

Eli's Rehab Report

Reader Questions: Use Surgery Diagnosis for EMG Diagnosis

Question: My physiatrist goes into the OR to monitor a patient's nerves during surgery. However, the diagnosis for the electromyogram (EMG) winds up being different from the intra-operative monitoring (IOM) code. Which diagnosis should I use?

New Jersey Subscriber

Answer: If your physiatrist performs electrodiagnostic testing such as EMG, EP, or NCS (using CPT codes 95860-95864, 95925-95937, 95900, Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study or 95904, ... sensory), the diagnosis should be the same as what you used to create the medical necessity for the IOM. This diagnosis is typically what you used to establish the need for the surgery.

For example, the patient undergoes lumbar spinal fusion at multiple levels due to lumbar spinal stenosis (721.4x, Lumbar spondylosis with myelopathy). The surgeon will probably use 721.4x; the anesthesiologist will use this code as well. Therefore, the physiatrist performing the baseline electrodiagnostic testing with IOM should also use this code to create medical necessity for the CPT codes they submit.

- You Be the Coder and Reader Questions were reviewed by **Marvel Hammer, RN, CPC, CHCO**, owner of MJH Consulting in Denver.