

Title: Electromyography (EMG) and Nerve Conduction Studies (NCS)	Division: Medical Management Department: Utilization Management
Approval Date: 11/09/2018	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Gold Care I&II, Market Plus, Essential, HARP
Effective Date: 11/09/2018	Policy Number: UM-MP237
Review Date: 5/31/2022	Cross Reference Number:
Retired Date:	Page 1 of 5

1) POLICY DESCRIPTION:

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

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.

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

- 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.

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e) InterQual® criteria will be utilized to perform medical necessity reviews.

NERVE CONDUCTION STUDIES	Number of Tests	Codes that fall within the reasonable maximum number of studies	Codes that fall outside the reasonable maximum number of studies
Carpal Tunnel (unilateral)	7	95907, 95908, 95909, 95910	95911, 95912, 95913
Carpal Tunnel (bilateral)	10	95907, 95908, 95909, 95910, 95911	95912, 95913
Radiculopathy	7	95907, 95908, 95909, 95910	95911, 95912, 95913
Mononeuropathy	8	95907, 95908, 95909, 95910	95911, 95912, 95913
Polyneuropathy/ Mononeuropathy Multiplex	10	95907, 95908, 95909, 95910, 95911	95912, 95913
Myopathy	4	95907, 95908	95909, 95910, 95911, 95912, 95913
Motor Neuropathy (e.g., ALS)	6	95907, 95908, 95909	95910, 95911, 95912, 95913
Plexopathy	12	95907, 95908, 95909, 95910, 95911, 95912	95913
Neuromuscular Junction	2	95907	95908, 95909, 95910, 95911, 95912, 95913
Tarsal Tunnel Syndrome (unilateral)	8	95907, 95908, 95909, 95910	95911, 95912, 95913
Tarsal Tunnel Syndrome (bilateral)	11	95907, 95908, 95909, 95910, 95911, 95912	95913
Weakness, Fatigue, Cramps, or Twitching (focal)	7	95907, 95908, 95909, 95910	95911, 95912, 95913
Weakness, Fatigue, Cramps, or Twitching (general)	8	95907, 95908, 95909, 95910	95911, 95912, 95913
Pain, Numbness, or Tingling (unilateral)	9	95907, 95908, 95909, 95910, 95911	95912, 95913
Pain, Numbness, or Tingling (bilateral)	12	95907, 95908, 95909, 95910, 95911, 95912	95913

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)

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

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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
G56.00G56.03	Carpal Tunnel Syndrome
G56.10G56.13	Other lesions of the median nerve
G56.20G56.23	Lesion of ulnar nerve
G56.30G56.33	Lesion of radial nerve
G57.00G57.03	Lesion of sciatic nerve
G57.20G57.23	Lesion of femoral nerve
G57.30G57.33	Lesion of lateral popliteal nerve
G57.40G57.43	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
G70.00G70.01	Myasthenia gravis
G70.80	Lambert-Eaton syndrome, unspecified
G70.81	Lambert-Eaton syndrome in disease classified elsewhere
G71.20	Congenital myopathy, unspecified

9) REFERENCES:

American Association of Electrodiagnostic Medicine. Practice Parameter for Electrodiagnostic Studies in Carpal Tunnel Syndrome: Summary Statement, Muscle Nerve 25: 918.922, 2002

American Association of Neuromuscular & Electrodiagnostic Medicine. AANEM Position Statement: Overview of Electrodiagnostic Medicine. Approved 1999. Revised and reapproved June 2013.

American Association of Neuromuscular & Electrodiagnostic Medicine Model Policy for Needle Electromyography and Nerve Conduction Studies. Feb 2010. Updated and reapproved January 2016.

American Association of Neuromuscular & Electrodiagnostic Medicine Position Statement. Who is Qualified to Practice Electrodiagnostic Medicine? Approved May 1999. Updated and reapproved November 2017. Endorsed by the American Academy of Physical Medicine & Rehabilitation: December 2019.

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REVISION LOG:

REVISIONS	DATE
Creation date	11/9/2018
Annual Review	5/31/2022

Approved:	Date:	Approved:	Date:
Glendon Henry, MD Senior Medical Director		Sanjiv Shah, MD Chief Medical Officer	

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.