Codify
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Pain Management Coding Alert

Testing: Max Out Pay with Evoked Potential Study Smarts

CTS, ALS, MG patients often need short-latency studies.

Coders should hold onto any evoked potential study coding information that they can get, or they risk letting deserved dollars slip through their fingers.

In short: There are several different types of evoked potential studies; you'll need to know how to identify each type and the conditions that each study tests for to max out your coding benefit.

Check out this expert advice on coding all forms of evoked potential studies.

Opt for 95925-95927 for Short-Latency Studies

When your physician performs a short-latency evoked potential study, you'll choose one of the following codes, confirms **Amy C. Pritchett, BSHA, CCS, CPMA, CPC-I, CPC, CDEO, CANPC, CASCC, CEDC, CRC, CMRS, CMPM, CDMP, C-AHI, AIHC-Approved ICD-10-CM/PCS Trainer**, manager of facility coding services at Altegra Health in Los Angeles:

- 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). During a 95925 service, the physician performs a potential study by stimulating the peripheral nerves or skin sites in the upper limbs. The provider will record the resulting study from the central nervous system, Pritchett explains.
- 95926 (... in lower limbs). Use 95926 when op notes indicate "stimulation of any and all peripheral nerves or skin sites with recording from the central nervous system in the lower limbs," Pritchett says. Remember, don't report 95926 with 95925.
- 95938 (... in upper and lower limbs). Use 95938 when op notes indicate stimulation of any and all nerves or skin sites, including the recording of central nervous system, in the upper and lower limbs.
- 95927 (... in the trunk or head). Use 95927 when the op notes indicate stimulation of any and all nerves or skin sites, recording from the central nervous system in the trunk or head.

Note: Codes appear in the above list in the order they appear in CPT® 2017; some codes in this family are out of numerical order in the latest coding manual.

Keep Up on Conditions that Might Prompt Study

A patient with one of the following conditions or who is suspected to be suffering from one of these conditions might need a short-latency evoked potential study:

- Myasthenia gravis;
- Carpal tunnel syndrome and/or ulnar nerve entrapment;
- Spinal cord or head injuries;
- Cervical spondylotic myeloradiculopathy;
- Thoracic outlet syndrome;
- Metabolic disorders (e.g., lead toxicity and/or B12 vitamin deficiency); or
- Management of ALS.

Not so fast: This is not a definitive list of conditions that might prompt a short latency evoked potential study. If a patient reports to the practice with one of the above conditions, or is suspected of having one of the above conditions, you might have a short-latency evoked potential study claim on your hands.

Choose 95928-95939 for Central Studies

When your provider opts to perform a central motor-evoked potential study, Pritchett confirms you'll choose from one of the following codes:

- 95928 (Central motor evoked potential study [transcranial motor stimulation]; upper limbs). "The provider performs a central motor evoked potential study by transcranially stimulating the motor cortex by applying a very mild electric current to the scalp. In this procedure, the ultimate goal is to evaluate the motor pathways that supply the upper limb muscles," Pritchett says.
- 95929 (... lower limbs). In this procedure, the ultimate goal is to evaluate the motor pathways supplying the lower limb muscles. Remember, do not report 95929 with 95928.
- 95939, (... in upper and lower limbs). The provider might perform 95939 for a potential diagnosis of multiple sclerosis; you can also use the test "as an indicator for stroke motor recovery," Pritchett says.

Note: Codes appear in the above list in the order they appear in CPT® 2017; some codes in this family are out of numerical order in the latest coding manual.

Providers Often Perform Central Study for Brain Compression, Neuralgia

A patient with one of the following conditions or who is suspected to be suffering from one of these conditions might need a central motor-evoked potential study:

- Temporal bone lesion,
- Malignant neoplasm of spinal meninges,
- Compression of brain,
- Trigeminal neuralgia, and
- Dissection of abdominal aorta.

Not so fast: This is not a definitive list of conditions that might prompt a central motor-evoked potential study. If a patient reports to the practice with one of the above conditions, or is suspected of having one of the above conditions, you might have a central motor-evoked potential study claim on your hands.

Have Vision, Know VEP Codes Before You Need Them

When your provider performs a visual evoked potential (VEP) study, you'll choose from the following codes, Pritchett confirms:

- 95930 (Visual evoked potential [VEP] testing central nervous system, checkerboard or flash). During a 95930 VEP, the provider measures "the electric activity of the brain when responding to visual stimulus," Pritchett says.
- 95933 (Orbicularis oculi [blink] reflex, by electrodiagnostic testing). When a provider performs 95933, notes will indicate electrodiagnostic test of the orbicularis oculi reflex, or "blink reflex." "This is the involuntary blinking of the eyelids due to contraction of the orbicularis oculi muscles tapping the margin of the orbit or the bridge of the nose," Pritchett explains.
- 95937 (Neuromuscular junction testing [repetitive stimulation, paired stimuli], each nerve, any 1 method). The provider performs neuromuscular junction testing by repetitively stimulating nerves supplying the muscle to diagnose a patient with a known or suspected disorder of the neuromuscular junction.