

Eli's Rehab Report

Reader Question: Must E/M Be Billed With EMG?

Question: Must we always bill an E/M along with EMG services? Our physicians think we should because the patient always sees the physician and the physician always performs the studies.

California Subscriber

Answer: Just because the physiatrist sees the patient and performs the EMG does not justify billing an E/M code. Your documentation must reflect that the components of an E/M were performed if you are billing CMS for the service. An EMG does not necessarily include the comprehensive review of systems and history required to bill the E/M codes. There are some instances, however, when you can bill both codes on the same day.

For example, a primary care physician transfers care of his patient to your physiatrist. The physiatrist reviews the patient's record ahead of time and suspects that the patient will require an EMG. On his first examination of the patient, the physiatrist performs a level-three E/M and then performs an EMG on two extremities. For this visit, the physiatrist can bill 95861 (Needle electromyography, two extremities with or without related paraspinal areas) and 99203 (New patient outpatient E/M visit). Modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) is not required to bill the E/M and the EMG but, due to some incorrect Correct Coding Initiative (CCI) edits still being applied by some payers, the E/M service may be denied. If this happens, resubmit your claim with a copy of the most current CCI edit information to demonstrate that their records should be updated and your claim should be paid.

However, suppose the physiatrist phones the patient a week later and says the EMG testing did not offer any solid results, and asks the patient to return for additional testing. The follow-up EMG tests would be billed, but the physiatrist probably would not be performing an E/M visit that day. Therefore, only the EMG code would be billed on that subsequent visit, despite the fact that the physiatrist saw the patient.