



Medical Policies



Policy Number:	M-28		
Policy Name:	Nerve Conduction Studies and Electromyography		
Policy Type:	Medical	Policy Subtype:	Diagnostic Medical
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Electromyography (EMG) and nerve conduction studies (NCS), also collectively known as an electrodiagnostic assessment, evaluate the electrical functioning of muscles and peripheral nerves. These tests are diagnostic aids for the evaluation of disorders of the peripheral nervous system by identifying, localizing, and characterizing electrical abnormalities in the skeletal muscles and peripheral nerves.

In addition to NCS and/or EMG, neuromuscular junction testing (repetitive nerve stimulation) may be performed and involves recording muscle responses to a series of nerve stimuli applied at differing rates, both before and after exercise or transmission of high-frequency stimuli.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Electrodiagnostic assessment, consisting of EMG, NCS, and related measures, may be considered medically necessary as an adjunct to history, physical exam, and imaging studies when the following criteria are met:

- Signs and symptoms of peripheral neuropathy and/or myopathy are present; **and**
- Definitive diagnosis cannot be made by physical exam and imaging studies alone; **and**
- Work-up for **ONE OR MORE** of the following categories of disease is indicated (see list below):

- Motor neuron diseases; **or**
- Nerve root compression; **or**
- Neuromuscular junction disorders; **or**
- Neuropathies/myopathies; **or**
- Plexopathies.

A repeat electrodiagnostic assessment may be considered medically necessary when at least **ONE** of the following criteria has been met:

- Development of new symptoms or signs suggesting a second diagnosis in an individual who has received an initial diagnosis; **or**
- Interim progression of disease following an initial test that was inconclusive, such that a repeat test is likely to elicit additional findings; **or**
- Unexpected change(s) in the course of disease or response to treatment, suggesting that the initial diagnosis may be incorrect and that reexamination is indicated; **or**
- Rapidly evolving disease in which initial electrodiagnostic testing is normal and where repeat testing might show abnormalities that will affect treatment decisions, (e.g., Guillain-Barre Syndrome); **or**
- In diseases with fluctuating courses to monitor disease progress and response to therapeutic interventions (e.g., polymyositis and myasthenia gravis); **or**
- Repeat evaluations after injury to monitor recovery, to help establish prognosis, and to determine the need for possible further interventions.

Testing for the purpose of monitoring disease intensity or treatment efficacy in polyneuropathy of diabetes or end stage renal disease (ESRD) is not covered.

Electrodiagnostic assessment consisting of EMG and NCS not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

95860	95861	95863	95864	95865	95866	95867
95868	95869	95870	95872	95885	95886	95887
95905	95907	95908	95909	95910	95911	95912
95913	95937					

Electrodiagnostic assessment for the following indications, consisting of EMG, NCS, and related measures, is considered experimental/investigational and therefore non-covered because the safety and and/or effectiveness of this service cannot be established by the available published peer-reviewed literature:

- Screening of asymptomatic individuals
- These tests may include, but are not limited to:
 - A 'surface' EMG (SEMG) which includes a surface paraspinal EMG.
 - Macro EMG.
 - Quantitative sensory testing (QST) which is the assessment of perceptual and/or physiological responses to pain.

Procedure Codes

95999	0106T	0107T	0108T	0109T	0110T	S3900
-------	-------	-------	-------	-------	-------	-------

The following list gives specific diagnoses, according to categories of testing listed in the policy statement above for which EMG and NCS generally provide useful information in confirming or excluding the diagnosis than provided by clinical examination and imaging alone. The diagnosis list is not exhaustive as there may also be less common disorders for which EMG/NCS provide useful diagnostic information:

- Motor neuron diseases:
 - Amyotrophic lateral sclerosis; **or**
 - Primary lateral sclerosis; **or**
 - Progressive bulbar palsy; **or**
 - Progressive muscular atrophy; **or**
 - Pseudobulbar palsy; **or**
- Myopathies, generalized:
 - Congenital myopathy; **or**
 - Dermatomyositis; **or**
 - Muscular dystrophies; **or**
 - Myotonic myopathy; **or**
 - Polymyositis; **or**
- Nerve root compression (when physical exam and magnetic resonance imaging are inconclusive):
 - Cervical nerve root compression; **or**
 - Lumbosacral nerve root compression; **or**
 - Thoracic nerve root compression; **or**
- Nerve root, peripheral nerve, muscle, or neuromuscular junction involvement with symptom- based presentation and pre-test evaluations are inconclusive and clinical assessment supports the need for the study for **ANY** of the following:
 - Diplopia; **or**
 - Dysarthria; **or**
 - Impaired bowel motility; **or**
 - Fatigue/weakness that progresses with repetitive activity; **or**
 - Hyperreflexia; **or**
 - Impaired bowel motility; **or**
 - Loss of dexterity; **or**
 - Muscle atrophy; **or**
 - Muscle fasciculation; **or**
 - Muscle weakness; **or**
 - Myokymia (involuntary twitching of the eyelid muscles); **or**
 - Myotonia; **or**
 - Ptosis; **or**
 - Sensory deficits; **or**
 - Spasticity; **or**
 - Swallowing dysfunction; **or**
- Neuromuscular junction disorders:
 - Botulinum toxicity; **or**
 - Lambert-Eaton myasthenic syndrome; **or**
 - Myasthenia gravis; **or**
 - Myasthenic Syndrome; **or**

