

Eli's Rehab Report

Reader Question: EMG Must Be Separate Procedure

Question: Is it appropriate to bill muscle testing (with supporting documentation) on the same day as an EMG? The muscle testing CPT codes have a "separate procedure" notation, which I believe means that if they are done with a primary procedure, they cannot be billed separately. Is this correct?

New Mexico Subscriber

Answer: You should only report "separate procedures" if they are **not** performed as part of a more inclusive procedure.

The "separate procedure" notation in the descriptors for muscle testing codes 95831-95834 (and range-of-motion codes 95851-95852, as well as many others) indicates that you may report these procedures independently only if they are completely separate from other procedures provided during the same visit.

A quick way to determine whether to include a "separate procedure" in another procedure is to check the National Correct Coding Initiative (NCCI) edits. In this case, the NCCI does not bundle 95831-95834 into the electromyography (EMG) codes (95860-95872). You should therefore report these procedures together, because the muscle testing is "separate" from (not included in) the EMG testing.

NCCI does bundle muscle testing with related procedures such as 97750 (Physical performance test or measurement [e.g., musculoskeletal, functional capacity], with written report, each 15 minutes), so you should always consult your latest NCCI edits before reporting EMG services with other procedures.

Reporting muscle testing with an E/M service is more confusing. The December 1999 CPT Assistant, published by the AMA, specifically states, "Codes 95831-95834 identify a test of muscle strength graded by an examiner according to standardized grading scales. They describe manual testing based on numerical or verbal grading scales. If performed in addition to an evaluation and management service, they may be reported separately."

But the NCCI bundles muscle testing to all E/M services at every level (99201-99499), suggesting that you may never report muscle testing separately with an E/M code. In this case, you must ask your payer prior to billing whether it follows CPT or CMS recommendations (all Medicare payers follow CMS guidelines). As always, be sure to get the payer's decision in writing.