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| Title: Electromyography (EMG) and Nerve Conduction Studies (NCS) | Division: Medical Management Department: Utilization Management |
| Approval Date: 11/09/2018 | LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Gold Care I&II, Market Plus, Essential, HARP |
| Effective Date: 11/09/2018 | Policy Number: UM-MP237 |
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1) POLICY DESCRIPTION:

This policy will outline the criteria for review of requests for nerve conduction studies and needle electromyography.

*For the Medicare and UltraCare lines of business, MetroPlusHealth determines medical necessity based on applicable Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD)."

2) RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claims Department, Provider Contracting.

3) DEFINITIONS:

Nerve Conduction Studies (NCS): A medical diagnostic test commonly used to evaluate the function, especially the ability of electrical conduction, of the motor and sensory nerves of the human body.

Needle Electromyography (EMG): A technique for evaluating and recording the electrical activity produced by skeletal muscles.

Neuromuscular Junction Testing: involves the stimulation of an individual motor nerve by means of repetitive electrical impulses with measurement of the resulting electrical activity of a muscle supplied by that nerve. Supramaximal electrical stimuli are delivered to the nerve.

4) BACKGROUND:

Electromyography (EMG) records the baseline electrical activity in a muscle while nerve conduction studies (NCS) measure conduction in response to an electrical stimulus. Both aid in the evaluation of diseases of the nerves (neuropathy) or muscles (myopathy). EMG and NCS are indicated when the clinical examination does not define a precise diagnosis or prior to surgery to localize the best muscle to biopsy. NCS and needle EMG should be performed and interpreted at the same time in most test situations. Performance of one does not eliminate the need for the other. This is particularly important in patients with suspected radiculopathy, plexopathy, myopathy, motor neuropathy, or motor neuron disease.

5) POLICY:

Electromyography: Authorization and Medical Necessity Review Requirements

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- a) Authorization is required for all Electromyography services.

Nerve Conduction Studies: Authorization and Medical Necessity Review Requirements

- a) Authorization is required for all Nerve Conduction Studies.
- b) MetroPlus utilizes the American Association of Neuromuscular & Electrodiagnostic's (AANEM) recommendations regarding a reasonable maximum number of studies per diagnostic category necessary for a physician to arrive at a diagnosis in 90% of patients with that final diagnosis.
- c) Requests for a total number of tests that do not exceed the reasonable maximum number of studies per diagnostic category require authorization but do not require medical necessity review.
- d) Requests for a total number of tests that exceed the reasonable maximum number of studies per diagnostic category require authorization and medical necessity review.
- e) InterQual® criteria will be utilized to perform medical necessity reviews.

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| | Limbs Studied by Needle Electromyography (95860-95864, 95867-95870, 95885-95887) | Nerve Conduction Studies (Total nerve studied, 95907-95913) | Neuromuscular Junction Testing (Repetitive Stimulation) |
|---|---|--|--|
| Indication | Number of Services (Tests) | Number of Services (Tests) | Number of Services (Tests) |
| Carpal Tunnel (unilateral) | 1 | 7 | -- |
| Carpal Tunnel (bilateral) | 2 | 10 | -- |
| Radiculopathy | 2 | 7 | -- |
| Mononeuropathy | 1 | 8 | -- |
| Polyneuropathy/ Mononeuropathy Multiplex | 3 | 10 | -- |
| Myopathy | 2 | 4 | 2 |
| Motor Neuronopathy (e.g., ALS) | 4 | 6 | 2 |
| Plexopathy | 2 | 12 | -- |
| Neuromuscular Junction | 2 | 2 | 3 |
| Tarsal Tunnel Syndrome (unilateral) | 1 | 8 | -- |
| Tarsal Tunnel Syndrome (bilateral) | 2 | 11 | -- |
| Weakness, Fatigue, Cramps, or Twitching (focal) | 2 | 7 | 2 |
| Weakness, Fatigue, Cramps, or Twitching (general) | 4 | 8 | 2 |
| Pain, Numbness, or Tingling (unilateral) | 1 | 9 | -- |
| Pain, Numbness, or Tingling (bilateral) | 2 | 12 | -- |

6) LIMITATIONS AND EXCLUSIONS:

- a) Each nerve conduction study code may only be reimbursed once per nerve, or named branch of a nerve, regardless of the number of sites tested or of the number of methods used on that nerve.
- b) Psychosocial measurements- quantitative sensory testing may not be billed as a separate service.
- c) Routine testing for Polyneuropathy of Diabetes or End Stage Renal Disease (ESRD) is not considered medically necessary and is not covered.
- d) Testing for the sole purpose of monitoring disease intensity or treatment efficacy in these two conditions is also not covered.

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e) Current Perception Threshold/Sensory Nerve Conduction Threshold Test (sNCT) is also not covered.

7) APPLICABLE PROCEDURE CODES:

| CPT Code | Description |
|----------|---|
| 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 |
| 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 |
| 95872 | Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied |
| 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) |

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8) APPLICABLE DIAGNOSIS CODES:

| ICD-10-CM Code | Description |
|----------------|--|
| A05.1 | Botulism food poisoning |
| G12.21 | Amyotrophic lateral sclerosis |
| G50.0-G50.9 | Disorders of the trigeminal nerve |
| G51.0-G51.2 | Facial nerve disorders |
| G54.0-G54.9 | Nerve root and plexus disorders |
| G54.0 | Brachial plexus disorders |
| G54.1 | Lumbosacral plexus disorders |
| G56.00-G56.03 | Carpal Tunnel Syndrome |
| G56.10-G56.13 | Other lesions of the median nerve |
| G56.20-G56.23 | Lesion of ulnar nerve |
| G56.30-G56.33 | Lesion of radial nerve |
| G57.00-G57.03 | Lesion of sciatic nerve |
| G57.20-G57.23 | Lesion of femoral nerve |
| G57.30-G57.33 | Lesion of lateral popliteal nerve |
| G57.40-G57.43 | Lesion of medial popliteal nerve |
| G58.9 | Mononeuropathy, unspecified |
| G60.0 | Hereditary motor and sensory neuropathy |
| G61.0 | Guillain-Barre syndrome |
| G62.9 | Polyneuropathy, unspecified |
| G65.0-G65.2 | Sequelae of inflammatory and toxic polyneuropathies |
| G70.00-G70.01 | Myasthenia gravis |
| G70.80 | Lambert-Eaton syndrome, unspecified |
| G70.81 | Lambert-Eaton syndrome in disease classified elsewhere |

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|--------|----------------------------------|
| G71.20 | Congenital myopathy, unspecified |
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9) REFERENCES:

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American Association of Neuromuscular & Electrodiagnostic Medicine. AANEM Position Statement: Overview of Electrodiagnostic Medicine. Approved by the American Association of Neuromuscular & Electrodiagnostic Medicine: September 1997; updated 1998, 1999, 2000, 2001, 2002, 2004, 2014, 2017, 2019 and January 2023. Approved 1999. Revised and reapproved January 2023.

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Nerve Conduction Studies and Electromyography L35098

[LCD - Nerve Conduction Studies and Electromyography \(L35098\) \(cms.gov\)](#)

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REVISION LOG:

| REVISIONS | DATE |
|--------------------------|-------------|
| Creation date | 11/9/2018 |
| Annual Review | 5/31/2022 |
| Annual Review | 6/27/2023 |
| Annual Review and update | 7/22/2024 |

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| Approved: | Date: | Approved: | Date: |
| David Ackman, MD VP of Medical Director | | Sanjiv Shah, MD Chief Medical Officer | |

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Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government, or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication.