

## Neurology And Neuromuscular Services

Issue Date: April 19, 1983

Authority: [32 CFR 199.4\(b\)\(2\)\(vii\)](#) and [\(b\)\(3\)\(v\)](#)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

20552, 20553, 95812 - 95999

### 2.0 HCPCS PROCEDURE CODE

J9310

### 3.0 DESCRIPTION

The diagnosis and treatment of muscle and nerve disorders.

### 4.0 POLICY

**4.1** Neurology and neuromuscular services are covered.

**4.2** The Epley Canalith Repositioning Procedure (CRP) is covered for the treatment of Benign Paroxysmal Positional Vertigo (BPPV) with an effective date of June 13, 2012.

**4.3** Off-label use of rituximab may be considered for cost-sharing for the treatment of Chronic Inflammatory Demyelinating Polyneuropathy (CIDP). The effective date is July 16, 2010.

**4.4** Off-label use of rituximab injections may be considered for cost-sharing for the treatment of Stiff Person Syndrome. The effective date is March 31, 2005.

**4.5** Off-label use of rituximab injections may be considered for cost-sharing for the treatment of Multiple Sclerosis (MS). The effective date is February 14, 2008.

### 5.0 EXCLUSIONS

**5.1** Topographic brain mapping (HCPCS S8040) is unproven.

**5.2** 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, insomnia, **Post-Traumatic**

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**TRICARE Policy Manual 6010.57-M, February 1, 2008**

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**Stress Disorder (PTSD), pain, or migraines** and electrical stimulation devices used to apply this therapy, are unproven.

**5.3** Magnetic Resonance Image Guided High Intensity Focused Ultrasound Surgery (MRgFUS) (CPT<sup>2</sup> 0398T) for the treatment of essential tremor is unproven.

**5.4** External trigeminal stimulation (eTNS), also referred to as supraorbital transcutaneous stimulation (t-SNS), for the prevention and/or treatment of migraines is unproven.

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