- Neuropathies, Compressive
 - Carpal tunnel syndrome; **or**
 - Cubital tunnel syndrome; **or**
 - Other peripheral nerve entrapments; **or**
 - Peroneal nerve compression; **or**
 - Recurrent laryngeal neuropathy (RLN), (unilateral or bilateral vocal cord fold paralysis) that is greater than four (4) weeks but less than six (6) months in duration; **or**
 - Tarsal tunnel syndrome; **or**
 - Thoracic outlet syndrome; **or**
 - Ulnar nerve entrapment; **or**
- Plexopathies:
 - Brachial plexopathy; **or**
 - Cervical plexopathy; **or**
 - Lumbosacral plexopathy; **or**
- Polyneuropathies, generalized and focal:
 - Alcohol-related neuropathy; **or**
 - Diabetic neuropathy; **or**
 - Demyelinating polyneuropathies:
 - Guillain-Barré syndrome (acute); **or**
 - Chronic idiopathic demyelinating polyneuropathy; **or**
 - Hereditary neuropathies:
 - Charcot-Marie-tooth disease; **or**
 - Other hereditary neuropathies; **or**
 - Idiopathic peripheral neuropathy; **or**
 - Metabolic and nutritional (amyloidosis, hypothyroidism, immune, vitamin B12, or thiamine deficiency); **or**
 - Toxic neuropathy (e.g., vincristine, amiodarone); **or**
 - Uremic neuropathy; **or**
- Precise muscle location for injections such as botulinum toxin, phenol, etc.; **or**
- Radiculopathy
 - Cervical; **or**
 - Lumbosacral; **or**
 - Thoracic; **or**
- Spine disorders
 - To differentiate radiculopathy from other neuropathies or non-neuropathic processes; **or**
 - To establish whether imaging findings are responsible for reported pain; **or**
 - To reconcile when pattern of pain, sensory impairment, or weakness does not match imaging findings; **or**
 - To document degree of axonal nerve damage in an individual with weakness; **or**
- Traumatic nerve injuries.

The following table represents the recommended maximum number of electrodiagnostic studies from the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) position statement (2017). These estimates do not represent absolute maximums for all individuals; they are defined by AANEM as being sufficient to make a diagnosis in at least 90 percent of individuals with that particular diagnosis. Therefore, there may be a small percentage of cases that require a greater number of tests than specified.

Recommended Maximum Number of Electrodiagnostic Studies

Needle EMG	Nerve Conduction Studies		Other Electrodiagnostic Studies		
Indication	Number of Services (Tests)	Motor NCS with and/or without F-wave	Sensory NCS	H-Reflex	Neuromuscular Junction Testing (Repetitive Stimulation)
Carpal Tunnel (unilateral)	1	3	4	-	-
Carpal Tunnel (bilateral)	2	4	6	-	-
Radiculopathy	2	3	2	2	-
Mononeuropathy	1	3	3	2	-
Polyneuropathy/Mononeuropathy Multiplex	3	4	4	2	-
Myopathy	2	2	2	-	2
Motor Neuronopathy (e.g. ALS)	4	4	2	-	2
Plexopathy	2	4	6	2	-
Neuromuscular Junction	2	2	2	-	3
Tarsal Tunnel Syndrome (unilateral)	1	4	4	-	-
Tarsal Tunnel Syndrome (bilateral)	2	5	6	-	-
Weakness, Fatigue, Cramps, or Twitching (focal)	2	3	4	-	2
Weakness, Fatigue, Cramps, or Twitching (general)	4	4	4	-	2
Pain, Numbness, or Tingling (unilateral)	1	3	4	2	-
Pain, Numbness, or Tingling (bilateral)	2	4	6	2	-

Professional Statements and Societal Positions Guidelines

American Association of Neuromuscular and Electrodiagnostic Medicine

The American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) Using laryngeal electromyography for the diagnosis and treatment of vocal cord paralysis. If prognostic information is required on ultimate vocal fold mobility in an individual with vocal fold paralysis that is greater than four (4) weeks and less than six (6) months in duration, LEMG should be performed. LEMG may be performed to clarify treatment decisions in an individual with vocal fold immobility that is presumed to be caused by RLN (2016).

