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Contact: advocacy@apta.org

Effective January 1, 2012

New EMG CPT Codes to be IMPLEMENTED!

In 2010, with the urging of CMS, the American Medical Association's CPT Editorial Panel assembled a workgroup on Electromyography (EMG) services. The purpose of the workgroup was to bundle EMG and Nerve Conduction Studies (NCS) codes to reduce the duplication of services and costs of these Electrodiagnostic (EDX) tests. The American Physical Therapy Association, the American Association of Neuromuscular and Electrodiagnostic Medicine, the American Academy of Neurology and the American Academy of Physical Medicine and Rehabilitation collaborated to generate the requested revisions which were accepted and are outlined below.

These new and revised CPT codes for billing EDX procedures take effect January 1, 2012. Before year end you should update your fee schedules, charge masters, any references to billing codes and documentation forms for EMG services with the following code descriptor changes. Failure to report EMG services correctly will result in denials or loss in reimbursement after 1/1/2012.

New EMG codes- effective 1/1/2012

When both EMG and nerve conduction tests are performed on a patient on the same day uses the following codes:

* **95885**: Needle electromyography, **each extremity**, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; **limited** (list separately in addition to the code for primary procedure).

* **95886**: Needle electromyography, **each extremity**, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; **complete**, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (list separately in addition to the code for primary procedure).

* **95887**: Needle electromyography, **non-extremity** (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study; (list separately in addition to the code for primary procedure).

In addition:

-The 95885 code is a limited EMG, used when testing one to four muscles in a limb. One EMG unit may be billed for each limb up to a quantity of 4 for either 95885 or 95886

-Always report existing nerve conduction codes 95900-95904 with the new EMG codes.

-If only EMG is performed (no NCS services are delivered at the visit) use the existing EMG codes 95860-95864, 95867-95870.

-Do not report these codes with 95905

The revision of the EMG and NCS services is ongoing and 2013 could bring additional changes to coding for these services. Any additional updates to this area of coding will be announced in late 2012.