

Eli's Rehab Report

Reader Question: Use of Hospitals EMG Equipment

Question: I moved to a new office and don't have my EMG machine set up, so I have patients meet me at the hospital and use its machine. Do I have to add modifier -26 to these EMG claims because I do not own the equipment?

Louisiana Subscriber

Answer: Because your office normally has its own EMG equipment, you are probably used to billing the electromyography codes (95860-95872) without modifiers. If you own the equipment and your staff performs the EMG, you do not have to add a professional or technical component to the code. However, an EMG that you perform at the hospital would be coded differently. Because the hospital owns the equipment it would bill the EMG code with the -TC modifier (technical component). You would bill the same code, but with modifier -26 (professional component).

-- Advice for "You Be the Coder" and Reader Questions was provided by **Laureen Jandroep, OTR, CPC, CCS-P CPC-H**, owner of A+ Medical Management and Education, a coding and reimbursement consulting firm and a national CPC training curriculum site in Egg Harbor City, N.J.; and **Neil A. Busis, MD**, chief of the division of neurology and director of the neurodiagnostic laboratory at the University of Pittsburgh Medical Center at Shadyside.