

NEWSLETTER

Pain fiber studies, also called voltage-actuated sensory nerve conduction threshold (VsNCT) testing, is a test that many adjustors and claims professionals in the auto market are currently seeing. In theory, pain fiber studies test the health of "small fiber" nerves that produce electrical signals that traditional NCS exams can't pick up on. While it is true that traditional EMG and NCS testing cannot directly assess these specialized types of small nerve fibers, VsNCT studies are controversial, not reliable, variable, inconclusive, and not published in reputable peer-reviewed journals.

Providers who perform these tests state that they do the testing to quantitate the degree of pain a patient is experiencing and to find what the source of the pain is. (It's important to remember that traditional EMGs do provide proven, accurate localization of sick or injured nerves and as such are the gold standard for assessing nerve health whereas VsNCTs do not have the same evidence behind them for determining which nerves are causing issues.)

Some providers performing VsNCTs even tout that mainstream neurologists and hospitals still haven't acquired this helpful technology, and that is also true, but for good reason. Based on the status of the literature surrounding VsNCT and the frequency of these tests being passed off under EMG/NCS codes for improper reimbursement, insurance giants such as Aetna have created policy statements regarding the technology.

> "Aetna considers voltage-actuated sensory nerve conduction threshold (VsNCT) testing (e.g., by means of the Medi-Dx 7000 or the Neural-Scan) experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature."

The bottom line is that pain fiber or VsNCT testing should not be submitted under EMG and NCS CPT codes and if they are, should not be reimbursed.

For more information about EMG fraud and abuse and how A4D can help, please visit our <u>website</u> or email <u>kticknor@authentic4d.com</u> with any questions.

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