

Eli's Rehab Report

Reader Question: Submit Just One Fee for 95860

Question: We are considering establishing two different fees for our electromyography (EMG, 95860) claims one when we address the paraspinal areas, and a separate fee when we don't address the paraspinals. If we do this, should we append modifier -52 (Reduced services) to the non-paraspinal unit of 95860?

Delaware Subscriber

Answer: The fee for 95860 should remain the same, regardless of whether you examine the paraspinal muscles.

Because the code descriptor states, "with or without paraspinal muscles," CPT clearly intends physicians to report this code, without the reduced services modifier, whether or not they address the paraspinal muscles.

According to the April 2002 CPT Assistant, "Evaluation of the paraspinal musculature may be either contraindicated or not feasible."

Therefore, you should not assume that reporting 95860 always requires a paraspinal examination.