

March 7, 2014

Harry Feliciano, M.D., M.P.H.
Palmetto G.B.A. (J1 MAC)
PO Box 1437
Augusta, GA 30903-1437

Re: Proposed Local Coverage Determination (LCD): Nerve Conduction Studies and Electromyography (DL34606)

Dear Dr. Feliciano:

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) is the national medical society representing physiatrists; physicians who are specialists in the field of physical medicine and rehabilitation and primarily focused on diagnosing and serving the needs of people with a wide range of disabilities and chronic conditions. Physiatrists treat adults and children with acute and chronic pain, persons who have experienced catastrophic events resulting in paraplegia, quadriplegia, traumatic brain injury, spinal cord injury, limb amputations, rheumatologic conditions, musculoskeletal injuries, and individuals with neurologic disorders or other disease process that result in impairment and/or disability. With appropriate rehabilitation, many patients can regain significant function, live independently, and enjoy fulfilling lives.

On behalf of the more than 9,000 members of AAPM&R, we would like to provide guidance on the coverage indications, limitations, and medical necessity of nerve conduction studies (NCS) and electromyography (EMG). The Academy appreciates the opportunity to provide our comments regarding the Proposed LCD ID # DL 34606 – Nerve Conduction Studies (NCS) and Electromyography (EMG). AAPM&R generally agrees with the local coverage determination (LCD), but has some concerns and additional recommendation, set forth below.

Nerve Conduction Studies

In this local coverage determination (LCD), Palmetto states “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.”

AAPM&R agrees that when a patient with a neuromuscular problem requires electrodiagnostic tests, testing should be performed/interpreted “real time” and the provider should be on-site. The Academy believes that Palmetto should base their supervision guidelines on those of Medicare which states that the physician need not be in the same room, but must be in the area and immediately available to provide assistance and direction throughout the time the procedure is being performed.¹ Furthermore, the Academy believes that it is often necessary to modify or add to the procedure during the examination, depending on the findings and this requires progressive problem solving by the physician throughout the

¹ Centers for Medicare & Medicaid Services Manual System, Pub 100-02 Medicare Benefit Policy. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R169BP.pdf>. Accessed March 5, 2014.

course of the study. This can only be done when testing is performed/interpreted “real time” and the provider is on-site.

Other Recommendations

Nerve Conduction Studies

Many clinical neurophysiology laboratories utilize technologists to improve operational efficiency. The Academy recommends that when a technician is utilized to perform nerve conduction testing, this individual be appropriately trained in anatomy, neurophysiology and forms of electrodiagnostics and always work under the supervision and direction of a physician fully trained in electrodiagnostic procedures.

Proposed/ Draft Process - Documentation Requirements

AAPM&R also recommends the addition of the following language “Each study should have the printed name and signature, as well as the professional designation of the individual(s) performing, interpreting, and/or supervising the test.” The Academy believes this is an important addition because patients encounter a range of health care professionals in various settings and they deserve clear and accurate information about who is providing their care.

ICD-9 Codes that Support Medical Necessity

In addition to the list of ICD-9 codes that are already listed in the LCD, AAPM&R also recommends the following codes:

- a. Critical illness neuropathy (357.82)
- b. Critical illness myopathy (359.81)
- c. Inclusion body myositis (359.71)

AAPM&R recommends that an additional section be added to the LCD, “CPT/HCPCS Codes that ARE NOT Medical Necessary.” The Academy recommends non-coverage for CPT code 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*), used for NCSs performed with certain pre-configured electrode arrays that are placed on patients. The Academy believes that the dissociation of NCS and needle EMG results into separate reports which are inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner.

AAPM&R appreciates the opportunity to comment on the proposed LCD –NCS / EMG. The Academy looks forward to continuing dialogue with Palmetto on these important issues. If you have any questions about our comments, please contact Melanie Dolak, Associate Executive Director in the AAPM&R Division of Health Policy and Practice Services. She may be reached at mdolak@aapmr.org or at (847) 737-6020.

Sincerely,



Philip Bryant, DO
Chair, Reimbursement and Policy Review Committee