

Contact: Toll-free: 1-877-268-1346

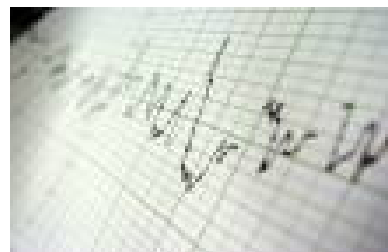
Locals: 404-814-0161

Forms: www.pmdtesting.com



NCVs aid in the evaluation of:

- Herniated Disks
- Peripheral neuropathies
- Numbness and tingling
- Pain in the extremities
- Atrophy
- Entrapment neuropathies
- Thoracic outlet syndrome
- Radiculopathies
- Carpal tunnel syndrome
- Tarsal tunnel syndrome
- Trauma to nerves
- Motor/sensory deficits
- Hot/cold sensation
- Neuritis



SSEPs aid in the evaluation of:

- Abnormal skin sensation
- Nerve root compression
- Spinal cord tumor
- Spinal trauma or injury
- Cervicobrachial syndrome
- Thoracic outlet syndrome
- Multiple sclerosis
- Herniated discs
- Radiculopathy
- Neuritis
- Myelopathy
- Numbness and tingling
- Burning sensation
- Diabetes
- Plexopathy



Musculoskeletal and spinal ultrasound aid in the evaluation of:

- Brachial injury/irritation
- Facet syndromes/injury
- Facet-referred pain
- Focal neuropathy
- Hyperflexion/hyperextension injury
- Ligament strain/inflammation
- Thoracic outlet syndrome
- Lumbosacral pain
- Malingering
- Musculoligamentous injuries
- Fibrous scars
- Myofascial irritation
- Myofascial pain
- Nerve root area inflammation
- Dermatomyositis
- Trigger points/ referred pain





THE 1-2-3 OF EDX TESTING



Call or fax a reservation for a technician & equipment to arrive on a day that is convenient to your particular practice.

Fax over the simple forms for each patient to be tested. PMD will call and verify benefits and confirm with your designated staff member.

Fax the final schedule with the time each patient has been scheduled for the studies.

The technician and equipment arrives at the scheduled time and performs the diagnostic procedures as indicated by the doctors office

The technician will leave a data and coding sheet with the appropriate staff person for each patient tested during that scheduled day.



Three to Five business days later you will receive summary interpretations from our board-certified neurologists and radiologists for the patients tested.

Shortly thereafter, the hard data, graphs and a formal report will arrive via USPS to the referring physicians office for those patients.

PMD support staff will be available 24/7 for assistance in coding, billing, scheduling and all other aspects of the service. We are here to help.

Out of network benefits are split billed in professional & technical components. PMD bills professional and the referring doctor bills the technical

AMMA-PROACTIVE MEDICAL DIAGNOSTIC

FINANCIAL DATA

PPO,POS,WC, PIP	YOUR BILLING	TEST/STUDY PERFORMED	AVERAGE REIMBURSEMENT	PMD CHARGE	NET	UNITS
OUT OF NETWORK	TECHNICAL COMPONENT	DOUBLE NCV WITH DOUBLE ULTRASOUND	\$2,178.02	\$0.00	\$2,178.02	3
OUT OF NETWORK	TECHNICAL COMPONENT	DOUBLE NCV	\$1,415.94	\$0.00	\$1,415.94	2
OUT OF NETWORK	TECHNICAL COMPONENT	UPPER NCV WITH UPPER ULTRASOUND	\$1,069.81	\$0.00	\$1,069.81	1.5
OUT OF NETWORK	TECHNICAL COMPONENT	LOWER NCV WITH LOWERULTRASOUND	\$1,108.21	\$0.00	\$1,108.21	1.5
OUT OF NETWORK	TECHNICAL COMPONENT	UPPER OR LOWER NCV	\$707.97	\$0.00	\$707.97	1
OUT OF NETWORK	TECHNICAL COMPONENT	UPPER OR LOWER ULTRASOUND	\$381.04	\$0.00	\$381.04	0.5

