

Eli's Rehab Report

You Be the Coder: EMG Full Limb vs. Limited Study

Question: How can I tell whether to bill a full limb or a limited study electromyography (EMG)?

Missouri Subscriber

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Answer: According to HCFA guidelines, to bill an EMG study of a complete limb (95860-95864, needle electromyography, one, two, three and four extremities with or without related paraspinal areas), you need to test at least five muscles that survey either three different nerves or four different spinal root levels. In other words, the EMG of a limb consists of the study of five muscles that are either innervated by three nerves or by four spinal levels.

If you are studying fewer than five muscles, ++95870, which is a limited study, should be billed. This national Medicare policy was published in the Federal Register on Oct. 31, 1997, and states, To bill [CPT 95860 -95864](#), extremity muscles innervated by three nerves (for example, radial, ulnar, median, tibial, peroneal, femoral, not sub branches) or four spinal levels must be evaluated, with a minimum of five muscles studied.

Proper reading of this sentence takes note that the or applies to fulfilling either what comes before it (three nerves) or after it (four spinal levels), whereas the comma indicates that the requirement of studying five muscles is separate and applies to both (or all studies that are billed under these codes).

The following is one way to test five muscles that fulfills both options of the second requirement (innervated by three nerves or four spinal levels):

Deltoid (axillary nerve, C56)
Biceps (musculocutaneous, C56)
Pronator teres (median nerve, C67)
Triceps (radial nerve, C678)
First dorsal interosseous (ulnar, C8T1)

This tests four spinal levels (C5 through C8) and also tests five different nerves.

Conceivably, you could test four spinal levels (C6 through T1), looking only at two nerves (median and axillary nerves). Below is an example of this scenario that fulfills the requirements for billing 95860-95864:

Pronator (median, C67)
Flexor pollicis longus (median, C78T1)
Abductor pollicis brevis (median, C8T1)
Deltoid (axillary, C56)
Teres minor (axillary, C56)

You also could test at least three nerves but only a limited number of spinal roots, and still be able to bill 95860-95864:

Deltoid (axillary, C56)
Biceps (musculocutaneous, C56)
Supinator (radial, C56)
Supraspinatus (suprascapular, C56)
Pronator teres (median, C67)

If you have questions, please check with your local Medicare carrier.

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