NCS performed independent of needle EMG studies may only provide a portion of the information needed to diagnose muscle, nerve root, and most nerve disorders. For this reason, it is the position of the AANEM that, except in unique situations, NCSs and needle EMG should be performed together in a study design determined by a trained neuromuscular physician. There are common diagnoses that depend on performing a needle EMG and combining the needle EMG data with the NCS data. Needle EMG studies are a necessary part of the evaluation in the diagnosis of myopathy, radiculopathy, plexopathy, disorders of the motor neuron, peripheral neuropathies and most disorders of the individual peripheral motor nerves. When the NCS is used on its own without integrating needle EMG findings or when an individual relies solely on a review of NCS data, the results can often be misleading, and important diagnoses will likely be missed. individuals may thus be subjected to incorrect, unnecessary, and potentially harmful treatment interventions (2017).

AANEM policy statement on electrodiagnosis for distal symmetric polyneuropathy (2018): Electrodiagnostic (EDX) studies are often very helpful in the diagnosis and management of individuals who have or are suspected to have Distal Symmetric Polyneuropathy (DSP). However, EDX studies may not be appropriate in every situation. There are five common scenarios in which EDX studies are likely to be beneficial: (1) determining primary and alternative diagnoses; (2) determining severity, duration and prognosis of disease; (3) evaluating risk of associated problems; (4) determining the effect of medications; and (5) evaluating the effect of toxic exposures.

Limitations

Nerve Conduction Studies

EDX testing with automated, noninvasive nerve conduction testing devices is considered investigational and not medically necessary for all indications, including as an alternative method of performing NCSs.

Screening testing for polyneuropathy of diabetes or end stage renal disease (ESRD) in individuals without clinical deficits is not indicated. Testing for the sole purpose of monitoring disease intensity or treatment efficacy in these two (2) conditions is not indicated.

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes: 95860, 95861, 95863, 95864, 95869, 95870, 95872, 95885, 95886, 95887, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913

A05.1	B02.21	B02.22	B02.23	E10.40	E10.41	E10.42
E10.43	E10.44	E10.49	E11.40	E11.41	E11.42	E11.43
E11.44	E11.49	E13.40	E13.41	E13.42	E13.43	E13.44

E13.49	E51.9	G04.1	G04.82	G11.0	G11.10	G11.11
G11.19	G11.2	G11.3	G11.4	G11.8	G11.9	G12.0
G12.1	G12.20	G12.21	G12.22	G12.24	G12.29	G12.8
G12.9	G50.0	G50.1	G50.8	G50.9	G51.4	G51.8
G51.9	G52.1	G52.2	G52.3	G52.7	G52.8	G52.9
G53	G54.0	G54.1	G54.2	G54.3	G54.4	G54.5
G54.6	G54.7	G54.8	G54.9	G55	G56.01	G56.02
G56.03	G56.11	G56.12	G56.13	G56.21	G56.22	G56.23
G56.31	G56.32	G56.33	G56.41	G56.42	G56.43	G56.81
G56.82	G56.83	G56.91	G56.92	G56.93	G57.01	G57.02
G57.03	G57.11	G57.12	G57.13	G57.20	G57.21	G57.22
G57.23	G57.31	G57.32	G57.33	G57.41	G57.42	G57.43
G57.51	G57.52	G57.53	G57.61	G57.62	G57.63	G57.71
G57.72	G57.73	G57.81	G57.82	G57.83	G57.91	G57.92
G57.93	G58.0	G58.7	G58.8	G58.9	G59	G60.0
G60.1	G60.2	G60.3	G61.0	G61.1	G61.81	G61.82
G62.0	G62.1	G62.2	G62.82	G62.89	G62.9	G63
G64	G65.0	G65.1	G65.2	G70.00	G70.01	G70.1
G70.2	G70.80	G70.81	G70.9	G71.00	G71.01	G71.02
G71.09	G71.11	G71.12	G71.13	G71.14	G71.19	G71.20
G71.21	G71.220	G71.228	G71.29	G71.3	G71.8	G71.9
G72.0	G72.1	G72.2	G72.3	G72.41	G72.49	G83.81
G83.82	G83.83	G83.84	G83.89	G90.09	G90.2	G90.4
G90.50	G90.511	G90.512	G90.513	G90.519	G90.521	G90.522

