

Eli's Rehab Report

Reader Question: Teaching Physiatrist and H-reflex

Question: If a teaching physiatrist writes, seen and examined by me, H-reflex by me, can he or she bill professionally for a component of the H-reflex or is this strictly a facility billing issue?

Florida Subscriber

Answer: As long as the teaching physiatrist provides a signed, written interpretation of the H-reflex study (95934, H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle; or 95936, H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle), the professional component of the service is billable using the -26 modifier. However, interpreted by me does not constitute an interpretation. The interpretation should list elements of the review and diagnosis.

In addition, the American Academy of Electrodiagnostic Medicines Recommend Policy for Electrodiagnostic Medicine indicates that codes 95934 and 95936 are defined as unilateral H-reflex study codes and are intended to report per study. Typically, only two H-reflex studies are performed in an examination. These tests usually should be performed bilaterally because symmetry of responses is an important criterion for abnormality.

When a bilateral H-reflex study is performed, the entire procedure must be repeated, increasing examiner time and effort; there are no economies of scale in multiple H-reflex testing. A bilateral H-reflex study is reported by appending modifier -50 (bilateral procedure) to the code.

H-reflex studies usually involve assessment of the gastrocnemius/soleus muscle complex in the calf (95934). Bilateral gastrocnemius/soleus H-reflex abnormalities are often early indications of spinal stenosis, or bilateral S1 radiculopathies. In rare instances, H-reflexes should be tested in muscles other than the gastrocnemius/soleus muscle, for example, in the upper limbs.

In conditions such as cervical radiculopathies or brachial plexopathies, an H-reflex study can be performed in the arm (flexor carpi radialis muscle). Other muscles that may be tested, although rarely, are the intrinsic small muscles of the hand and foot. These cases would be coded using 95936.