

Coding and Billing for Needle Electromyography with and without Nerve Conduction Study

Nerve Conduction Study with Electromyography

First report the NCS by using one of the codes below. They are based on the number of nerves:

- **95905** Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
- **95907** Nerve conduction studies; 1-2 studies
- **95908** Nerve conduction studies; 3-4 studies
- **95909** Nerve conduction studies; 5-6 studies
- **95910** Nerve conduction studies; 7-8 studies
- **95911** Nerve conduction studies; 9-10 studies
- **95912** Nerve conduction studies; 11-12 studies
- **95913** Nerve conduction studies; 13 or more studies report NCS first using a code below:

Then separately report the EMG by using one of the add-on codes below:

- **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 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 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 code for primary procedure)

Electromyography without Nerve Conduction Study

When billing an EMG, electromyography, **without a Nerve Conduction Study (NCS)**, use the codes detailed below. They are appropriate only when an **NCS is NOT performed**.

- **95860** Needle electromyography; 1 extremity with or without related paraspinal areas
- **95861** Needle electromyography; 2 extremities with or without related paraspinal areas
- **95863** Needle electromyography; 3 extremities with or without related paraspinal areas
- **95864** Needle electromyography; 4 extremities with or without related paraspinal areas
- **95865** Needle electromyography; larynx

- **95866** Needle electromyography; hemidiaphragm
- **95867** Needle electromyography; cranial nerve supplied muscle(s), unilateral
- **95868** Needle electromyography; cranial nerve supplied muscles, bilateral
- **95869** Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
- **95870** Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters

Please see excerpt from the CMS policy below. Appropriate documentation regarding the need (or lack thereof) of each test is imperative.

Palmetto, the Medicare Contractor for Tennessee has a specific LCD for Nerve Conduction Studies and Electromyography, L35048. Included in the LCD is the following:

Both EMGs and NCSs are usually required for a clinical diagnosis of peripheral nervous system disorders. Performance of one type of testing does not eliminate the need for the other. The intensity and extent of testing with EMG and NCS are matters of clinical judgment developed after the initial pre-test evaluation, and later modified during the testing procedure. Palmetto GBA expects that EMG's will be conducted in conjunction with nerve conduction velocity (NCV) in all testing instances. The only exception would be in situations where a contraindication to performing an EMG exists. In such cases, the circumstances for the contraindication should be clearly documented in the medical record.