\$150.00 PER DAY CHARGE NOT INCLUDED

HMO,MEDICARE	YOUR BILLING	TEST/STUDY PERFORMED	MEDICARE FEE SCHEDULE	PMD CHARGE	NET	UNITS
IN NETWORK	GLOBAL	DOUBLE NCV WITH DOUBLE ULTRASOUND	\$1,860.00	\$600.00	\$1,260.00	1
IN NETWORK	GLOBAL	DOUBLE NCV	\$1,060.00	\$450.00	\$610.00	1
IN NETWORK	GLOBAL	UPPER NCV WITH UPPER ULTRASOUND	\$925.00	\$350.00	\$575.00	0.5
IN NETWORK	GLOBAL	LOWER NCV WITH LOWERULTRASOUND	\$935.00	\$350.00	\$585.00	0.5
IN NETWORK	GLOBAL	UPPER OR LOWER NCV	\$530.00	\$250.00	\$280.00	0.5
IN NETWORK	GLOBAL	UPPER OR LOWER ULTRASOUND	\$400.00	\$100.00	\$300.00	0

UNITS REPRESENT A SCHEDULED DAY OF TESTING. GENERALLY YOU WANT TO SCHEDULE 5 OR MORE UNITS PER TESTING DAY

Medicare and HMO are billed globally by the referring doctor. PMD charges a flat fee far less than the average reimbursement or Medicare fee schedule

PMD/AMMA CHARGE SHEET - OUT OF NETWORK/TECHNICAL BILLING

(To be filled out by technician for each patient)

Date: _____ Referring Physician: _____

Patient: _____ Patient SS#: _____

Patient DOB ____/____/____ Patient Height _____ Patient Weight _____

NCV UPPER PROFILE:

PERFORMED

95903-RTTC	NCV motor with F-Wave	2 Units	<u> X </u>
95903-LTTC	NCV motor with F-Wave	2 Units	<u> X </u>
95904-RTTC	NCV Sensory	4 Units	<u> X </u>
95904-LTTC	NCV Sensory	4 Units	<u> X </u>
95925-RTTC	SSEP upper extremity	1 Units	<u> X </u>
95925-LTTC	SSEP upper extremity	1 Units	<u> X </u>

NCV LOWER PROFILE:

95903- RTTC	NCV motor with F- Wave	3 Units	_____
95903- LTTC	NCV motor with F- Wave	3 Units	_____
95904- RTTC	NCV Sensory	2 Units	_____
95904- LTTC	NCV Sensory		
95926- RTTC	SSEP lower extremity		
95926- LTTC	SSEP lower extremity		
95934- RTTC	H Reflex		
95934- LTTC	H Reflex	1 Units	_____

The technician provides this form for each patient tested. It contains the proper billing codes and units performed for that particular study. This is the superbill for your billing person or service.

ULTRASOUND (UPPER):

76536- TC	Cervical Diagnostic U.S.	1 Unit	<u> X </u>
76800- TC	Thoracic Diagnostic U.S. (T1-T6)	1 Unit	<u> X </u>
76880- LTTC	Left Trapezius U.S (Extremity)	1 Unit	<u> X </u>
76880- RTTC	Right Trapezius U.S. (Extremity)	1 Unit	<u> X </u>
76880- LTTC	Left Extremity U.S.	1 Unit	_____
76880- RTTC	Right Extremity U.S.	1 Unit	_____

ULTRASOUND (LOWER):

76800-TC	Thoracic Diagnostic U.S. (T6-T12)	1 Unit	_____
76856-TC	Lumbar/Pelvic Diagnostic U.S.	1 Unit	_____
76880-LTTC	Left S.I. Joint U.S. (Extremity)	1 Unit	_____
76880-RTTC	Right S.I. Joint U.S. (Extremity)	1 Unit	_____
76880-LTTC	Left Extremity U.S.	1 Unit	_____
76880-RTTC	Right Extremity U.S.	1 Unit	_____

