

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Avoid Modifiers to Report EMG with Nerve Conduction

Question: We have received a denial for codes 95860 (Needle electromyography; 1 extremity with or without related paraspinal areas), 95903 (Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study), and 95904 (Nerve conduction, amplitude and latency/velocity study, each nerve; sensory). Do we need a modifier to bill these codes together?

Answer: You can no longer bill codes 95860, 95903, and 95904 together. Effective January 1, 2012, there are new CPT® codes for EMG performed with nerve conduction studies. These are:

- 95885 (Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited [List separately in addition to code for primary procedure])
- 95886 (Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels [List separately in addition to code for primary procedure])» »
- 95887 (Needle electromyography, non-extremity [cranial nerve supplied or axial] muscle[s] done with nerve conduction, amplitude and latency/velocity study [List separately in addition to code for primary procedure]).

You need to report any of these codes based on the documentation you have rather than to append modifiers to 95860, 95903, and 95904.

When nerve conduction studies (95900-95904) are performed on the same day as EMG studies you must use 95885 or 95886 instead of 95860. You report 95885 when four or fewer muscles are tested and 95886 when five or more muscles are tested in the same extremity. You may bill either of these up to four times depending on how many extremities the physician tests. You do not need any modifiers.