SENSORY NERVE CONDUCTION THRESHOLD TESTS (SNCTS) (NCD 160.23)

Guideline Number: MPG282.04  Approval Date: December 12, 2018

Table of Contents

POLICY SUMMARY ......................................................1
APPLICABLE CODES ...................................................1
DEFINITIONS ............................................................2
PURPOSE ..................................................................2
REFERENCES .............................................................2
GUIDELINE HISTORY/REVISION INFORMATION ............3
TERMS AND CONDITIONS ...........................................3

POLICY SUMMARY

Overview
The Sensory Nerve Conduction Threshold Test (sNCT) is a psychophysical assessment of both central and peripheral nerve functions. It measures the detection threshold of accurately calibrated sensory stimuli. This procedure is intended to evaluate and quantify function in both large and small caliber fibers for the purpose of detecting neurologic disease. Sensory perception and threshold detection are dependent on the integrity of both the peripheral sensory apparatus and peripheral-central sensory pathways. In theory, an abnormality detected by this procedure may signal dysfunction anywhere in the sensory pathway from the receptors, the sensory tracts, the primary sensory cortex, to the association cortex.

This procedure is different and distinct from assessment of nerve conduction velocity, amplitude and latency. It is also different from short-latency somatosensory evoked potentials.

Effective October 1, 2002, CMS initially concluded that there was insufficient scientific or clinical evidence to consider the sNCT test and the device used in performing this test reasonable and necessary within the meaning of section 1862(a)(1)(A) of the law. Therefore, sNCT was noncovered.

Effective April 1, 2004, based on a reconsideration of Medicare policy for sNCT, CMS concludes that the use of any type of sNCT device (e.g., “current output” type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or “voltage input” type device used for voltage-nerve conduction threshold (v-NCT) testing) to diagnose sensory neuropathies or radiculopathies in Medicare beneficiaries is not reasonable and necessary.

Guidelines
Nationally Noncovered Indications
All uses of sNCT to diagnose sensory neuropathies or radiculopathies are noncovered.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.
**DEFINITIONS**

**Current Perception Threshold/Sensory Nerve Conduction Threshold (sNCT):** A diagnostic test used to diagnose sensory neuropathies. The device is a noninvasive test that uses transcutaneous electrical stimuli to evoke a sensation.

**PURPOSE**

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the **References** section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

**REFERENCES**

**CMS National Coverage Determinations (NCDs)**

- **NCD 160.23 Sensory Nerve Conduction Threshold Tests (sNCTs)**

**CMS Local Coverage Determinations (LCDs)**

<table>
<thead>
<tr>
<th>LCD Description</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<tr>
<td>L34594 (Nerve Conduction Studies and Electromyography) WPS</td>
<td>AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</td>
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<td>L34265 (Medicine: Nerve Conduction Studies (NCS) and Electromyography (EMG)) Cahaba (Retired 02/25/2018)</td>
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**CMS Benefit Policy Manual**

- **Chapter 14; § 40 Services Related to and Required as a Result of Services Which are Not Covered Under Medicare**
- **Chapter 16; § 10 General Exclusions From Coverage**
CMS Claims Processing Manual
Chapter 1; § 60.2.1 Billing for Non-covered Procedures in an Inpatient Stay, § 60.4 Non-covered Charges on Outpatient Bills, § 60.4.2 Line-Item Modifiers Related to Reporting of Non-covered Charges When Covered and Non-covered Services Are on the Same Outpatient Claim

CMS Transmittals
Transmittal 15, Change Request 3339, Dated 06/18/2004 NCD: Sensory Nerve Conduction Threshold Test (sNCT)

MLN Matters
Article MM3339, Sensory Nerve Conduction Threshold Test (sNCT)

UnitedHealthcare Commercial Policies
Neurophysiologic Testing and Monitoring

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

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<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>04/01/2019</td>
<td>• Reorganized policy template; relocated Terms and Conditions and Purpose section</td>
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<tr>
<td>12/12/2018</td>
<td>• Annual review</td>
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TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.