Studies". Updated chart and labeled Chart A.</li> <li>▪ Added Chart B, Nerve Conduction Studies.</li> <li>▪ Updated Maximum Number of Studies for Additional Codes chart and labeled Chart C.</li> <li>▪ In Policy Guidelines removed, <ul style="list-style-type: none"> <li>"2. When exceeding the allowed unit limit, the professional provider should use modifier 22 and submit supplementary documentation to justify the additional testing (AANEM estimates this may occur in 10% of cases)." as this information was located in the Utilization subsection.</li> <li>▪ In the Policy Guidelines removed,</li> </ul> </li> <li>"3. In 2006, the American Association of Neuromuscular &amp; Electrodiagnostic Medicine (AANEM) issued a position statement that illustrates how standardized nerve conduction studies performed independent of needle EMG studies may miss data essential for an accurate diagnosis and how nerve disorders are far more likely to be misdiagnosed or missed completely if a practitioner without the proper skill and training is interpreting the data, making a diagnosis, and establishing a treatment plan. (21) The organization states that, "the standard of care in clinical practice dictates that using a predetermined or standardized battery of NCSs for all patients is inappropriate," and concludes that, "It is the position of the AANEM that, except in unique situations, NCSs and needle EMG should be performed together in a study design determined by a trained neuromuscular physician." <ul style="list-style-type: none"> <li>▪ In the Policy Guidelines added,</li> </ul> </li> <li>"2. Like the Wisconsin Physicians Service (WPS), Blue Cross and Blue Shield of Kansas expects healthcare professionals who perform electrodiagnostic (ED) testing will be appropriately trained and/or credentialed, either by a formal residency/fellowship program, certification by a nationally recognized organization, or by an accredited post-graduate training course covering anatomy, neurophysiology and forms of electrodiagnostics (including both NCS and EMG), 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 &amp; Rehabilitation physicians.</li> <li>3. The electrodiagnostic evaluation is 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 electrodiagnostic procedures in isolation of knowledge about clinical diagnostic and management aspects of neuromuscular diseases, may not be adequate for proper performance of an electrodiagnostic evaluation and correct interpretation of electrodiagnostic test results. Without awareness of the patterns of abnormality expected in different diseases and knowledge that the results of nerve conduction studies (NCS) and electromyography (EMG) may be similar in different diseases, diagnosis solely by EMG-NCS findings may be both inadequate and ultimately be detrimental to the patient.</li> <li>4. Guidelines about proper qualifications for qualified health care professionals performing electrodiagnostic evaluations have been developed and published by AANEM (American Association of Neuromuscular and Electrodiagnostic Medicine) and other medical organizations, including the AMA, 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.(6)"</li> </ul>
	Added Rationale section
	<p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Added CPT codes: 95907, 95908, 95909, 95910, 95911, 95912, 95913, (effective 01-01-2013)</li> <li>▪ Removed CPT codes: 95900, 95903, 95904, 95934, 95936 (effective 12-31-2012); 95921, 95922, 95923</li> <li>▪ Removed Diagnosis codes: 337.1, 337.3</li> </ul>
	Revision section:

	<ul style="list-style-type: none"> <li>▪ Removed the 02-17-2006, 03-07-2006, and 12-01-2006 details.</li> </ul>
	References updated
02-28-2014	In Coding Section: <ul style="list-style-type: none"> <li>▪ ICD-10 Diagnoses Codes added</li> </ul>
07-29-2014	Description section reviewed. Policy section reviewed. Rationale section reviewed. In Coding section: <ul style="list-style-type: none"> <li>▪ Revised nomenclature for CPT codes: 95885, 95886, 95887.</li> </ul>
	References updated.
10-01-2017	In Coding section: <ul style="list-style-type: none"> <li>▪ Added ICD-10 Codes: M48.061, M48.062</li> <li>▪ Removed ICD-10 Code: M48.06</li> <li>▪ Revised Nomenclature on ICD-10 Codes: M33.01, M33.02, M33.09, M33.11, M33.12, M33.19</li> </ul>
10-27-2017	Corrected 10-01-2017 Revision section: <ul style="list-style-type: none"> <li>▪ Corrected codes in the Added ICD-10 Codes from "M48.61, M48.62" to "M48.061, M48.062".</li> <li>▪ Added codes in the Revised Nomenclature on ICD-10 Codes, which were missing. The codes are: "M33.01, M33.02, M33.09, M33.11, M33.12, M33.19"</li> </ul>
10-01-2018	In the Coding section: <ul style="list-style-type: none"> <li>▪ Added ICD-10 Codes: G51.31, G51.32, G51.33, G71.01, G71.02, G71.09</li> <li>▪ Remove ICD-10 Codes: G51.3, G71.0</li> </ul>

## **REFERENCES**

1. Kimura J. *Electrodiagnosis in Diseases of Nerve and Muscle: Principles and Practice*, 3<sup>rd</sup> Edition. Oxford University Press 2001. Chapter 5 (Principles and Variations of Nerve Conduction Studies).
2. American Association of Neuromuscular and Electrodiagnostic Medicine, American Academy of Neurology, American Academy of Physical Medicine and Rehabilitation. *Recommended Policy for Electrodiagnostic Medicine*, 2002.
3. American Association of Neuromuscular and Electrodiagnostic Medicine, *Recommended Policy for Electrodiagnostic Medicine*, Accessed May 2014 [http://www.aanem.org/getmedia/4eb449e2-c705-45b7-a5df-7cf024bb4b74/Recommended\\_Policy\\_EDX\\_Medicine\\_final\\_12312012.pdf.aspx](http://www.aanem.org/getmedia/4eb449e2-c705-45b7-a5df-7cf024bb4b74/Recommended_Policy_EDX_Medicine_final_12312012.pdf.aspx)
4. American Physical Therapy Association. *Position Statement Re: Practice of Electrophysiologic Testing By Physical Therapists*.
5. CPT Assistant. *Coding Communication: Proper Use of Needle EMG CPT Codes 95860-95870*. Volume 14, Issue 2, February 2004.
6. International Academy of Clinical Neurology. *Recommended Policy for Electrodiagnostic Medicine*.
7. Medicare Part B – Kansas/Nebraska/Western Missouri. *Nerve Conduction Studies and Electromyography (L31346)*. Accessed May 2014 <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=31346&ContrId=148>
8. Section on Clinical Electrophysiologic of the American Physical Therapy Association Task Force on *Guidelines for Clinical Electromyography*. *Guidelines for Clinical Electromyography*. 2003.

## **Other References**

1. BCBSKS Medical Consultant, Practicing Board Certified Neurologist (356), January 13, 2006.
2. Kansas Board of Healing Arts, June 2014.