

Neurology Coding & Compliance Quick Reference

A one-page teaser covering E/M level selection, diagnostic testing, and prolonged service documentation — practical starting points for coders, billers, and providers. This is general education, not a substitute for payer-specific policy or a full audit.

Documentation Musts

- History, exam, and medical decision-making elements documented to support the E/M level actually billed — not templated boilerplate that doesn't reflect the encounter.
- Time-based billing (when used) documented with a specific total time and description of activities performed.
- Diagnostic study orders (EEG, EMG/NCS) linked to a documented clinical indication, not a standing protocol alone.
- Prolonged service or complexity add-on codes supported by clear documentation of the extra time/complexity involved.

Common Denial Triggers

- E/M level billed higher than the documented medical decision-making or time supports.
- Diagnostic tests billed without a corresponding order and clinical indication in the note.
- Interpretation/report for a diagnostic study missing a signed, dated report distinct from the raw tracing.

Modifier Watch-Outs

Modifier 25 for a significant, separately identifiable E/M performed with a diagnostic test on the same day is the modifier neurology practices misuse most — the note must clearly document two distinct services, not just two codes.

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