

## Eli's Rehab Report

### Don't Forget EMG Guidance With Myobloc Injections

If you perform electromyographic (EMG) guidance to ensure Botox injection needle placement, most payers will reimburse the EMG codes separately - and if you're not reporting these services, you're selling your services short.

Each Medicare carrier and private insurer provides its own list of allowable EMG codes, so you should check with your payer prior to reporting these procedures. The most commonly used codes include:

1. 95860 - Needle electromyography; one extremity with or without related paraspinal areas
2. 95861 - ... two extremities with or without related paraspinal areas
3. 95863 - ... three extremities with or without related paraspinal areas
4. 95864 - ... four extremities with or without related paraspinal areas
5. 95867 - ... cranial nerve supplied muscle(s), unilateral
6. 95868 - ... cranial nerve supplied muscles, bilateral
7. 95869 - ... thoracic paraspinal muscles (excluding T1 or T12)
8. 95870 - ... limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters.

#### Select EMG Codes by Location

Select the appropriate EMG code based on the injection site. For example, if the physiatrist provides an injection to one arm under guidance, report 95860 in addition to the code for the injection and supplies, says **Marvel J. Hammer, RN, CPC, CHCO**, owner of MJH Consulting, a healthcare reimbursement consulting firm in Denver. But if he provides injections under guidance bilaterally, report 95861, she says.

Most insurers will reimburse an E/M service on the same date as a Botox injection as long as the physician provides a significant and separately identifiable evaluation and you append modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M code, says **Barbara Cobuzzi, MBA, CPC, CPC-H, CHBME**, president of Cash Flow Solutions Inc., a reimbursement consulting firm located in Brick, N.J.

For instance, a cervical dystonia patient arrives for her Myobloc injection, complaining of pain in her neck at the previous injection site. The physiatrist suspects an infection and performs a level-two evaluation of the patient, only to find that the patient has minor neck bruising at the prior injection site but no infection. He then administers 2,500 units of Myobloc via injection. You should report the encounter as follows:

9. [CPT 64613](#), Chemodeneration of muscle(s); cervical spinal muscle(s) (e.g., for spasmodic torticollis), for the Myobloc injection
10. 333.83 to describe cervical dystonia

11. J0587 (Botulinum toxin type B, per 100 units) x 25 units for 2,500 units of Myobloc
12. 99212-25 for the evaluation of the patient's neck
13. 920, Contusion of face, scalp, and neck except eye(s).