

Evoked Responses Test and Neuromuscular Procedure Benefits to Change for Texas Medicaid

Effective for dates of service on or after May 1, 2016, benefit criteria for evoked response tests and neuromuscular procedures will change for Texas Medicaid.

Limitations

Autonomic Function Tests

Procedure codes 95924 and 95943 are limited to once per date of service, by the same provider.

Intraoperative Neurophysiology Monitoring

Procedure codes 95940 and 95941 will each be limited to a maximum of two hours per date of service, per client, any provider, and must be billed in conjunction with the primary procedure. Procedure codes 95863, 95864, 95865, 95866, and 95869 will be added as payable primary procedures.

Note: Providers may refer to the current Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.28.3, "Evoked Potential Testing," for a list of additional procedure codes that procedure codes 95940 and 95941 must be billed in conjunction with.

Nerve Conduction Studies

Claims for nerve conduction studies, which are denied for exceeding the maximum number of studies allowed per day, may be appealed with supporting medical record documentation.

Prior Authorization for Nerve Conduction Studies (Fee for Service (FFS))

Prior authorization will be required when the anticipated number of nerve conduction studies performed during an evaluation exceeds three for procedure code 95937.

Requests for prior authorization must be submitted to the Special Medical Prior Authorization department (SMPA) using the Special Medical Prior Authorization (SMPA) Request Form.

Note: An advanced practice registered nurse (APRN) or a physician assistant (PA) may sign all documentation related to the provision of evoked response tests and neuromuscular procedures on behalf of the client's physician when the physician delegates this authority to the APRN or PA. The APRN or PA provider's signature and license number must appear on the forms where the physician signature and license number blocks are required.

Requests must include documentation supporting medical necessity for the number of studies requested, and must be received on or before the requested date of service. Requests received after the services are performed will be denied for dates of service that occurred before the date the request was received.

Retroactive authorization requests will no longer be accepted for nerve conduction studies.

Provider Type Updates for Evoked Potential Testing

The following providers will be added payable provider types for each component of procedure code 95930 in the designated places of service:

Type of Service	Place of Service	Provider Types
Total Component	Office and outpatient	Optometrist and federally qualified health center

	hospital	(FQHC) providers
Professional Component	Inpatient hospital	Optometrist providers
	Outpatient hospital	Optometrist and FQHC providers
Technical Component	Office	FQHC providers
	Outpatient hospital	Nurse practitioner, clinical nurse specialist, physician assistant, physician, optometrist, FQHC, and portable X-ray supplier, radiological lab, and physiological lab providers