
CMS Manual System

Pub. 100-03 Medicare National Coverage Determinations

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 15

Date: JUNE 18, 2004

CHANGE REQUEST 3339

I. SUMMARY OF CHANGES: As a result of a reconsideration, CMS reaffirms existing Medicare noncoverage policy on any type of Sensory Nerve Conduction Threshold (sNCT) Test, and the device used to perform the test, to diagnose sensory neuropathies or radiculopathies. **Change Request (CR) 3339 CONSTITUTES A TECHNICAL CORRECTION TO PREVIOUSLY ISSUED CR 2988, DATED 03/19/04. RESCIND AND REPLACE CR 2988 WITH CR 3339.**

REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004

IMPLEMENTATION DATE: April 1, 2004

(This revision to §160.23 of Pub. 100-03 is an NCD. NCDs are binding on all Medicare carriers, fiscal intermediaries, quality improvement organizations, health maintenance organizations, competitive medical plans, and health care prepayment plans. Under 42 CFR 422.256(b), an NCD that expands coverage is also binding on a Medicare Advantage Organization. In addition, an administrative law judge may not review an NCD. (See §1869(f)(1)(A)(i) of the Social Security Act.)

Disclaimer for manual changes only: The revision date and transmittal number apply only to the red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will only receive the new/revised information, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	1/Table of Contents
R	1/160.23/Sensory Nerve Conduction Threshold (sNCT) Tests

*III. FUNDING:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

Pub. 100-03	Transmittal: 15	Date: June 18, 2004	Change Request 3339
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SUBJECT: NCD: Sensory Nerve Conduction Threshold Test (sNCTs) (NOTE THAT Change Request (CR) 3339 CONSTITUTES A TECHNICAL CORRECTION TO PREVIOUSLY ISSUED CR 2988 dated 03/19/04. CR 2988 SHOULD BE DISCARDED AND REPLACED WITH CR 3339

I. GENERAL INFORMATION

A. Background: This revision to §160.23 of Pub. 100-03 is an NCD. NCDs are binding on all Medicare carriers, fiscal intermediaries, quality improvement organizations, health maintenance organizations, competitive medical plans, and health care prepayment plans. Under 42 CFR 422.256(b), an NCD that expands coverage is also binding on a Medicare Advantage Organization. In addition, an administrative law judge may not review an NCD. (See §1869(f)(1)(A)(i) of the Social Security Act.)

B. Policy: Effective April 1, 2004, this instruction reaffirms existing Medicare noncoverage policy on any type of Sensory Nerve Conduction Threshold Test (sNCT), and the device used to perform the test, to diagnose sensory neuropathies or radiculopathies.

C. Provider Education: A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3339.1	Effective April 1, 2004, Medicare contractors shall note that, based on a reconsideration of current Medicare policy for Sensory Nerve Conduction Threshold Tests (sNCTs), CMS reaffirms its original national noncoverage policy for any type of sNCT, and the device used to perform the sNCT.	All Medicare contractors

3339.2	Effective April 1, 2004, Medicare contractors shall note that, all uses of sNCTs to diagnose sensory neuropathies or radiculopathies are noncovered.	All Medicare contractors
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III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: April 1, 2004 Implementation Date: April 1, 2004 Pre-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261 Post-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261	These instructions shall be implemented within your current operating budget.
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Medicare National Coverage Determinations Manual

Chapter 1 - Coverage Determinations

Table of Contents

(Rev. 15, 06-18-04)

160.23 - Sensory Nerve Conduction Threshold Tests (sNCTs)

**160.23 - *Sensory Nerve Conduction Threshold Tests (sNCTs)* (Effective April 1, 2004)
(Rev.15, 06-18-04)**

A. General

The sNCT is a psychophysical assessment of both central and peripheral nerve functions. It measures the detection threshold of accurately calibrated sensory stimuli. This procedure is intended to evaluate and quantify function in both large and small caliber fibers for the purpose of detecting neurologic disease. Sensory perception and threshold detection are dependent on the integrity of both the peripheral sensory apparatus and peripheral-central sensory pathways. In theory, an abnormality detected by this procedure may signal dysfunction anywhere in the sensory pathway from the receptors, the sensory tracts, the primary sensory cortex, to the association cortex.

This procedure is different and distinct from assessment of nerve conduction velocity, amplitude and latency. It is also different from short-latency somatosensory evoked potentials.

Effective October 1, 2002, CMS initially concluded that there was insufficient scientific or clinical evidence to consider the sNCT test and the device used in performing this test reasonable and necessary within the meaning of section 1862(a)(1)(A) of the law. Therefore, sNCT was noncovered.

Effective April 1, 2004, based on a reconsideration of current Medicare policy for sNCT, CMS concludes that the use of any type of sNCT device (e.g., “current output” type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or “voltage input” type device used for voltage-nerve conduction threshold (v-NCT) testing) to diagnose sensory neuropathies or radiculopathies in Medicare beneficiaries is not reasonable and necessary.

B. Nationally Covered Indications

Not applicable.

C. Nationally Noncovered Indications

All uses of sNCT to diagnose sensory neuropathies or radiculopathies are noncovered.

(This NCD last reviewed June 2004.)