Competency in Electrodiagnostic Testing

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Electrodiagnostic Testing

Policy Statement

Doctors of Chiropractic and Physical Therapists are accountable to demonstrate clinical competency in the performance and interpretation of electrodiagnostic (EDX) studies.

For *Doctors of Chiropractic;* competency must be demonstrated by the successful completion of a certificate program sponsored by a chiropractic college accredited by the Council of Chiropractic Education or certification from an accredited educational institution recognized by the state in which services are to be performed unless otherwise specified by specific state statute or regulations governing the practice of chiropractic.

Physical Therapists must demonstrate advanced clinical knowledge in the area of electrodiagnostic testing by obtaining a board-certification as a Clinical Electrophysiologic Certified Specialist (ECS) as determined by the American Board of Physical Therapy Specialties.

A copy of the certificate must be on file with ACN Group, Inc. (OptumHealth) prior to consideration of benefit coverage criteria.

Purpose

This policy has been developed to describe the criteria that ACN Group, Inc. (OptumHealth) uses to satisfy competency requirements in the performance and interpretation of electrodiagnostic testing.

Key Policy Question

What are the broadly adopted criteria used to describe and confirm professional competency in the performance and interpretation of electrodiagnostic healthcare services i.e., needle EMG, NCS, etc.?

Summary

- Doctors of Chiropractic and Physical Therapists are accountable to demonstrate clinical competency in the performance and interpretation of electrodiagnostic (EDX) studies
- Chiropractors must demonstrate competency by demonstrating the successful completion of a certificate program sponsored by a chiropractic college accredited by the Council of Chiropractic Education or certification from an accredited educational institution.
- Physical Therapists that pursue additional training in the field of Electrodiagnosis and obtain a Clinical Electrophysiologic Certified Specialist (ECS) certification are considered competent in the field.

Scope

All in and out of network programs involving all provider types, where coverage and/or utilization review determinations are rendered for electrodiagnostic health services. This policy also serves as a resource for peer-to-peer interactions in describing the position of OptumHealth on the requirements for meeting professional competency standards in the performance and interpretation of electrodiagnostic testing services.

Definitions

Professional Competency – For the purposes of this policy; professional competency is defined as the demonstration of current scientific knowledge, problem-solving skills, and technical ability required to safely and thoroughly perform, and interpret electrodiagnostic health services.

Description

Professional competency in the performance and interpretation of electrodiagnostic healthcare services is demonstrated by having successfully completed specialized training, which takes place in an accredited institution, in the diagnosis and treatment of neurological and neuromuscular diseases, and the application and performance of particular electrophysiologic techniques to study these disorders

Background

Electrodiagnostic (EDX) services include a variety of electrophysiologic studies that are an important means of diagnosing motor neuron diseases, myopathies, radiculopathies, plexopathies, neuropathies, and neuromuscular junction disorders. EDX studies are also useful for the evaluation of tumors (extremity, spinal cord, and/or the peripheral nervous system), and in neurotrauma, low back pain, spondylosis and cervical/lumbosacral disc disorders.

Electrophysiologic studies are particularly helpful when imaging or physical exam findings conflict with patient complaints and can assist in developing an accurate diagnosis(es). These studies are useful in identifying the severity and chronicity of the neuromuscular disorder and can aid in the development of an accurate treatment plan.

The electrodiagnostic examination should develop dynamically, with appropriate modifications as information emerges, and should never devolve into rote information gathering. Each study must be guided by the examiner's knowledge of the patient's condition. Electrophysiologic testing must be specifically designed by a clinically knowledgeable health care provider for each individual set of clinical circumstances, then altered and modified according to the findings, which unfold during the examination. Modification of the electrodiagnostic examination as it progresses to an accurate diagnosis requires extensive clinical knowledge of anatomy, physiology and biomedical electronics, as well as the techniques, pitfalls and limitations of applied clinical neurophysiology.

"The typical electrodiagnostic consultation involves: (1) a focused neuromusculoskeletal history and physical examination; (2) the development of a differential diagnosis; (3) the examination of the muscles and nerves utilizing nerve conduction studies (NCSs) and needle electromyography (EMG); and (4) the determination of a final diagnosis. The standard of care in clinical practice dictates that each of these components cannot be predetermined or standardized."[17]

Professional competency concerning EDX is referenced in a number of state statutes and regulations, policy guidelines, and position statements.[2-9] Some states specify minimum credit hours of study in electrodiagnosis for chiropractors [Table 1], while other states indicate it is the responsibility of the licensee to obtain the necessary knowledge and skills required to render such diagnostic procedures. [Table 2]

Although competencies in the utilization of electrodiagnostic procedures are not specified in many instances, the rules and regulations of most, if not all, State Boards of Chiropractic include sections on professional conduct, negligence, and/or incompetence. According to these States boards, a provider may be in violation of professional standards laws if he/she cannot provide proof of competency in performing professional services. [3, 14-16]

Physical therapists that pursue additional training in the field of Electrodiagnosis and obtain a Clinical Electrophysiologic Certified Specialist (ECS) certification are considered competent in the field. Because the ECS is a nationally recognized training program governed by the American Board of Physical Therapy Specialists, physical therapists should refer to their state specific practice acts for further information.

