

Epidermal Nerve Fiber Density Testing

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<u>Coverage Policy</u>	Surgical 98
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Epidermal Nerve Fiber Density Testing (ENFD).

Description & Definitions:

Small Nerve Fiber Pathology through Nerve Fiber Density Measurement an intra-epidermal nerve fiber density (IENFD) by skin punch biopsy where a small specimen to identify the amount of nerve fibers in the skin.

Criteria:

Epidermal nerve fiber density testing (ENFD) is considered medically necessary for individuals with suspected small fiber neuropathy and **ALL of the following**:

- Painful sensory neuropathy
- Physical examination shows no evidence of findings consistent with large-fiber neuropathy, such as reduced or absent muscle-stretch reflexes or reduced proprioception and vibration sensation
- Electromyography studies are normal and show no evidence of large fiber neuropathy
- Autonomic testing is normal and show no evidence of large fiber neuropathy
- Nerve conduction velocity studies are normal and show no evidence of large fiber neuropathy

Epidermal Nerve Fiber Density Testing (ENFD) is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- To detect preclinical small fiber neuropathy in asymptomatic members who have **1 or more** of the following:
 - Diabetes
 - impaired glucose intolerance

- hypothyroid persons, and for evaluation of individuals with Fabry disease, not an exclusive list) known to cause peripheral neuropathy
- hereditary transthyretin (TTR) amyloidosis and iatrogenic TTR amyloidosis
- Ehlers-Danlos syndromes
- Fabry disease
- fibromyalgia
- postural tachycardia syndrome
- REM sleep behavior disorder
- For monitoring disease progression or response to treatment
- Sweat gland nerve fiber density for the diagnosis of small-fiber neuropathy and other indications
- Diagnosis of endometriosis

Coding:

Medically necessary with criteria:

Coding	Description
11104	Punch biopsy of skin (including simple closure, when performed); single lesion
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2022: May
- 2021: May
- 2020: November
- 2019: September
- 2015: July
- 2014: August
- 2013: July
- 2012: April

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- 2023: May
- 2019: December
- 2018: April
- 2017: January
- 2014: July
- 2012: July

Effective Date:

- August 2011

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan.

Surgical 98

Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

ENFD, nerve fiber, intraepidermal nerve fiber, IENF, SHP Epidermal Nerve Fiber Density Testing, SHP Surgical 98, Intraepidermal nerve fiber density (IENFD), Epidermal nerve fiber density (ENFD), reduced intraepidermal nerve fiber density (IENFD) skin biopsy