

NEUROLOGY AND NEUROMUSCULAR SERVICES

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I. CPT¹ PROCEDURE CODE RANGE

95812 - 95999

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 Electroencephalogram (EEG), digital EEG, topographic EEG, brain mapping EEG) is unproven.

B. Microcurrent Electrical Therapy (MET), Cranial Electrotherapy Stimulation (CES), or any therapy that uses the non-invasive application of low levels of microcurrent stimulation to the head by means of external electrodes for the treatment of anxiety, depression or insomnia, and electrical stimulation devices used to apply this therapy, are unproven.

- END -

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