G90.523	G90.529	G90.59	G90.8	G90.81	G90.89	J38.01
J38.02	M05.411	M05.412	M05.421	M05.422	M05.431	M05.432
M05.441	M05.442	M05.451	M05.452	M05.461	M05.462	M05.471
M05.472	M05.49	M05.511	M05.512	M05.521	M05.522	M05.531
M05.532	M05.541	M05.542	M05.551	M05.552	M05.561	M05.562
M05.571	M05.572	M05.59	M21.331	M21.332	M21.371	M21.372
M21.379	M21.511	M21.512	M21.531	M21.532	M21.541	M21.542
M21.549	M25.511	M25.512	M25.521	M25.522	M25.531	M25.532
M25.551	M25.552	M25.561	M25.562	M25.711	M25.712	M33.00
M33.01	M33.02	M33.09	M33.10	M33.11	M33.12	M33.19
M33.20	M33.21	M33.22	M33.29	M33.90	M33.91	M33.92
M33.99	M34.82	M34.83	M35.03	M35.06	M35.07	M35.3
M35.4	M35.8	M35.81	M35.89	M36.0	M45.A1	M45.A2
M45.A3	M45.A4	M45.A5	M45.A6	M45.A7	M45.A8	M45.AB
M47.11	M47.12	M47.13	M47.14	M47.15	M47.16	M47.20
M47.21	M47.22	M47.23	M47.24	M47.25	M47.26	M47.27
M47.28	M48.061	M48.062	M51.14	M51.15	M51.16	M51.17
M54.11	M54.12	M54.13	M54.14	M54.15	M54.16	M54.17
M54.18	M54.2	M54.30	M54.31	M54.32	M54.40	M54.41
M54.42	M54.50	M54.51	M54.59	M62.81	M62.85	M62.9
M79.10	M79.11	M79.12	M79.18	M79.601	M79.602	M79.604
M79.605	M79.621	M79.622	M79.631	M79.632	M79.641	M79.642
M79.644	M79.645	M79.651	M79.652	M79.661	M79.662	M79.671
M79.672	M79.674	M79.675	R20.0	R20.1	R20.2	R20.3

R20.8	R20.9	R25.2	R29.0	R53.1	S12.100K	S12.100S
S12.101A	S12.101B	S12.101D	S12.101G	S12.101K	S12.101S	S12.200A
S12.200B	S12.200D	S12.200G	S12.200K	S12.200S	S12.201A	S12.201B
S12.201D	S12.201G	S12.201K	S12.201S	S12.300A	S12.300B	S12.300D
S12.300G	S12.300K	S12.300S	S12.301A	S12.301B	S12.301D	S12.301G
S12.301K	S12.301S	S12.400A	S12.400B	S12.400D	S12.400G	S12.400K
S12.400S	S12.401A	S12.401B	S12.401D	S12.401G	S12.401K	S12.401S
S12.500A	S12.500B	S12.500D	S12.500G	S12.500K	S12.500S	S12.501A
S12.501B	S12.501D	S12.501G	S12.501K	S12.501S	S12.600A	S12.600B
S12.600D	S12.600G	S12.600K	S12.600S	S12.601A	S12.601B	S12.9XXA
S12.9XXD	S12.9XXS	S14.0XXA	S14.101A	S14.101D	S14.101S	S14.102A
S14.102D	S14.102S	S14.103A	S14.103D	S14.103S	S14.104A	S14.104D
S14.104S	S14.105A	S14.105D	S14.105S	S14.106A	S14.106D	S14.106S
S14.107A	S14.107D	S14.107S	S14.108A	S14.108D	S14.108S	S14.109A
S14.109D	S14.109S	S14.111A	S14.111D	S14.111S	S14.112A	S14.112D
S14.112S	S14.113A	S14.113D	S14.113S	S14.114A	S14.114D	S14.114S
S14.115A	S14.115D	S14.115S	S14.116A	S14.116D	S14.116S	S14.117A
S14.117D	S14.117S	S14.118A	S14.118D	S14.118S	S14.119A	S14.119D
S14.119S	S14.121A	S14.121D	S14.121S	S14.122A	S14.122D	S14.122S
S14.123A	S14.123D	S14.123S	S14.124A	S14.124D	S14.124S	S14.125A
S14.125D	S14.125S	S14.126A	S14.126D	S14.126S	S14.127A	S14.127D
S14.127S	S14.128A	S14.128D	S14.128S	S14.129A	S14.129D	S14.129S
S14.131A	S14.131D	S14.131S	S14.132A	S14.132D	S14.132S	S14.133A
S14.133D	S14.133S	S14.134A	S14.134D	S14.134S	S14.135A	S14.135D

