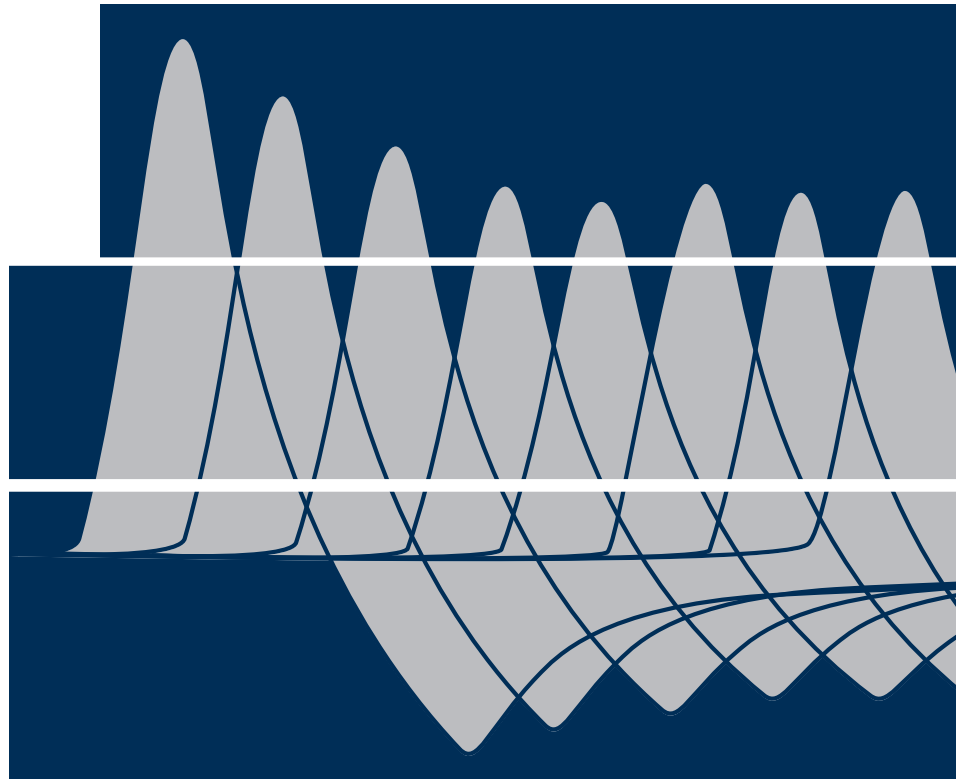





IDENTIFY AND STOP

EDX FRAUD AND ABUSE





OIG'S MEASURES OF "QUESTIONABLE BILLING" IN EDX MEDICINE*

 In April 2014, the Office of Inspector General (OIG) published a report, "Questionable Billing for Medicare Electrodiagnostic Test" which included seven measures of "questionable billing":

1. Non-neurologist or non-physical medicine and rehabilitation (PMR) physicians with an unusually high percentage of EDX tests. **Neurology and PMR are the only two specialties that receive the EDX training needed to provide accurate and reliable EDX studies.**
2. Physicians with an unusually high percentage of EDX claims (>90%) that do not include both a nerve conduction study (NCS) and a needle electromyography (EMG) examination. **A complete EDX examination includes both NCSs and a needle EMG. In a small number of cases, such as carpal tunnel syndrome (CTS), it can be appropriate to only perform NCSs. It would be highly unusual for a practice to have 90-100% of its NCSs diagnosing CTS.**
3. Physicians with an unusually high average number of miles between their practice(s) and the patient's address. **Technicians should not perform the NCSs without supervision by an onsite EDX physician. An EDX physician must interpret the waveforms in real time versus later at a distant location. (Intraoperative monitoring can be performed offsite)**
4. Physicians with an unusually high percentage of beneficiaries for whom at least three physicians billed for EDX tests. **One physician should perform or supervise all components of the EDX testing.**
5. Physicians with an unusually high average number of EDX test claims (> 14 tests) for the same beneficiary on the same day. **AANEM's maximum studies table, published in most medical coverage policies and in the CPT book, lists the appropriate number of tests for a given diagnosis.**
6. Physicians with an unusually high percentage of EDX claims with modifier -25 (significant, separately identifiable evaluation and management service by the same physician on the same day as another procedure). **In AANEM's opinion, this is an inappropriate measure as an extended evaluation and management is appropriate when the medical records support its need. See *Billing for Same Day Evaluation and Management and EDX Testing*.**
7. Physicians with an unusually high percentage of EDX claims with modifier -59 (significant, separately identifiable non-E/M service by the same physician on the same day as another procedure). **AANEM also believes this is an inappropriate measure. Some payers, especially worker's compensation carriers, require the use of the modifier in many situations.**

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.

THE AMERICAN ASSOCIATION OF NEUROMUSCULAR & ELECTRODIAGNOSTIC MEDICINE (AANEM) IS DEDICATED TO WORKING WITH PAYERS TO IDENTIFY AND PUT AN END TO FRAUDULENT AND ABUSIVE EDX PRACTICES THAT ARE INCREASING COSTS AND NEGATIVELY IMPACTING PATIENT CARE.

