



WHAT DOES ‘ON SITE’ AND ‘REAL TIME’ MEAN?

The American Medical Association’s (AMA) *2014 Current Procedural Terminology Professional Codebook* includes a description of how nerve conduction studies should be performed. In the description it states that the “Waveforms must be reviewed **on site in real time**...” In addition, it states that the “Reports must be prepared **on site** by the examiner, and consists of the work product of the interpretation of numerous test results...along with summarization of clinical and electrodiagnostic data, and physician or other qualified health care professional interpretation.”¹ (emphasis added) The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) has developed the following definitions of onsite and real time to assist payers to determine whether or not the physician is appropriately following the rules established for billing codes 95905-95913.

Onsite Definition

The use of the term “onsite” indicates that the summary of the patient’s history and physical examination, execution of all of the appropriate nerve conduction studies and EMG examinations, analysis of the EDX data, and determination of the diagnoses for the patient are all performed in the same location which is most commonly the EDX laboratory.² “Onsite” would preclude the use of telemetry or other technologies to allow the EDX data to be transmitted and interpreted at a location different from where the EDX study is performed.

Real Time Definition

The use of the term “real time” with regard to nerve conduction studies indicates that information from the history and physical examinations are integrated*, the specific and tailored EDX study is performed, and the analysis of the waveforms are all done at the same time and while the patient is present in the EDX laboratory (whether that be in an office, a hospital, or a medical clinic). An EDX study performed in “real time” is more sensitive and accurate since it allows the specific NCS and EMG tests performed to be modified as dictated by the results as they arise and it allows the physician to perform additional NCS or EMG studies, if necessary, after preliminary review and before the patient leaves the EDX laboratory.

Qualifications

It is the position of the AANEM that the needle EMG examination be performed by a physician (MD or DO) and that the physician perform or directly supervise a qualified technologist to perform the NCSs. Further information can be found in AANEM’s position papers *Who Is Qualified to Perform Electrodiagnostic Medicine*³ and *Proper Performance of Electrodiagnostic Medicine*.²

* Integration in the context of EDX studies describes how attributes of the history and physical examinations are used to design a specific grouping of nerve conduction studies and a specific selection of muscles to be evaluated during the needle EMG examination for each patient. The EDX examination is therefore tailored to each patient.²

1. American Medical Association’s (AMA) 2014 Current Procedural Terminology Professional Codebook
2. Proper Performance and Interpretation of Electrodiagnostic Studies. American Association of Electrodiagnostic Medicine website <http://www.aanem.org/getmedia/9b4fa3d5-c127-4c3d-9296-b650e443b2cc/ProperPerformance.pdf.aspx>, Updated June 2014. (originally published

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3. in Muscle Nerve 2006;33: 436 – 439).
Who is Qualified to Perform Electrodiagnostic Medicine,
http://www.aanem.org/getmedia/f96400ac-6534-4f9f-bddc-21231e241e0c/who_is_qualified.PDF.aspx, Updated May 2012

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