

Neurology And Neuromuscular Services

Issue Date: April 19, 1983

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

1.0 CPT¹ PROCEDURE CODES

20552, 20553, 95812 - 95999

2.0 DESCRIPTION

The diagnosis and treatment of muscle and nerve disorders.

3.0 POLICY

3.1 Neurology and neuromuscular services are covered.

3.2 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.

3.3 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.

4.0 EXCLUSIONS

4.1 Topographic brain mapping (HCPCS S8040) is unproven.

4.2 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 or insomnia, and electrical stimulation devices used to apply this therapy, are unproven.

- END -

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

