

Eli's Rehab Report

You Be the Coder: Re-Evaluate an EMG at Erb's Point

Question: Should I code an EMG at Erb's point x 2 with 95870?

California Subscriber

Answer: If the test involves stimulation at Erb's point and recording at some distal site (such as, a muscle) to measure latency and/or conduction velocity in the nerve to that muscle, then this is a motor nerve conduction study rather than electromyography. In this case, you would report [CPT 95900](#) (Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study).

If the physiatrist performs two separate nerve studies, each with stimulation at Erb's point but each with recording at different muscles innervated by different nerves (such as, ulnar and median), then you would report 95900 x 2 as long as both the sending and receiving electrodes were moved.

Erb's point is located on the side of the neck 2 to 3 cm above the clavicle and in front of the transverse process of the sixth cervical vertebra.

Pressure over this point elicits the Duchenne-Erb paralysis, and electrical stimulation over this area causes various arm muscles to contract.

This area would not typically be a site for insertion of a needle for an EMG study but rather an electrical stimulation site for nerve conduction studies.