

Eli's Rehab Report

Use 95870 for Fewer Than 5 Muscles in EMG

Report one unit of 95869 regardless of number of levels

If a physician tests fewer than five muscles stipulated in Medicare guidelines, you should scrap codes 95860-95864 and report the limited EMG study code 95870 instead. Before you decide you've got a handle on all the EMG codes, be sure to look at the EMG codes for muscles supplied by the cranial nerve (95867-95868), T3-T11 areas (95869), and the single-fiber EMG study (95872).

Don't Use 95867 and 95868 at the Same Time

These two codes describe an EMG study of muscles supplied by the cranial nerve, either unilaterally or bilaterally, respectively:

1. [CPT 95867](#) - Needle electromyography; cranial nerve supplied muscle(s), unilateral
2. [CPT 95868](#) - ... cranial nerve supplied muscles, bilateral.

Heads-up: Because a bilateral procedure is inclusive of a unilateral procedure, don't make the mistake of reporting 95867 and 95868 at the same time. Also, don't attach modifier -50 (Bilateral procedure) to either 95867 (because a bilateral code already exists) or 95868 (because it already specifies "bilateral").

For example: A physician performs 95867 to diagnose possible motor neuron disease (335.2x). He studies the motor neurons on one side of the face to evaluate possible weakness and wasting of muscles. Then he repeats the procedure on the other side to provide a comparison so that he may diagnose Bell's palsy (351.0) or other disorders. In this case, you should use 95868.

For T3-T11, Choose 95869

If your physician performs a study of thoracic paraspinal muscles, levels T3-T11, you should report 95869 (Needle electromyography; thoracic paraspinal muscles [excluding T1 or T12]). You may report only one unit of 95869, regardless of the number of levels the physician studied or whether he tested unilaterally or bilaterally. For instance, a physician may perform 95869 to assist in the diagnosis and/or progression of ALS (335.20, Amyotrophic lateral sclerosis).

Fewer Than 5 Means 95870

If a physician uses EMG to test four or fewer muscles in a patient with suspected CTS or when he confines the exam to distal muscles like the intrinsic muscles of the hand or foot, he may end up examining five muscles in one limb and only three in the other. In this case, you should report 95860 and 95870 (... limited study of muscles in one extremity or non-limb [axial] muscles [unilateral or bilateral], other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters).

You should choose 95870 for the three muscles the physician tested because this involved less than five muscles in an extremity (as required for 95860-95864), says **Tiffany Schmidt, JD**, who is director of policy for the AANEM.

"However, if the physician tests a limited number of muscles (fewer than five) in multiple and distinct limbs, then you should use the CPT code 95870 more than once and add modifier -59 (Distinct procedural service) to each additional unit

of this code to indicate that the physician tested separate regions," Schmidt says.

"Say the physician tests an arm and a leg on the left side and only tests four muscles in each, then you should report 95870 x 2," says **Mike Snyder**, supervisor of the neurodiagnostic and sleep lab of Mercy Medical Hospital in Cedar Rapids, Iowa.

Note: You may also find yourself reporting 95870 for muscles on the thorax or abdomen (unilateral or bilateral). When the physician studies cervical or lumbar paraspinal muscles (unilateral or bilateral), you should submit only a single unit of 95870 - regardless of the number of levels the physician tested. However, don't report 95870 when the physician tests the paraspinal muscles corresponding to an extremity (such as, when you're also reporting 95860-95864) because carriers would consider this double-billing.

Don't Forget Single-Fiber 95872

When a physician performs a single-fiber EMG, he uses a special needle electrode to record and identify action potentials from individual muscle fibers. Therefore, this is the most sensitive clinical test of neuromuscular transmission. You should reflect this study by using 95872 (Needle electromyography using single-fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied).

During this EMG, the physician may measure jitter and fiber density in one or more muscles, depending on the condition he is evaluating and the results of testing. Increased jitter is a nonspecific sign of abnormal neuromuscular transmission and can be attributed to many motor-unit diseases.