Protect Patient Health and Safety through Quality Electrodiagnostic (EDX) Medicine

About EDX Patient Care
EDX medicine is sophisticated and mainly consists of nerve conduction studies (NCS) and needle electromyography (EMG). In concert, these tests show how well electrical signals are traveling to nerves and evaluate muscle function. EMG and NCS are dynamic, interactive, and mildly invasive procedures that rely on real-time feedback and require extensive specialized knowledge in order to be performed properly. EDX studies delivered by a qualified healthcare provider are crucial for the accurate diagnosis and proper treatment of serious conditions including ALS, muscular dystrophies, and various neuropathies, as well as common conditions like carpal tunnel syndrome, and cervical and lumbosacral radiculopathies.

Emerging Challenges to Quality and Access
When the Centers for Medicare and Medicaid Services (CMS) released the final rule for the 2013 Medicare Physician Fee Schedule, reimbursement rates for NCS and EMG were cut by over 50%. No cut was advanced in the proposed rule and the drastic and shocking reduction was alarming to many stakeholders, particularly those concerned about sites of care in rural and underserved communities. Subsequently, CMS indicated that increased utilization of these codes triggered a cut as a cost-containment measure.

As indicated by data, accounts from the field, and a 2014 OIG Report: Questionable Billing for Medicare Electrodiagnostic Tests, the increase in utilization is driven by fraud and abuse. Patients are often intentionally delivered incomplete and inaccurate tests that provide no valuable health information, but are nonetheless billed to Medicare. These bad actors often operate in a mobile venue with non-existent overhead. Consequently, the reimbursement cuts advanced by CMS have done little to stem fraud and abuse in EDX medicine, and it appears that many bad actors are simply increasing the volume of their testing to offset reduced reimbursement.

Take Action
CMS needs to appreciate that fraud and abuse in EDX medicine is a patient care issue, and then act with a sense of urgency and in conjunction with stakeholders, to ensure only optimal patient care is delivered by qualified and reputable providers moving forward.

- Join other stakeholder organizations in reaching out to CMS to raise awareness of this issue and ask for meaningful collaboration through an appointed liaison to properly address fraud, abuse, and access challenges.

- Engage Members of Congress to raise awareness of this issue on Capitol Hill and request their outreach to CMS to facilitate stakeholder engagement and meaningful progress.

- Through direct engagement and congressional outreach, encourage CMS to implement the three recommendations of the 2014 OIG Report and further address this issue.

If your organization is interested in receiving updates on this issue and related community advocacy activities, please contact Dane Christiansen of the Health and Medicine Counsel of Washington at christiansen@hmcw.org or 202-544-7499.
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Over the past decade fraudulent and abusive EDX practices have surged - especially nerve conduction studies (NCSs). The result has been a significant rise in the number of claims with improper testing, erroneous results, and inaccurate diagnoses that have unnecessarily driven up medical expenses and threatened patient safety. In April 2014, the Department of Health and Human Services’ Office of Inspector General (OIG) published a report on “Questionable Billing for Medicare Electrodiagnostic Tests.” According to the report, “In 2011, Medicare paid approximately $486 million to 21,700 physicians who billed for electrodiagnostic [EDX] tests for 877,000 beneficiaries.” The study found that 4,901 physicians had questionable billing for EDX testing, for Medicare patients totaling $139 million.

OIG recommends that the Centers for Medicare and Medicaid Services (CMS):

- Increase monitoring of EDX billing.
- Provide additional education to physicians on EDX testing.
- Take action regarding physicians identified in the report as having “inappropriate or questionable billing.”
- It was also suggested that CMS determine whether certain specialties lack appropriate training to perform EDX testing and recommended restricting payment to these physicians.

Following the 2014 report, CMS has done little to implement the OIG recommendations or further address issues of fraud and abuse that undermine patient care. This is all the more troubling when considering there are some straightforward ways to separate quality tests from suspicious billing:

- NCSs performed without EMGs.
- Significant distance between the location where a beneficiary is studied and the location of the interpreting physician.
- Significant claims filed by those unlikely to have the necessary skills and training.
- Unusual number of tests performed on the same day on the same beneficiary.

Unfortunately, the fraud and abuse in EDX medicine has persisted. To raise awareness of patient challenges, combat fraud and abuse, and ensure optimal care is delivered, patient groups and physician societies are working together to call attention to this issues. It is our hope that CMS and members of Congress will work with impacted stakeholders to:

- Advance implementation of the 2014 OIG recommendations.
- Work to further reduce fraud and abuse in a manner that balances access and other considerations through constructive collaboration with the community.
- Pursue standards, criteria, or novel proposals that create systematic barriers by preventing reimbursement for incomplete or improper studies by an unqualified or disreputable healthcare provider.

For additional information on this issue and the effort to advocate for optimal EDX patient care, please contact Millie Suk of the American Association of Neuromuscular and Electrodiagnostic Medicine at msuk@aanem.org or (507) 288-0100.