healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Electromyography and Nerve Conduction Studies		
Policy Number:	PO-RE-140v1		
Effective Date:	09/01/2025	**Last Approval Date:**	07/21/2025

I. Policy Description

This policy outlines the guidelines for reimbursing Electromyography (EMG) and Nerve Conduction Studies (NCS) performed to diagnose, evaluate, or manage peripheral nerve and neuromuscular disorders. These tests are advanced diagnostic procedures that require specialized training and clinical expertise. Reimbursement is provided only when the procedures are necessary, properly performed, and documented according to established medical standards. This policy ensures the appropriate use of these services, promotes high-quality care, and minimizes unnecessary testing.

The information below applies to the following lines of business:

- Child Health Plus (CHP)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Qualified Health Plan (QHP)
- Essential Plan (EP)
- Managed Long Term Care Plan (MLTCP – Senior Health Partners)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO

Policy Scope

This policy applies to all healthcare providers performing EMG and NCS services for patients covered by Healthfirst. It covers the criteria for reimbursement guidelines, documentation requirements, limitations, exclusions, and billing procedures related to these diagnostic tests.

Reimbursement Guidelines

- Tests must be medically necessary, performed by qualified healthcare professionals, and consistent with clinical guidelines.
- Requests for testing will be reviewed by Healthfirst's Utilization Management (UM) team using the criteria outlined in ***MP-093 (Electromyography and Nerve Conduction Studies)***.

- Tests are reimbursable when they are indicated for diagnosing or managing conditions such as but not limited to peripheral neuropathy, radiculopathy, nerve entrapments, neuromuscular junction disorders, or when guidance for procedures is needed.
- Repeat testing is justified when there are clinical changes, inconclusive initial results, or when monitoring disease progression.

Billing Guidelines

1. Use appropriate CPT codes for each procedure:
   - NCS: 95907, 95908, 95909, 95910, 95911, 95912 and 95913
   - EMG: 95860, 95861, 95863, 95864, 95867, 95868, 95869, 95870, 95885, 95886, and 95887
   - EMG and NCS add on codes performed on the same day: 95885-95887
   - Needle EMG without NCS: 95860-95865 and 95867-95870
   - NCS without needle EMG: 95908-95913

2. Ensure documentation includes:
   - Clinical indication for testing
   - Procedures performed
   - Response parameters obtained
   - Provider qualifications
   - Interpretation of results

3. Claims must be complete, accurate, and supported by documentation to prevent denials.

4. Justify repeat testing based on clinical change, disease monitoring, or inconclusive initial studies.

5. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member

6. What is Not Covered:
   - Routine screening for diabetic or ESRD-related neuropathy without specific clinical indications.
   - NCS that do not provide real-time response parameters such as amplitude, latency, and conduction velocity.
   - Data is transmitted electronically or over the internet without real-time response data.
   - NCS performed with devices that use fixed templates or computer-generated reports as routine adjuncts.
   - Portable or automated nerve conduction devices testing only limited parameters.
   - Repetitive stimulation testing for diabetic neuropathy, or carpal/tarsal tunnel syndrome, unless clinical suspicion of a neuromuscular junction disorder exists.
   - EMG of only intrinsic foot muscles or in regions with surgical scars, without other supporting findings.
   - EMG performed shortly after trauma before abnormalities are detected.
   - Surface or macro-EMG studies.
   - Multiple EMG studies at the same site solely to optimize botulinum toxin injections.

- SEPs/SERs performed for diagnoses outside the specific approved indications (e.g., multiple sclerosis, spinal cord tumors).

Limitations & Exclusions

- Routine testing for diabetic or ESRD-related neuropathy for screening or disease monitoring is not covered.
- NCS must include detailed, real-time response data; studies lacking this will not be reimbursed.
- Automated or portable devices testing only limited parameters are not considered medically necessary.
- Tests without appropriate clinical justification or documentation will be denied.

Adjudication and Appeal Process

1. Reimbursement for Electromyography and Nerve Conduction Studies services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

For detailed information, please refer to the Healthfirst Medical Policy for Electromyography and Nerve Conduction Studies (MP-093).

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

II. Applicable Codes

Code	Description	Comment
Needle Electromyography		
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	
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	
95868	Needle electromyography; cranial nerve supplied muscle(s), 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	
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 muscle studied, innervated by three or more nerves or four or more spinal LE	
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)	
Nerve Conduction Studies		
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	
Evoked potential codes		
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	

III. Definitions

Term	Meaning
Nerve Conduction studies (NCS)	Nerve conduction studies are used to measure action potentials resulting from peripheral nerve stimulation which are recordable over the nerve or from an innervated muscle. Nerve conduction studies are of two general types: sensory and motor. Either surface or needle electrodes can be used to stimulate the nerve or record the response.
Electromyography (EMG)	Electromyography (EMG) is the study and recording of intrinsic electrical properties of skeletal muscles. EMG testing relies on both auditory and visual feedback to the electromyographer. This testing is also invasive in that it requires needle electrode insertion and adjustment at multiple sites, and at times anatomically critical sites.

IV. Related Policies

Policy Number	Policy Description
MP-093	Electromyography and Nerve Conduction Studies

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

LCD - Nerve Conduction Studies and Electromyography (L34594)
AANEM | American Association of Neuromuscular & Electrodiagnostic Medicine | AANEM
LCD - Nerve Conduction Studies and Electromyography (L35098)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.