

Eli's Rehab Report

Reader Question: Its OK to Report 95870 Per Extremity

Question: How many units of 95870 should we report if the physiatrist performs limited EMG studies in three muscles of each arm (bilaterally)?

Texas Subscriber

Answer: You should report limited muscle studies (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) per limb.

Therefore, when testing two extremities, you should report 95870 and place a "2" in your claim form's units box. If you perform the tests in a facility setting or if you use equipment that does not belong to the reporting physician, you should also append modifier -26 (Professional component) to 95870, and the facility that owns the equipment will report 95870-TC (Technical component).

According to Medicare's Physician Fee Schedule, modifier -50 (Bilateral procedure) is not appropriate for use with 95870. When billing for multiple limbs, however, you may choose to attach modifiers -LT (Left side) and -RT (Right side) to specify that the physiatrist tested different limbs.

Alternatively, you can append modifier -59 (Distinct procedural service) to the second and subsequent units of 95870 to specify that the physician tested several distinct anatomic locations.