S14.135S	S14.136A	S14.136D	S14.136S	S14.137A	S14.137D	S14.137S
S14.138A	S14.138D	S14.138S	S14.139A	S14.139D	S14.139S	S14.141A
S14.141D	S14.141S	S14.142A	S14.142D	S14.142S	S14.143A	S14.143D
S14.143S	S14.144A	S14.144D	S14.144S	S14.145A	S14.145D	S14.145S
S14.146A	S14.146D	S14.146S	S14.147A	S14.147D	S14.147S	S14.148A
S14.148D	S14.148S	S14.149A	S14.149D	S14.149S	S14.151A	S14.151D
S14.151S	S14.152A	S14.152D	S14.152S	S14.153A	S14.153D	S14.153S
S14.154A	S14.154D	S14.154S	S14.155A	S14.155D	S14.155S	S14.156A
S14.156D	S14.156S	S14.157A	S14.157D	S14.157S	S14.158A	S14.158D
S14.158S	S14.159A	S14.159D	S14.159S	S14.2XXA	S14.2XXD	S14.2XXS
S14.3XXA	S14.3XXD	S14.3XXS	S14.4XXA	S14.4XXD	S14.4XXS	S14.5XXA
S14.5XXD	S14.5XXS	S14.8XXA	S14.8XXD	S14.8XXS	S14.9XXA	S14.9XXD
S14.9XXS	S22	.009K	S22.009A	S22.009B	S22.009D	S22.009G
S22.009S	S22.019A	S22.019B	S22.019D	S22.019G	S22.019K	S22.019S
S22.029A	S22.029B	S22.029D	S22.029G	S22.029K	S22.029S	S22.039A
S22.039B	S22.039D	S22.039G	S22.039K	S22.039S	S22.049A	S22.049B
S22.049D	S22.049G	S22.049K	S22.049S	S22.059A	S22.059B	S22.059D
S22.059G	S22.059K	S22.059S	S22.069A	S22.069B	S22.069D	S22.069G
S22.069K	S22.069S	S22.079A	S22.079B	S22.079D	S22.079G	S22.079K
S22.079S	S22.089A	S22.089B	S22.089D	S22.089G	S22.089K	S22.089S
S24.0XXA	S24.0XXD	S24.0XXS	S24.101A	S24.101D	S24.101S	S24.102A
S24.102D	S24.102S	S24.103A	S24.103D	S24.103S	S24.104A	S24.104D
S24.104S	S24.109A	S24.109D	S24.109S	S24.111A	S24.111D	S24.111S
S24.112A	S24.112D	S24.112S	S24.113A	S24.113D	S24.113S	S24.114A

S24.114D	S24.114S	S24.119A	S24.119D	S24.119S	S24.131A	S24.131D
S24.131S	S24.132A	S24.132D	S24.132S	S24.133A	S24.133D	S24.133S
S24.134A	S24.134D	S24.134S	S24.139A	S24.139D	S24.139S	S24.141A
S24.141D	S24.141S	S24.142A	S24.142D	S24.142S	S24.143A	S24.143D
S24.143S	S24.144A	S24.144D	S24.144S	S24.149A	S24.149D	S24.149S
S24.151A	S24.151D	S24.151S	S24.152A	S24.152D	S24.152S	S24.153A
S24.153D	S24.153S	S24.154A	S24.154D	S24.154S	S24.159A	S24.159D
S24.159S	S24.2XXA	S24.2XXD	S24.2XXS	S24.3XXA	S24.3XXD	S24.3XXS
S24.4XXA	S24.4XXD	S24.4XXS	S24.8XXA	S24.8XXD	S24.8XXS	S24.9XXA
S24.9XXD	S24.9XXS	S32	.2XXD	S32.009A	S32.009B	S32.009D
S32.019A	S32.019B	S32.019D	S32.019G	S32.019K	S32.019S	S32.029A
S32.029B	S32.029D	S32.029G	S32.029K	S32.029S	S32.039A	S32.039B
S32.039D	S32.039G	S32.039K	S32.039S	S32.049A	S32.049B	S32.049D
S32.049G	S32.049K	S32.049S	S32.059A	S32.059B	S32.059D	S32.059G
S32.059K	S32.059S	S32.10XA	S32.10XB	S32.10XD	S32.10XG	S32.10XK
S32.10XS	S32.2XXA	S32.2XXB	S32.2XXG	S32.2XXK	S32.2XXS	S34.02XA
S34.131A	S34.131D	S34.131S	S34.132A	S34.132D	S34.132S	S34.139A
S34.139D	S34.139S	S34.21XA	S34.21XD	S34.21XS	S34.22XA	S34.22XD
S34.22XS	S34.3XXA	S34.3XXD	S34.3XXS	S34.4XXA	S34.4XXD	S34.4XXS
S34.5XXA	S34.5XXD	S34.5XXS	S34.6XXA	S34.6XXD	S34.6XXS	S34.8XXA
S34.8XXD	S34.8XXS	S34.9XXA	S34.9XXD	S34.9XXS	S44.00XA	S44.00XD
S44.00XS	S44.01XA	S44.01XD	S44.01XS	S44.02XA	S44.02XD	S44.02XS
S44.10XA	S44.10XD	S44.10XS	S44.11XA	S44.11XD	S44.11XS	S44.12XA
S44.12XD	S44.12XS	S44.20XA	S44.20XD	S44.20XS	S44.21XA	S44.21XD