OTHER TESTS:

92585-TC	Brainstem Auditory Evoked Response	1 Unit	_____
95861-TC	EMG Two Extremities	1 Unit	_____
95863-TC	EMG Three Extremities	1 Unit	_____
95864-TC	EMG Four Extremities	1 Unit	_____

Technician _____

PMD/AMMA CHARGE SHEET

HMO / MEDICARE / MEDICAID

(To be filled out by technician for each patient)

Date: _____ Referring Physician: _____

Patient: _____ Patient SS#: _____

Patient DOB ____/____/____ Patient Height _____ Patient Weight _____

NCV UPPER PROFILE:

PERFORMED

95903-RT	NCV motor with F-Wave	2 Units	_____
95903-LT	NCV motor with F-Wave	2 Units	_____
95904-RT	NCV Sensory	4 Units	_____
95904-LT	NCV Sensory	4 Units	_____
95925-50	SSEP upper extremity	1 Units	_____

NCV LOWER PROFILE:

95903- RT	NCV motor with F- Wave	3 Units	<u> X </u>
95903- LT	NCV motor with F- Wave	3 Units	<u> X </u>
95904- RT	NCV Sensory	3 Units	<u> X </u>
95904- LT	NCV Sensory	3 Units	<u> X </u>
95926- 50	SSEP lower extremity	1 Units	<u> X </u>
95934- 50	H Reflex	1 Units	<u> X </u>

ULTRASOUND (UPPER):

76536	Cervical Diagnostic U.S.	1 Unit	_____
76800	Thoracic Diagnostic U.S. (T1-T6)	1 Unit	_____
76880- LT	Left Trapezius U.S (Extremity)	1 Unit	_____
76880- RT	Right Trapezius U.S. (Extremity)	1 Unit	_____
76880- LT	Left Extremity U.S.	1 Unit	_____
76880- RT	Right Extremity U.S.	1 Unit	_____

This form is provided by the technician for each patient tested. It contains the proper billing codes and units performed for that particular study. This is the superbill for your billing person or service.

ULTRASOUND (LOWER):

76800	Thoracic Diagnostic U.S. (T6-T12)	1 Unit	<u> X </u>
76856	Lumbar/Pelvic Diagnostic U.S.	1 Unit	<u> X </u>
76880-LT	Left S.I. Joint U.S. (Extremity)	1 Unit	<u> X </u>
76880-RT	Right S.I. Joint U.S. (Extremity)	1 Unit	<u> X </u>
76880-LT	Left Extremity U.S.	1 Unit	_____
76880-RT	Right Extremity U.S.	1 Unit	_____

OTHER TESTS:

92585	Brainstem Auditory Evoked Response	1 Unit	_____
95861	EMG Two Extremities	1 Unit	_____
95863	EMG Three Extremities	1 Unit	_____
95864	EMG Four Extremities	1 Unit	_____

Technician _____

ICD-9-CM Codes that Support Medical Necessity for EDX Testing

Be advised that these files contain material that is copyrighted by the American Medical Association

