

NEUROLOGY AND NEUROMUSCULAR SERVICES

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I. CPT¹ PROCEDURE CODE RANGE

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II. DESCRIPTION

The diagnosis and treatment of muscle and nerve disorders.

III. POLICY

Neurology and neuromuscular services are covered.

IV. EXCLUSIONS

A. Topographic brain mapping (brain electrical activity mapping, quantitative EEG, digital EEG, topographic EEG, brain mapping EEG) is unproven.

B. Botulinum toxin injections are unproven for the following indications:

1. Palmar hyperhidrosis.
2. Urinary urge incontinence.
3. Lower back pain/lumbago.
4. Migraine headaches and other primary headache disorders.
5. Strabismus in patients under 12.

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