

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

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

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 Commercial products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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.

- Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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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(2025). Retrieved 1 2025, from DMAS: <https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library>

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>

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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