

Eli's Rehab Report

You Be the Coder: Differentiate 95860-95864 From Limited Studies

Question: What are the guidelines for reporting electromyography codes 95860-95864? How do these codes differ from a "limited" study (95870)?

Florida Subscriber

Answer: CPT Codes contains four codes to describe EMG testing of limbs, depending on the number of extremities the physiatrist studies:

- 95860--Needle electromyography; one extremity with or without related paraspinal areas
- 95861--.... two extremities with or without related paraspinal areas
- 95863--.... three extremities with or without related paraspinal areas
- 95864--.... four extremities with or without related paraspinal areas.

To report 95860-95864, the physiatrist must evaluate extremity muscles innervated by three nerves (for example, radial, ulnar, median, tibial, peroneal or femoral--but not sub-branches) or four spinal levels, with a minimum of five muscles studied per limb, according to CMS guidelines posted in the Oct. 31, 1997, Federal Register.

The "related paraspinal areas" mentioned in code descriptors 95860-95864 include all paraspinals except those of the thoracic (T3-T11) region.

Therefore, you should not report paraspinal-area testing separately with 95860-95864 unless the physiatrist studies those between T3-T11, in which case 95869 (Needle electromyography; thoracic paraspinal muscles [excluding T1 or T12]) is applicable.

A limited study occurs when the physiatrist tests fewer than five muscles per extremity. In these cases, you should choose 95870 (Needle electromyography; 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 may also report 95870 for EMG testing of thorax or abdominal muscles (unilateral or bilateral). When your physiatrist studies cervical or lumbar paraspinal muscles (unilateral or bilateral), claim only a single unit of 95870, regardless of the number of levels tested.

Caution: Do not report 95870 when the physiatrist tests the paraspinal muscles corresponding to an extremity (for example, when also billing 95860-95864) because this would constitute double-billing.