

## Eli's Rehab Report

### Reader Question: Append -25 for EMG With Consult

Question: If I perform a consultation on a new patient and feel that an EMG would help me determine a diagnosis, can I report both the consultation code and the EMG? Sometimes we do not find a definitive diagnosis following EMG, so would Medicare deny the service if we didn't find anything specifically wrong with the patient?

Mississippi Subscriber

Answer: You can report both the EMG (95860-95872) and the consultation code (99241-99245) just remember to 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. If you do not establish a new diagnosis after you perform the EMG, you should report the symptoms that prompted the test. Most carriers reimburse EMG claims for diagnoses such as "pain in limb" (729.5) or "spasm of muscle" (728.85), so it may not be necessary to find a new diagnosis to secure EMG reimbursement.