

Basics EMG Billing & Coding



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The EMG and Nerve Conduction billing and coding system are the most uniquely utilized solution used by Workers' Compensation providers today. As Nurse Case Managers and Adjusters learn the basics of nerve conduction testing, they surprisingly discover that there are no pre-set standard charges for the testing. Billing is extremely variable and is based solely on the tests selected and performed by the doctor. Additionally, the size of the bill has no direct correlation to the quality of the testing.

Nerve conduction studies (NCS) performed are billed as the sum total of individual motor nerves and sensory nerves which have been tested. When a motor nerve is tested, it can be billed only by using CPT code 95900, motor without "F" wave, or CPT code 95903, motor with "F" wave, but not both for the same nerve. Utilizing both codes for the testing of a single nerve would be considered unbundling. The CPT code 95904 is used for sensory nerve conduction studies.

In order for nerve conductions to be billable, the data presented must include an amplitude, latency measurement and/or conduction velocity per the American Medical Associations' (AMA) CPT definitions. In addition, the AMA's CPT Assistant explains correct coding of NCS of two distinct branches of a given motor or sensory nerve. A NCS will be considered a separate study if both the recording and the stimulating electrodes are repositioned. If this is the case, then it is appropriate to bill for multiple units of CPT codes 95900 or 95903 and 95904.

Though there is no absolute guide regarding how many motor and sensory nerves need to be studied, recommendations have been published by the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) which is widely utilize within One Call Medical. These recommendations are available at www.aanem.net.

The needle EMG is billed per extremity. Paraspinal muscles corresponding to a specific extremity are included in the billing. In order for an extremity to be billed, five muscles which can include the paraspinals, must be examined for that limb. If fewer than five muscles are studied, then a code for limited examination must be utilized. Depending upon the state where the tests are being performed, limited examination studies are billed using CPT codes 95869 and 95870 whereas extremity studies are billed using CPT codes code 95860 (one limb), 95861 (two limbs), 95863 (three limbs) or 95864 (four limbs).

Adjusters and Nurse Case Managers should be aware of numerous abuses, including:

1. Unbundling
2. Overcharges
3. Charges when data does not appear
4. Technically unacceptable studies
5. Billing for individual segments of a nerve studied
6. Inaccurate billing for EMG limited exams



At One Call Medical, we have clearly recognized the costs associated with the various abuses. Part of OCM's proprietary review process is to examine each bill in detail, carefully reviewing the clinical data and billing methods to assure that billing and number of units charged are appropriate based upon the clinical history and examination.

We'd be happy to answer any billing questions which might arise on a case performed outside of OCM's network. Feel free to send requests including bill, Nerve Conduction studies with numerical data and EMG with muscles studied to OCM's Clinical Services department via e-mail clinical_services@onecallmedical.com or by fax 1-973-257-1363.

BILLED CPT / Unit(s)	DOCUMENTATION OF NERVE CONDUCTION STUDIES	CORRECT CODING CPT / Unit(s)
95900 / 3	Ulnar motor, wrist to ADM; Ulnar motor Below Elbow (BE) to ADM; Ulnar motor Above Elbow (AE) to ADM	95900 / 1
95900 / 1 95903 / 1	Ulnar motor without F-wave, wrist to ADM Ulnar motor with F-wave, wrist to ADM	95903 / 1
95900 / 2	Median motor, wrist to APB; Median motor elbow to APB	95900 / 1
95900 / 2-10	Ulnar motor, wrist to ADM; Ulnar motor, inching to ADM	95900 / 1
95904 / 4	Median sensory, wrist to 2nd digit; Median sensory wrist to 3rd digit; Median sensory wrist to 4th digit; Median sensory numb thumb	95904 / 1
95904 / 3	Ulnar sensory, wrist to 4th digit Ulnar sensory, wrist to 5th digit Ulnar sensory, wrist to palm	95904 / 1
95904 / 2	Median sensory, wrist to 2nd digit; Median sensory, palm to wrist	95904 / 2
95904 / 2	Ulnar sensory, wrist to 5th digit; Ulnar sensory, palm to wrist	95904 / 2

Reimbursement of **inching** is for one unit as the process of "inching" is described as: one electrode remains stationary during testing while the other electrode is moved or "inched" down the nerve away from the first electrode in an expanding process. This method is used to determine where the problem with the nerve lies. This being the case, this process may only be billed as **one** unit.



SOURCES: AANEM: Guidelines & Practice Parameters. Online. Internet Accessed 27/2/02 – 20/8/04. Available at www.aanem.net
Federal Register, Vol. 62, No. 211, Friday, October 31, 1997. p. 59090.
AMA Press. CPT™ Assistant, Vol. 14, Issue 2, February 2004 pp. 4-6; Issue 7, July 2004 pp. 6 & 16.
AMA Press. Current Procedural Terminology CPT™ 2004 Professional Edition p. 361.

Clinical Services Message Center (CSMC) :

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The CSMC provides answers to adjusters and Nurse Case Managers on medical or case related questions. A nurse or physician will return your call within 48 business hours.

Medical Director

(800) 872-2875 x 3623

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Information on educational in-services by OCM's Medical Director

724-449-4626 (Pittsburgh Office)

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