

Eli's Rehab Report

Reader Question: Using Hospitals EMG Machine

Question: I use the EMG machine at a hospital. Do I have to add the modifier -26 to [CPT 95860](#) since I do not own the equipment?

Arizona Subscriber

Answer: Code 95860 (needle electromyography, one extremity with or without related paraspinal areas) contains both a technical and professional component. When the physiatrist owns the equipment, performs the test (or employs the staff that performs it) and writes an interpretation, he or she may bill for the entire procedure by using the CPT code without any modifiers.

When the physiatrist interprets a test performed on equipment owned by another facility, such as a hospital, he or she would bill the professional component only by attaching modifier -26 (professional component) to 95860. The hospital would only bill 95860 -TC (technical 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 **Sandy Page, CPC, CCS-P**, co-owner of Medical Practice Support Services Inc., a medical billing and healthcare consulting firm in Broomfield, Colo.