EMG service CPT codes have changed in 2012. New EMG codes must be used when NCV and EMG are performed together. This removes some redundancy in reimbursement in the traditional coding system.

Use the three new EMG codes when done on the same day as NCV testing:

**95885** Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited

**95886** complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels

(Do not report 95885, 95886 in conjunction with 95860-95864, 95870, 95905)

**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)

(Do not report 95887 in conjunction with 95867-95870, 95905)

(Use 95885, 95886, 95887 in conjunction with 95900-95904)

For example, a physician performs two motor NCV without F tests, two sensory NCV tests, one limb EMG testing six muscles, and another limb EMG testing three muscles. In that case, the new correct CPT coding will be:

Motor NCV w/o F  95900  2 units
Sensory NCV  95904  2 units
EMG complete  95886  1 unit
EMG limited  95885  1 unit

As another example, a physician performed a two limb EMG without any NCV on the same day. Both limbs included testing 6-7 muscles. Because no NCVs were performed that day on that patient, the old coding is used. The correct coding remains:

EMG 2 limbs  95861

The EMG section has clarified that EMG equipment produces both audible and visual signals. It includes other details regarding the new EMG codes. The new header states:

Needle electromyographic (EMG) procedures include the interpretation of electrical waveforms measured by equipment that produces both visible and audible components of electrical signals
recorded from the muscle(s) studied by the needle electrode. Use 95870 or 95885 when four or fewer muscles are tested in an extremity. Use 95860-95864 or 95886 when five or more muscles are tested in an extremity. Use EMG codes (95860-95864 and 95867-95870) when no nerve conduction studies (95900-95904) are performed on that day. Use 95885, 95886 and 95887 for EMG services when nerve conduction studies (95900-95904) are performed in conjunction with EMG on the same day. Report either 95885 or 95886 once per extremity. Codes 95885 and 95886 can be reported together up to a combined total of four units of service per patient when all four extremities are tested.

**SEP and IOM CPT Codes**

Four-limb SEP and MEP tests will be coded as single codes each beginning in January 2012. Carriers no longer will accept code pairs 95925 plus 95926, or 95928 plus 95929. The new codes are:

95938 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs

95939 Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs

Use these new codes as base codes for intraoperative monitoring when monitoring four limbs. Use these new codes in the inpatient or outpatient labs when testing four limbs.

**VNS and DBS CPT Codes**

Reprogramming implanted stimulators for DBS and VNS CPT codes have minor changes effective January 2012. These codes are “per hour” codes. In cases where the service is half an hour or less, the short duration needs to be flagged in the coding system using modifier -52. In addition, the time taken for reprogramming should be documented in the medical records.

Furthermore, the codes have been separated into simple and complex levels. To use the complex VNS and DBS codes now will require reprogramming that includes attention to at least 4 features during the programming session. The features changed or assesses are from the following list of twelve features:

1. pulse amplitude,
2. pulse duration,
3. pulse frequency,
4. eight or more electrode contacts,
5. cycling,
6. stimulation train duration,
7. train spacing,
8. number of programs,
9. number of channels,
10. alternating electrode polarities,
11. dose time (stimulation parameters changing in time periods of minutes including dose lockout times),
12. more than one clinical feature (e.g., rigidity, dyskinesia, tremor)

The specific new CPT code rule change is given in the final sentence below:

95974 Complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour

95978 Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour

For 95974 and 95978, use modifier 52 if less than 31 minutes in duration.

**Sleep Test CPT Definitions**

The 2012 CPT codebook includes new definitions for the Sleep Section:

The definitions are useful for certain current sleep test codes. Other words will be useful for future sleep test codes. The words appear in a header section in the codebook. They do not specifically change the numbering or descriptor of a particular code. The definitions are extensive. They are:

Sleep medicine services include procedures that evaluate adult and pediatric patients for a variety of sleep disorders. Sleep medicine testing services are diagnostic procedures using in-laboratory and portable technology to assess physiologic data and therapy. All sleep services (95800-95811) include recording, interpretation and report. (Report with modifier 52 if less than 6 hours of recording for 95800, 95801 and 95806-95811, and if less than four nap opportunities are recorded for 95805).