Training

For Doctors of Chiropractic, any post-graduate course of study in electrodiagnosis must be in a facility where there is a program accredited by the Council on Chiropractic Education (CCE).The EDX training should include adequate educational experience in: [1, 11]

a. Fundamental Principles
    - Anatomy and physiology of muscle, nerve, and the central nervous system
    - Basic electrical principles
    - Waveform generation, recognition and morphology
    - Instrumentation
    - Nerve, muscle, and central nervous system pathology
b. Nerve conduction, needle electromyography and evoked potential techniques
    - Basic and advanced (special) techniques including data collection and analysis.

c. Clinical application and evaluation of disorders/diseases of the muscle, nerve, and central nervous system.
d. The performance of the electrophysiological techniques in a laboratory setting including a supervised practicum in a clinical setting

For ECS certification by the American Board of Physical Therapy Specialists (ABPTS), Physical Therapists must "supply evidence of 2,000 hours of direct patient care in the specialty area within the last 10 years. 25% of which must have occurred within the last 3 years. The applicant must include evidence of performing a minimum of 500 complete electroneuromyography examinations during those hours. The remainder of the patient hours may include observation of examination and supervised examinations."[6]

In addition, the "applicant must submit evidence of clinical education experience in electrophysiologic testing, preferably under the direct supervision of a clinical electrophysiologist who meets the requirements for specialist certification."[6] Clinical education/training should be conducted in the same or similar format as those listed above.

Coding Information

Note: The Current Procedural Terminology (CPT) codes listed in this policy may not be all inclusive and are for reference purposes only. The listing of a service code in this policy does not imply that the service described by the code is a covered or non-covered health service. Coverage is determined by the member's benefit document.

Code	Description
95860	Needle electromyography; one extremity with or without related paraspinal areas
95861	Needle electromyography; two extremities with or without related paraspinal areas
95863	Needle electromyography; three extremities with or without related paraspinal areas
95864	Needle electromyography; four extremities with or without related paraspinal areas
95900	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
95904	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle complex
95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle complex
95999	Unlisted neurological or neuromuscular diagnostic procedure

References

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2. New Jersey State Board of Chiropractic Examiners Statutes and Regulations. http://www.state.nj.us/lps/ca/laws/chiroregs.pdf
3. NYS Education Department: State Board for Chiropractic. Position Statement on the Use of Electrical Devices by Chiropractors. April 3, 2001: http://www.op.nysed.gov/chirocontact.htm
4. Texas State Board of Chiropractic Examiners. Scope of Practice Clarification Regarding Nerve Conduction Studies. http://www.tbce.state.tx.us/FAQ/PDF/nerve_conduction.pdf
5. Delaware State Board of Chiropractic. http://regulations.delaware.gov/AdminCode/title24/700.shtml
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14. Kentucky Board of Chiropractic Examiners. Kentucky revised statutes chapter 312.00. http://www.lrc.ky.gov/KRS/312-00/CHAPTER.HTM
15. Louisiana State Board of Chiropractic Examiners. Statutes and Rules of Chiropractic. http://www.lachiropracticboard.com/statrule.htm
16. Minnesota Board of Chiropractic Examiners. Chiropractic Statute. http://www.chiroboard.state.mn.us/main-stat-rules.htm
17. Who is qualified to practice electrodiagnostic medicine? A position statement approved by the American Association of Neuromuscular & Electrodiagnostic Medicine (formerly AAEM): May 1999. http://www.aanem.org/practiceissues/positionstatements/Who%27s_Qualified.cfm

Additional Sources

- Epstein RM, Hundert EM. Defining and assessing professional competence. *Journal of the American Medical Association* 2002; 287:226-235
- Recommended policy for electrodiagnostic medicine. *American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM)* updated 2004: http://www.aanem.org/PracticeIssues/RecPolicy/recommended_policy_6.cfm

Tables

Table 1 States that specify minimum credit hours of study in electrodiagnosis for chiropractic

State	Minimum or Recommended Number of Approved Credit Hours
Colorado	120
Delaware	100
New Jersey	120
Texas	Recommended 120 hours (not a requirement of the board)
Iowa	120 approved hours and Diplomate in Neurology

Table 2 States that specify qualitative requirements for chiropractic

State	Requirements
Arizona	"The physician must be sufficiently trained in the utilization of the diagnostic equipment to be able to perform the chosen test and to supervise the performance of the test."
Maryland	"It is incumbent on the individual licensee to insure that he/she is sufficiently trained, educated and experienced to safely and efficaciously perform the procedure."
New York	"it is clearly the responsibility of the licensee to acquire appropriate education and training prior to provision of any professional service." "Special certification in the use of any professional practice is not required prior to utilization, but certainly would provider evidence of competency in any event."
New Mexico	"Chiropractic physicians who are trained in a course of doctoral or post-doctoral studies certified with an accredited institution recognized by the board are authorized to perform diagnostic procedures, including but not limited to MRI, CT, nuclear scans, ultrasonography; thermography, B.E.A.M., EEG, EKG, ECG and surface or needle EMG."

Policy History/Revision Information

Date	Action/Description
11/12/2004	Original effective date
1/2005	Annual review completed
3/2006	Annual review completed
4/2007	Annual review completed
4/10/2008	Annual review completed
4/30/2009	Policy revised: Policy placed into new format; Background section revised; References updated; Annual review completed

Contact Information

Please forward any commentary or feedback on OptumHealth Care Solutions – Physical Health policies to: policy.inquiry@optumhealth.com with the word "Policy" in the subject line.

The services described in ACN Group, Inc. policies are subject to the terms, conditions and limitations of the Member's contract or certificate. ACN Group, Inc. reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by ACN Group's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.