Sentara® Health Plans

Medicaid

Automated Nerve Conduction Testing, Medical 250

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Effective Date	5/2008
Next Review Date	1/2026
Coverage Policy	Medical 250
Version	5

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.*.

Description & Definitions:

Automated nerve conduction testing is completed by a diagnostic hand-held device in which electrodes are arranged in an array to evaluate the integrity and performance of the peripheral nervous system.

Non-invasive automatic, portable, or automated point of care nerve conduction monitoring systems (e.g., the NC-stat® System, the Brevio® NCS-Monitor, and the Advance™ System) test only distal motor latencies and conduction velocities for the purpose of electrodiagnostic testing.

Criteria:

Automated Nerve Conduction Testing is considered **not medically necessary** for any use as current role remains uncertain, based on review of existing evidence.

Document History:

Revised Dates:

- 2025: January – No criteria updates. Updated policy format.
- 2021: January
- 2020: January
- 2016: April
- 2015: April
- 2013: January, May
- 2012: November

Reviewed Dates:

- 2024: January

- 2023: January
- 2022: January
- 2018: November
- 2017: December
- 2015: March
- 2014: April
- 2013: April
- 2012: April
- 2011: April
- 2010: April
- 2009: April

Effective Date:

- May 2008

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description

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.

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

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, 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.

Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid
    - 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. 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 by 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.

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: 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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LCD Nerve Conduction Studies and Electromyography L35048. (2024, 11). Retrieved 1 2025, from CMS Local Coverage Determination (LCD): https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35048&ver=82&bc=0

NCD Sensory Nerve Conduction Threshold Tests (sNCTs) 160.23. (2004). Retrieved 1 2025, from CMS: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=270&ncdver=2&bc=0

Nc-stat® System (NeuroMetrix Inc.) for Noninvasive Nerve Conduction Testing of Upper Extremity Neuropathy. (2009). Retrieved 1 2025, from Hayes: https://evidence.hayesinc.com/report/htb.ncstat

Position Statement - Model Policy for Nerve Conduction Studies and Needle Electromyography. (2025). Retrieved 1 2025, from American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM): https://www.aanem.org/clinical-practice-resources/position-statements/position-statement/model-policy-for-nerve-conduction-studies-and-needle-electromyography

Keywords:

SHP Automated Nerve Conduction Testing, SHP Medical 250, quantitative sensory testing, Medical 127, peripheral nervous system, nerve damage, neuropathy, nerves, nerve conduction studies, NCS, electrodiagnostic testing