192.0	Malignant neoplasm of cranial nerves
192.2	Malignant neoplasm of spinal cord
192.3	Malignant neoplasm of spinal meninges
225.1	Benign neoplasm of cranial nerves
225.3	Benign neoplasm of spinal cord
250.60	Diabetes with neurological manifestations; type II (non insulin dependent type) (NIDDM type) (adult-onset type) or unspec. type, not stated as uncontrolled
250.61	; type I (insulin dependent type) (IDDM type) (juvenile type) not stated as uncontrolled
250.62	; type II (non-insulin dependent type) (NIDDM type) (adult-onset type) or unspec. type, uncontrolled
250.63	; type I (insulin dependent type) (IDDM type) juvenile type), uncontrolled
265.1	Other and unspec. manifestations of thiamine deficiency
269.1	Deficiency of other vitamins (vitamin E, vitamin P)
272.5	Lipoprotein deficiencies
333.6	Idopathic torsion dystonia
333.7	Symptomatic torsion dystonia
333.81 - 333.89	Fragments of torsion dystonia
334.1	Hereditary spastic paraplegia
335.0	Werdnig-Hoffmann disease
335.10	Spinal muscular atrophy, unspec.
335.11	Kugelberg-Welander disease
335.19	Other spinal muscular atrophy
335.20 - 335.29	Motor neuron disease
335.8	Other anterior horn cell diseases
335.9	Anterior horn cell disease, unspec.
336.0 - 336.9	Other diseases of spinal cord
337.0	Idiopathic peripheral autonomic neuropathy
337.1	Peripheral autonomic neuropathy in disorders classified elsewhere
337.20 – 337.29	Reflex sympathetic dystrophy
337.3	Autonomic dysreflexia
337.9	Unspecified disorder of autonomic nervous system
340	Multiple sclerosis
341.0-341.9	Other demyelinating disease of central nervous system
342.00 – 342.92	Hemiplegia and hemiparesis
343.0 – 343.9	Infantile cerebral palsy
344.00 – 344.09	Quadriplegia and quadripareisis
344.1	Paraplegia
344.2	Diplegia of upper limbs
344.30 – 344.32	Monoplegia of lower limb
344.40 – 344.42	Monoplegia of upper limb
344.5	Unspecified monoplegia
344.60	Cauda equina syndrome, without mention of neurogenic bladder
344.61	Cauda equina syndrome, with neurogenic bladder
344.89	Other specified paralytic syndrome
344.9	Paralysis, unspec.
350.2	Atypical face pain
351.0	Bell's palsy
351.8	Other facial nerve disorder
351.9	Facial nerve disorder, unspec.
352.3	Disorders of pneumogastric (10th) nerve
352.4	Disorders of accessory (11th) nerve
352.5	Disorders of hypoglossal (12th) nerve
352.6	Multiple cranial nerve palsies
353.0	Brachial plexus lesions
353.1	Lumbosacral plexus lesions
353.2	Cervical root lesions, not elsewhere classified
353.3	Thoracic root lesions, nec
353.4	Lumbosacral root lesions, nec
353.5	Neuralgic amyotrophy

