

Eli's Rehab Report

Reader Question: EMG on Four Extremities

Question: If we perform an EMG on two muscles in each of four extremities, can we code for all four extremities? I've heard conflicting answers.

Delaware Subscriber

Answer: You should not bill a complete EMG study (95860-95864) because, according to the April 2002 CPT Assistant, these codes require that the physiatrist test at least five muscles per limb.

You should use 95870 (Needle electromyography; 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), which can be billed at one unit per extremity, and, therefore, you can bill four units. 95870 can also be used for muscles on the thorax or abdomen, uni- or bilaterally. You may bill one unit for studying cervical or lumbar paraspinal muscles, unilateral or bilateral, regardless of the number of levels the physiatrist tests.

Some payers recommend appending modifier -59 (Distinct procedural service) to 95870 to indicate that distinct sites were tested, in which case each unit billed would be separated onto four individual line items on your claim form.

You Be the Coder and Reader Questions were reviewed by **Laureen Jandroep, OTR, CPC, CCS-P, CPC-H, CCS**, consultant and CPC trainer for A+ Medical Management and Education in Absecon, N.J.