

One Call Medical, Inc.  
Clinical Services  
Title: Needle Electromyography Reimbursement Guidelines

**PURPOSE:** To identify the accurate CPT™ codes based on documentation of needle electromyography documented; to provide clear directions to reviewers, payers and providers concerning reimbursement for needle electromyography.

**POLICY:** Clinical Services' staff shall follow the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) Guidelines as published by the AANEM, the Federal Register, and the American Medical Association CPT™ Assistants, under the guidance of the Medical Director, Neurophysiology.

**PROCEDURE:**

1. AANEM Guidelines for Electrodiagnostic testing shall be followed for reimbursement decisions of needle EMG tests. (see 3.02.01.01)
2. The American Medical Association CPT™ Assistant, Volume 12, Issue 4, April 2002 shall be followed for reimbursement decisions of needle EMG tests. (see 3.01.11)
3. The American Medical Association CPT™ Assistant, Volume 14, Issue 2, February 2004 and Volume 14, Issue 7, July 2004 shall be followed for reimbursement decisions of needle EMG tests. (see 3.01.11)
4. The Federal Register, Vol. 62, No. 211/Friday, October 31, 1997, page 59090 shall be followed for reimbursement decisions of needle EMG tests. (see 3.13.02)
5. Only one unit of service CPT™ code 95860 – 95864 may be reimbursed per patient for a given examination.
6. CPT™ Codes 95860-96864 should be used for reporting complete studies of the extremities. These codes require evaluation of extremity muscles innervated by three nerves or four spinal levels, with a minimum of five muscles studies per limb.

Original: 10/20/03 Joanne M. Pearson

Reviewed: 12/18/03; 8/11/04; 12/20/05

Revised: 12/9/04; 8/3/06

Approved by: John E. Robinton, M.D. 10/22/03; 8/11/04; Joanne Pearson 8/3/06

File Name: 3.13.01 Needle EMG Reimbursement

7. CPT™ code 95869 should be used when exclusively studying thoracic paraspinals. One unit can be billed, despite the number of levels studied or whether unilateral or bilateral. This cannot be billed with CPT™ codes 95860, 95861, 95863, or 95864 if only T1 and/or T2 are studied when an upper extremity was also studied. Exception to this rule includes any state fee schedule that has not yet adopted the CPT™ code of 95870 (eg. California workers' compensation fee schedule).
  
8. CPT™ code 95870 (Needle electromyography, limited study).
  - a. This CPT™ code can be billed at one unit per extremity.
  - b. Muscles on the thorax or abdomen (unilateral or bilateral).
  - c. One unit may be billed for studying cervical or lumbar paraspinal muscles (unilateral or bilateral), regardless of the number of levels tested.
  - d. This code should not be billed when the paraspinal muscles corresponding to an extremity are tested and when the extremity codes 95860, 95861, 95863 or 95864 are also billed.
  
9. The medical report should identify the muscles tested with detailed results.
  
10. When a needle limb EMG is unauthorized, please refer to the policy - Unauthorized Asymptomatic Contralateral Limb Testing (see 3.02.11)

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