S44.21XS	S44.22XA	S44.22XD	S44.22XS	S44.30XA	S44.30XD	S44.30XS
S44.31XA	S44.31XD	S44.31XS	S44.32XA	S44.32XD	S44.32XS	S44.40XA
S44.40XD	S44.40XS	S44.41XA	S44.41XD	S44.41XS	S44.42XA	S44.42XD
S44.42XS	S44.50XA	S44.50XD	S44.50XS	S44.51XA	S44.51XD	S44.51XS
S44.52XA	S44.52XD	S44.52XS	S44.8X1A	S44.8X1D	S44.8X1S	S44.8X2A
S44.8X2D	S44.8X2S	S44.8X9A	S44.8X9D	S44.8X9S	S44.90XA	S44.90XD
S44.90XS	S44.91XA	S44.91XD	S44.91XS	S44.92XA	S44.92XD	S44.92XS
S54.00XA	S54.00XD	S54.00XS	S54.01XA	S54.01XD	S54.01XS	S54.02XA
S54.02XD	S54.02XS	S54.10XA	S54.10XD	S54.10XS	S54.11XA	S54.11XD
S54.11XS	S54.12XA	S54.12XD	S54.12XS	S54.20XA	S54.20XD	S54.20XS
S54.21XA	S54.21XD	S54.21XS	S54.22XA	S54.22XD	S54.22XS	S54.30XA
S54.30XD	S54.30XS	S54.31XA	S54.31XD	S54.31XS	S54.32XA	S54.32XD
S54.32XS	S54.8X1A	S54.8X1D	S54.8X1S	S54.8X2A	S54.8X2D	S54.8X2S
S54.8X9A	S54.8X9D	S54.8X9S	S54.90XA	S54.90XD	S54.90XS	S54.91XA
S54.91XD	S54.91XS	S54.92XA	S54.92XD	S54.92XS	S64.00XA	S64.00XD
S64.00XS	S64.01XA	S64.01XD	S64.01XS	S64.02XA	S64.02XD	S64.02XS
S64.10XA	S64.10XD	S64.10XS	S64.11XA	S64.11XD	S64.11XS	S64.12XA
S64.12XD	S64.20XA	S64.20XD	S64.20XS	S64.21XA	S64.21XD	S64.21XS
S64.22XA	S64.22XD	S64.22XS	S64.30XA	S64.30XD	S64.30XS	S64.31XA
S64.31XD	S64.31XS	S64.32XA	S64.32XD	S64.32XS	S64.40XA	S64.40XD
S64.40XS	S64.490A	S64.490D	S64.490S	S64.491A	S64.491D	S64.491S
S64.492A	S64.492D	S64.492S	S64.493A	S64.493D	S64.493S	S64.494A
S64.494D	S64.494S	S64.495A	S64.495D	S64.495S	S64.496A	S64.496D
S64.496S	S64.497A	S64.497D	S64.497S	S64.498A	S64.498D	S64.498S

