

Eli's Rehab Report

Reader Question: EMG on Two Extremities

Question: Our physiatrist did an EMG on bilateral lower extremities, including the lumbar paraspinal muscle. Medicare denied my claim, stating that [CPT 95870](#) is bundled with 95860. Is this right?

Illinois Subscriber

Answer: Version 8.1 of the CCI lists 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) as a component of all of the previous EMG codes (95860-95869). According to the April 2002 CPT Assistant, "Code 95870 is used for limited testing of specific muscles during an examination. This code should be used only when the muscles tested do not fit more appropriately under another code."

If the muscle you tested is billable with 95860 (Needle electromyography, one extremity with or without related paraspinal areas), you need not bill it again with 95870.

In your case, however, since you were testing two extremities, you would not use either 95870 **or** 95860. A standard EMG on two extremities should be billed with 95861 (Needle electromyography, two extremities with or without related paraspinal areas).