*Sentences in gold represent the position of AANEM.



Other “Red Flags” to identify possible fraud.

In addition to the OIG measures, AANEM suggests the following flags:

- Repeating EDX studies for “monitoring” (e.g., of generalized neuropathy)
- Use of inappropriate EDX equipment (e.g., QST device or hand held device)
- Excessive number of NCS performed (e.g., billing 95913 >70%)
- Scheduling patients to have NCSs performed on separate limbs on separate days (upper extremity split from lower extremity can be acceptable)
- Supervision of an NCS technician by a physician not trained to perform the study
- Surface EMG billed as a needle EMG
- Professional and technical components billed separately

**ONLY NEUROLOGISTS OR
PHYSICAL MEDICINE AND
REHABILITATION PHYSICIANS
ARE QUALIFIED TO INTERPRET
THE EDX RESULTS AND
SUPERVISE TECHNICIANS
PERFORMING NCSs.**

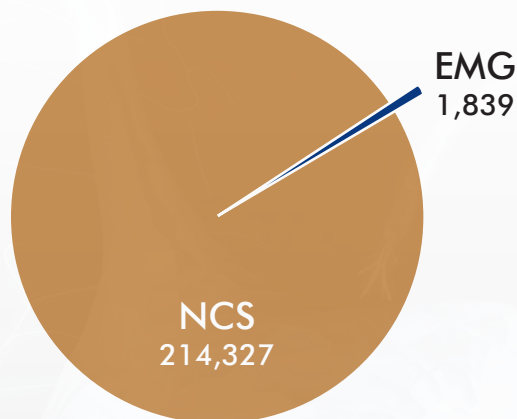


Solutions to assure patients receive quality care.

1. Only pay for qualified providers to perform NCSs and EMG testing – neurologists and PMR physicians. (See *Who is Qualified to Practice Electrodiagnostic Medicine and Credentialing of Physicians as Electrodiagnostic Medicine Physicians*.)
2. Consider AANEM laboratory accreditation, American Board of Electrodiagnostic Medicine (ABEM) certification, and other methods to identify trained providers and technicians. (See abemexam.org and aanem.org/Accreditation.)
3. Require technologists to be supervised onsite by a neurologist or a PMR physician. Do not allow any other specialty to be considered the supervising physician.
4. Do not allow even neurologists or PMR physicians to interpret NCSs if they are not onsite providing supervision. Current Procedural Terminology (CPT) requires the NCS results to be interpreted onsite and in real time by a qualified physician. (See *What Does ‘On Site’ and ‘Real Time’ Mean?*)
5. Do not pay for studies performed using nontraditional devices that are incapable of real-time wave-form display and analysis and/or are incapable of performing both NCS and EMG testing. Request EDX equipment brand, model and, possibly, the serial #.
6. Pay only for EDX studies that have the appropriate number of tests performed. Use the AANEM table to identify if too many or too few studies are performed.

**CPT REQUIRES THE NCS
RESULTS BE INTERPRETED
ONSITE AND IN REAL TIME
BY A QUALIFIED PHYSICIAN**

TOTAL NUMBER OF NCSs VS. EMGs PERFORMED BY IDTFs IN 2012 (MEDICARE)



2012 MEDICARE CLAIMS DATA ON INDEPENDENT TESTING FACILITIES

AANEM is concerned about the growing number of IDTFs. The majority of IDTFs perform only NCSs (see graph at left). This is contrary to AANEM's position that the majority of patients need both needle EMGs and NCSs performed to reach an accurate diagnosis.

In AANEM's experience, IDTFs performing NCSs are employing technicians, sending them to physician offices without qualified physician supervision, and then having the reports read at a later time by an offsite physician. The offsite physician has no contact with the patient. The process violates the CPT® requirement stating, "Waveforms must be reviewed on site in real time..." In addition, CPT requires 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."²

Table 1 shows the top 10 IDTFs that billed Medicare in 2012 for EDX testing. This represents only Medicare billings and does not include private insurance.

Table 1. Top 10 Independent Testing Facilities¹

	Number of NCSs Performed	Number of EMGs Performed
Fidelis Diagnostics, Inc.	43,377	0
Neuromed Electrodiagnostic, Inc.	14,756	0
Scanwell Diagnostic, Inc.	12,325	0
Primary Healthcare Diagnostics, Inc.	11,227	0
Pro Imaging Services, Inc.	11,131	0
Pioneer Diagnostics and Research Corp	9,499	0
M & G Neurophysiology	8,484	154
Luvr Diagnostic Services, Inc.	8,073	0
Prohealth Neurodiagnostic, Inc.	7,170	0
Medx Diagnostics, LLC	6,325	294

¹2012 Medicare Provider Utilization and Payment Data: Physician and Other Supplier

²Current Procedural Terminology (pp. 582-583). (2014). American Medical Association.



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The American Association of Neuromuscular & Electrodiagnostic Medicine was founded in 1953. We are a nonprofit membership association dedicated to the advancement of neuromuscular, musculoskeletal, and electrodiagnostic medicine. With 4,500 member physicians and allied health professionals, AANEM works to improve the quality of medical care provided to patients with muscle and nerve disorders.