S64.8X1A	S64.8X1D	S64.8X1S	S64.8X2A	S64.8X2D	S64.8X2S	S64.8X9A
S64.8X9D	S64.8X9S	S64.90XD	S64.90XS	S64.91XA	S64.91XD	S64.91XS
S64.92XA	S64.92XD	S64.92XS	S74.00XA	S74.00XD	S74.00XS	S74.01XA
S74.01XD	S74.01XS	S74.02XA	S74.02XD	S74.02XS	S74.10XA	S74.10XD
S74.10XS	S74.11XA	S74.11XD	S74.11XS	S74.12XA	S74.12XD	S74.12XS
S74.20XA	S74.20XD	S74.20XS	S74.21XA	S74.21XD	S74.21XS	S74.22XA
S74.22XD	S74.22XS	S74.8X1A	S74.8X1D	S74.8X1S	S74.8X2A	S74.8X2D
S74.8X2S	S74.8X9A	S74.8X9D	S74.8X9S	S74.90XA	S74.90XD	S74.90XS
S74.91XA	S74.91XD	S74.91XS	S74.92XA	S74.92XD	S74.92XS	S84.00XA
S84.00XD	S84.00XS	S84.01XA	S84.01XD	S84.01XS	S84.02XA	S84.02XD
S84.02XS	S84.10XA	S84.10XD	S84.10XS	S84.11XA	S84.11XD	S84.11XS
S84.12XA	S84.12XD	S84.12XS	S84.20XA	S84.20XD	S84.20XS	S84.21XA
S84.21XD	S84.21XS	S84.22XA	S84.22XD	S84.22XS	S84.801A	S84.801D
S84.801S	S84.802A	S84.802D	S84.802S	S84.809A	S84.809D	S84.809S
S84.90XA	S84.90XD	S84.90XS	S84.91XA	S84.91XD	S84.91XS	S84.92XA
S84.92XD	S84.92XS	S94.00XA	S94.00XD	S94.00XS	S94.01XA	S94.01XD
S94.01XS	S94.02XA	S94.02XD	S94.02XS	S94.10XA	S94.10XD	S94.10XS
S94.11XA	S94.11XD	S94.11XS	S94.12XA	S94.12XD	S94.12XS	S94.20XA
S94.20XD	S94.20XS	S94.21XA	S94.21XD	S94.21XS	S94.22XA	S94.22XD
S94.22XS	S94.30XA	S94.30XD	S94.30XS	S94.31XA	S94.31XD	S94.31XS
S94.32XA	S94.32XD	S94.32XS	S94.8X1A	S94.8X1D	S94.8X1S	S94.8X2A
S94.8X2D	S94.8X2S	S94.8X9A	S94.8X9D	S94.8X9S	S94.90XA	S94.90XD
S94.90XS	S94.91XA	S94.91XD	S94.91XS	S94.92XA	S94.92XD	S94.92XS

CURRENT CODING

CPT:

0106T	QUANT SENSORY TEST&INTERPJ/XTR W/TOUCH STIMULI	Medicaid Expansion
0107T	QUANT SENSORY TEST&INTERPJ/XTR W/VIBRJ STIMULI	Medicaid Expansion
0108T	QUANT SENSORY TEST&INTERPJ/XTR W/COOL STIMULI	Medicaid Expansion
0109T	QUANT SENAORY TEST&INTERPJ/XTR W/HT-PN STIMULI	Medicaid Expansion
0110T	QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI	Medicaid Expansion
95860	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	Medicaid Expansion
95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	Medicaid Expansion
95863	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	Medicaid Expansion
95864	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	Medicaid Expansion
95865	NEEDLE ELECTROMYOGRAPHY LARYNX	Medicaid Expansion
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	Medicaid Expansion
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	Medicaid Expansion
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	Medicaid Expansion
95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	Medicaid Expansion
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	Medicaid Expansion
95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	Medicaid Expansion
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	Medicaid Expansion

95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	Medicaid Expansion
95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	Medicaid Expansion
95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	Medicaid Expansion
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES	Medicaid Expansion
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES	Medicaid Expansion
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	Medicaid Expansion
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES	Medicaid Expansion
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES	Medicaid Expansion
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES	Medicaid Expansion
95913	NERVE CONDUCTION STUDIES 13/> STUDIES	Medicaid Expansion
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	Medicaid Expansion
95999	UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	Medicaid Expansion
0106T	QUANT SENSORY TEST&INTERPJ/XTR W/TOUCH STIMULI	Commercial
0107T	QUANT SENSORY TEST&INTERPJ/XTR W/VIBRJ STIMULI	Commercial
0108T	QUANT SENSORY TEST&INTERPJ/XTR W/COOL STIMULI	Commercial
0109T	QUANT SENAORY TEST&INTERPJ/XTR W/HT-PN STIMULI	Commercial
0110T	QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI	Commercial
95860	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	Commercial
95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	Commercial

