AANEM MEMBER RESOURCE:

Ensuring Your Documentation Supports the Medical Necessity of EDX Testing

The Medicare definition of medical necessity under the Social Security Act states "no Medicare payment shall be made for items or services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the function of a malformed body member". Both the Center for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG) view repeated submission of claims that are in violation of medical necessity rules as healthcare abuse.

Documentation is integral to supporting the medical necessity for any EDX service. Remember that from a coding and auditing perspective, nothing can be assumed. The most clear-cut way to support medical necessity in an audit is ensuring documentation reflects medical decision making. Complete documentation of the physician "thought process", including comments about any medical conditions being ruled out, will support medical necessity and the services billed.

AANEM has published several position statements that address medical necessity, including the *Proper Performance and Interpretation of Electrodiagnostic Studies*. Additionally, CMS provides medical necessity guidance via national and local coverage determinations (NCDs and LCDs). Finally, the OIG work plan should be reviewed annually to identify specific documentation concerns that would be included in any audits conducted by their staff.

Complete documentation shows payers that the physician knows what is happening clinically with the patient. AANEM encourages EDX providers to regularly perform audits and verify medical necessity is clearly documented in the medical record.

For more information on how to evaluate the quality of EDX reports and identify areas of potential improvement, refer to AANEM's position statement *Reporting the Results of Nerve Conduction Studies and Needle EMG*, or further your practice with a CME activity such as *Performance in Practice: Electrodiagnostic Report Writing*.