**Definitions**

For purposes of CPT reporting of sleep medicine testing services, the following definitions apply:

**Actigraphy:** the use of a portable, non-invasive, device that continuously records gross motor movement over an extended period of time. The periods of activity and rest are indirect parameters for estimates of the periods of wakefulness and sleep of an individual.

**Attended:** a technologist or qualified health care professional is physically present (i.e., sufficient
proximity such that the qualified health care professional can physically respond to emergencies, to other appropriate patient needs or to technical problems at the bedside) throughout the recording session.

**Electrooculogram (EOG):** a recording of electrical activity indicative of eye movement.

**Maintenance of wakefulness test (MWT):** a standardized objective test used to determine a person’s ability to stay awake. MWT requires sleep staging of the trials that are performed at defined intervals and is attended by a qualified health care professional.

**Multiple sleep latency test (MSLT):** a standardized objective test of the tendency to fall asleep. MSLT requires sleep staging of the nap opportunities that are performed at defined intervals and is attended by a technologist or qualified health care professional.

**Peripheral arterial tonometry (PAT):** a plethysmography technique that continuously measures pulsatile volume changes in a digit. This reflects the relative change of blood volume as an indirect measure of sympathetic nervous system activity which is used in respiratory analysis.

**Physiological measurements of sleep as used in 95805:** the parameters measured are a frontal, central and occipital lead of EEG (3 leads), submental EMG lead and a left and right EOG. These parameters are used together for staging sleep.

**Polysomnography:** a sleep test involving the continuous, simultaneous, recording of physiological parameters for a period of at least 6 hours that is performed in a sleep laboratory and attended by a technologist or qualified health care professional. The parameters measured are a frontal, central and occipital lead of EEG (3 leads), submental EMG lead and a left and right EOG, (from which sleep is staged), plus four or more additional parameters. The additional parameters typically required in polysomnography are listed below:

- A. Electrocardiogram (ECG)
- B. Nasal and/or oral airflow
- C. Respiratory effort
- D. Oxyhemoglobin saturation, SpO2
- E. Bilateral anterior tibialis EMG

**Positive airway pressure (PAP):** a device used to treat sleep-related breathing disorders with the use of noninvasive delivery of positive pressure to the airway. Examples include but are not limited to: CPAP (continuous positive airway pressure), bilevel PAP, AutoPAP (autotitrating or adjusting PAP), ASV (adaptive-servo ventilation).

**Remote:** the site of service is distant from the monitoring center. Neither a technologist nor qualified health care professional is physically present at the testing site.

**Respiratory airflow (ventilation):** the movement of air during inhaled and exhaled breaths. This is typically assessed using thermistor and nasal pressure sensors.
**Respiratory analysis:** generation of derived parameters that describe components of respiration obtained by using direct or indirect parameters, e.g., by airflow or peripheral arterial tone.

**Respiratory effort:** contraction of the diaphragmatic and/or intercostal muscles to cause (or attempt to cause) respiratory airflow. This is typically measured using transducers that estimate motion of the thorax and abdomen such as respiratory inductive plethysmography, transducers that estimate pressures generated by breathing muscles such as esophageal monometry, or by contraction of breathing muscles, such as diaphragmatic/intercostals EMG.

**Respiratory (thoracoabdominal) movement:** movement of the chest and abdomen during respiratory effort.

**Sleep latency:** the length of time it takes to transition from wakefulness to sleep. In the sleep laboratory it is the time from “lights out” to the first epoch scored as any stage of sleep.

**Sleep staging:** the delineation of the distinct sleep levels through the simultaneous evaluation of physiologic measures including a frontal, central and occipital lead of EEG (3 leads), submental EMG lead and a left and right EOG.

**Sleep testing (or sleep study):** the continuous, simultaneous monitoring of physiological parameters during sleep (e.g., polysomnography, EEG).

**Total sleep time:** a derived parameter obtained by sleep staging or may be estimated indirectly using actigraphy or other methods.

**Unattended:** a technologist or qualified health care professional is not physically present with the patient during the recording session.