95863	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	Commercial
95864	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	Commercial
95865	NEEDLE ELECTROMYOGRAPHY LARYNX	Commercial
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	Commercial
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	Commercial
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	Commercial
95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	Commercial
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	Commercial
95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	Commercial
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	Commercial
95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	Commercial
95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	Commercial
95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	Commercial
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES	Commercial
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES	Commercial
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	Commercial
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES	Commercial
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES	Commercial
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES	Commercial

95913	NERVE CONDUCTION STUDIES 13/>STUDIES	Commercial
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	Commercial
95999	UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	Commercial

HCPCS:

S3900	Surface emg	Medicaid Expansion
S3900	Surface emg	Commercial

References

1. Callaghan B, Burke J, Feldman E. Electrodiagnostic tests in polyneuropathy and r *JAMA*.2016;315(3):297-298.
2. American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM). Recommended policy for electrodiagnostic medicine. 2017.
3. Wang T, Chen S, Peng C, et al. Relevance of nerve conduction velocity in the assessment of balance performance in older adults with diabetes mellitus. *Dis and Rehab*. 2017;419-427.
4. Munin M, Heman-Ackah Y, Rosen C, et al. Consensus statement: Using laryngeal electromyography for the diagnosis and treatment of vocal cord paralysis. *Muscle &*2016;850-856.
5. Dangayach N, Smith M, Claasen J. Electromyography and nerve conduction studies in critical care: Step by step in the right direction. *Intensive Care Med*. 2016;42:1168-1171.
6. Hayes, Inc. Health Technology Brief. *Electromyogram (EMG) and preoperative diagnosis of carpal tunnel s* Landsdale, PA: Hayes, Inc; 05/07/2021.
7. Tulipan J, Lutsky K, Maltenfort M, et al. Patient-reported disability measures do not correlate with electrodiagnostic severity in carpal tunnel syndrome. *Plast Reconstr Surg Glob Open*. 2017;5(8):e1440.
8. American Association of Neuromuscular & Electrodiagnostic Medicine. Policy statement on electrodiagnosis for distal symmetric polyneuropathy. *Muscle Nerve*. 2018;57(2):337.
9. Kang PB, McMillan HJ, Kuntz NL, Lehky TJ, Alter KE, et al.; Professional Practice Committee of the American Association of Neuromuscular & Electrodiagnostic Medicine. Utility and practice of electrodiagnostic testing in the pediatric population: An AANEM consensus statement. *Muscle Nerve*. 2020;61(2):143-155.
10. Lindstrom H, Ashworth NL. The usefulness of electrodiagnostic studies in the diagnosis and management of neuromuscular disorders. *Muscle Nerve*. 2018;58(2):191-196.
11. O'Bryan R, Kincaid J. Nerve conduction studies: Basic concepts and patterns of abnormalities. *Neurol Clin*. 2021;39(4):897-917.

ND Committee Review

Internal Medical Policy Committee 1-22-2020

- **Added** diagnosis codes for weakness

Internal Medical Policy Committee 9-21-2020 Coding update-

- **Added** Covered Diagnosis Codes for procedure codes: 95860, 95861, 95863, 95864, 95869, 95870, 95872, 95885, 95886, 95887, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913; and
- **Removed** Diagnosis code G71.2; and
- **Added Diagnosis** codes G11.10; G11.11; G11.19; G71.20; G71.21; G71.220; G71.228, G71.29.

Internal Medical Policy Committee 1-19-2021 Coding update:

- **Added** diagnosis codes M35.81, M35.89R

Internal Medical Policy Committee 9-14-2021 Coding update:

- **Removed** diagnosis code M54.5; and
- **Added** diagnosis codes G04.82; M35.06; M35.07; M45.A1; M45.A2; M45.A3; M45.A4; M45.A5; M45.A6; M45.A7; M45.A8; M45.AB; M54.50; M54.51; M54.59;

Internal Medical Policy Committee 11-23-2021 Coding update - **Effective January 01, 2022**

- **Added** diagnosis codes G11.0; G11.2; G11.3; G12.24; R53.1.

Internal Medical Policy Committee 11-29-2022 Annual Review-no changes in criteria

Internal Medical Policy Committee 11-15-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 9-17-2024

- Coding update - **Effective October 01, 2024**
 - **Removed** diagnosis code G90.8; and
 - **Added** diagnosis codes G90.81; G90.89; and M62.85; and
 - **Added** Policy Application
- Revision - **Effective November 04, 2024**
 - **Updated** criteria; and
 - **Updated** references

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.