



## Quality Electrodiagnostic Medicine Controls Costs

It is the position of the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) that quality electrodiagnostic (EDX) testing is an effective tactic in reducing the expense of health care. The greatest drains on healthcare resources are unnecessary tests, treatment, and/or surgery.

A quality EDX evaluation, performed by a properly trained physician, greatly increases the likelihood that the correct diagnosis is reached quickly and that treatment decisions are based on an accurate diagnosis of the disease or disorder. When patients receive the appropriate care based on their diagnosis, health care dollars are spent judiciously. When a misdiagnosis occurs, repeat testing is often necessary. Additionally, appropriate intervention and treatment is delayed leading to further health complications and cost. The downstream costs of a misdiagnosis are detrimental to the patient and costly to the health care system.

A quality EDX evaluation, performed by a properly trained physician, greatly decreases the number of tests needed to reach a diagnosis. Unnecessary EDX testing significantly contributes to the problem of runaway healthcare spending.

The policymaking and payer community must carefully consider the importance of diagnostic accuracy and continue to focus on payment for quality EDX medical care for all patients. The most effective way to ensure quality is to reimburse only those providers who have demonstrable training and experience in EDX testing. For nerve conduction studies (NCSs), needle electromyography (EMG), evoked potentials (EPs), and related tests, the simplest provider filter is to pay only neurologists and physical medicine & rehabilitation physicians. No other Accreditation Council for Graduate Medical Education accredited specialties devote adequate portions of training or offer additional fellowships in this area.

Attempts to pay only for quality EDX medicine can be further advanced by applying several tactics in medical coverage policies and claims editing software:

1. Do not reimburse providers who utilize a “boilerplate” approach to EDX testing, always testing the same nerves regardless of symptoms.
2. Do not reimburse providers who exclusively utilize NCSs for all patients to make diagnoses and never perform a complimentary EMG. Experienced EDX physicians will on occasion determine that only a NCS is required, but this is a minority of studies performed. For instance, some entrapment disorders can be diagnosed in this fashion by a trained EDX physician, but this is an exception. To accurately diagnose many neuromuscular disorders, both NCSs and EMGs are necessary in the vast majority of cases.
3. Reimburse only physicians (MD or DO) (*see Who is Qualified to Perform Electrodiagnostic Medicine*). Some healthcare professionals continue to perform and interpret EDX tests independently or ostensibly under physician supervision. This is not an appropriate use of healthcare resources. Only appropriately trained physicians can perform and interpret EDX tests to make a medical diagnosis. NCSs and EPs can be performed by a trained technologist under the direct supervision of a trained EDX physician.
4. Do not reimburse for EDX studies in which there are excessive numbers of NCSs performed and billed. For determination of acceptable number of NCSs in 90% of cases, please see “Maximum Number of Studies Table” (Table 1, pp 12-13 of *Recommended Policy for Electrodiagnostic Medicine* position statement).

For more information on implementing policies that both increase the quality of patient care while reducing the utilization of unnecessary testing, view the *AANEM Model Policy for Electrodiagnostic Testing*. The AANEM’s mission is to improve the quality of patient care and advance the science of neuromuscular and musculoskeletal diseases by serving physicians and allied health professionals who care for those with muscle and nerve disorders.



**Resources**

1. Gawande A. "The Cost Conundrum," The New Yorker. June 1, 2009.
2. Department of Health & Human Services Office of Inspector General. "Medicare Part B Billing for Ultrasound," OEI-01-08-00100. July 2009.
3. Government Accountability Office. "Medicare Part B Imaging Services," GAO-08-452. June 13, 2008.  
Government Accountability Office. "Long-Term Fiscal Outlook," GAO-08-912T. June 17, 2008.
4. Government Accountability Office. "Medicare Physician Services," GAO-09-559. August 28, 2009.

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