Continued
353.8 Other nerve root and plexus disorders
353.9 Unspecified nerve root and plexus disorder
354.0-354.9 Mononeuritis of upper limb and mononeuritis multiplex
355.0-355.9 Mononeuritis of lower limb and unspec. Site
356.0-356.9 Hereditary and idiopathic peripheral neuropathy
357.0 Inflammatory and toxic neuropathy; acute infective polyneuritis
357.1 ; polyneuropathy in collagen vascular disease
357.2 ; polyneuropathy in diabetes
357.3 ; polyneuropathy in malignant disease
357.4 ; polyneuropathy in other diseases classified elsewhere
357.5 ; alcoholic polyneuropathy
357.6 ; polyneuropathy due to drugs
357.7 ; polyneuropathy due to other toxic agents
357.81 Chronic inflammatory demyelinating polyneuritis
357.82 Critical illness polyneuropathy Acute motor neuropathy
357.89 Other inflammatory and toxic neuropathy
358.00-358.01 Myasthenia gravis
358.1 Myasthenia syndromes in diseases classified elsewhere
358.2 Toxic myoneural disorders
358.8 Other specified myoneural disorders
358.9 Myoneural disorders, unspecified
359.0 Muscular dystrophies and other myopathies; congenital heredity muscular dystrophy
359.1 ; hereditary progressive muscular dystrophy
359.2 ; myotonic disorders
359.3 ; familial periodic paralysis
359.4 ; toxic myopathy
359.5 ; myopathy in endocrine disease classified elsewhere
359.6 ; symptomatic inflammatory myopathy in diseases classified elsewhere
359.81 Critical illness myopathy
Acute necrotizing myopathy
Acute quadriplegic myopathy
Intensive care (ICU) myopathy
Myopathy of critical illness
359.89 Other myopathies
359.9 Myopathy, unspecified
376.82 Myopathy of extraocular muscles
378.00-378.9 Strabismus and other disorders of binocular eye movement
458.0 Orthostatic hypotension
478.75 Laryngeal spasm
564.6 Anal spasm
710.3 Dermatomyositis
710.4 Polymyositis
710.5 Eosinophilia myalgia syndrome
721.0 Cervical spondylosis without myelopathy
721.1 Cervical spondylosis with myelopathy
721.2 Thoracic spondylosis without myelopathy
721.3 Lumbosacral spondylosis without myelopathy
721.41 Spondylosis with myelopathy, thoracic region
721.42 Spondylosis with myelopathy, lumbar region
722.0-722.11 Displacement of cervical, thoracic, or lumbar intervertebral disc without myelopathy
722.2 Displacement of intervertebral disc, site unspec. without myelopathy
722.4 Degeneration of cervical intervertebral disc
722.51 Degeneration of thoracic or thoracolumbar intervertebral disc
722.52 Degeneration of lumbar or lumbosacral intervertebral disc
722.6 Degeneration of intervertebral disc, site unspec.
722.70-722.73 Intervertebral disc disorder with myelopathy
722.80-722.83 Postlaminectomy syndrome
722.91-722.93 Other specific disc disorder
723.0 Spinal stenosis in cervical region
723.4 Brachial neuritis or radiculitis NOS
723.5 Torticollis, unspec.
724.00-724.09 Spinal stenosis, other than cervical

Continued
724.1 Pain in thoracic spine
724.2 Lumbago
724.3 Sciatica
724.4 Thoracic of lumbosacral neuritis or radiculitis, unspec.
724.5 Backache, unspec.
728.0 Infective myositis
728.85 Spasm of muscle
728.87 Muscle weakness
729.2 Neuralgia, neuritis and radiculitis, unspec.
729.5 Pain in limb
729.89 Other musculoskeletal symptoms referable to limbs
736.05 Wrist drop (acquired)
736.06 Claw hand (acquired)
736.09 Other acquired deformities of forearm, excluding Fingers
736.79 Other acquired deformities of ankle and foot
781.4 Transient paralysis of limb
781.7 Tetany
782.0 Disturbance of skin sensation
784.49 Other disturbance, including spasmodic dysphonia
788.20 Retention of urine, unspecified
788.21 Incomplete bladder emptying
788.29 Other specified retention of urine
788.31 Urge incontinence
788.41 Urinary frequency
952.00-952.09 Spinal cord injury without evidence of spinal bone injury, cervical
952.10-952.19 Spinal cord injury without evidence of spinal bone injury, dorsal (thoracic)
952.2 Lumbar spinal cord injury without evidence of spinal bone injury
952.3 Sacral spinal cord injury without evidence of spinal bone injury
952.4 Cauda equina spinal cord injury without evidence of spinal bone injury
952.8 Multiple sites of spinal cord injury without evidence of spinal bone injury
952.9 Unspecified site of spinal cord injury without evidence of spinal bone injury
953.0-953.9 Injury to nerve roots and spinal plexus
954.0-954.9 Injury to other nerve(s) of trunk, excluding shoulder and pelvic girdles
955.0-955.9 Injury to peripheral nerve(s) of shoulder girdle and upper limb
956.0-956.9 Injury to peripheral nerve(s) of pelvic girdle and lower limb
957.0-957.9 Injury to other and unspecified nerves



Average Reimbursements from the top fifty Major Medical, Worker Compensation and MVA Insurers

