


MEDICAL POLICY	Surface Electromyography (sEMG) Testing (Medicare Only)
Effective Date: 8/1/2022	Medical Policy Number: 337
 8/1/2022	Medical Policy Committee Approved Date: 6/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Surface Electromyography (sEMG) Testing</i>	Local Coverage Determination (LCD): Nerve Conduction Studies and Electromyography (L36526) (<i>Within the “Limitations” section, see the subsection for “Electromyography” and the statement regarding surface EMGs</i>)

BILLING GUIDELINES

General

See associated local coverage articles (LCAs) for additional non-coverage statements for surface EMGs:

- LCA: Billing and Coding: Nerve Conduction Studies and Electromyography ([A54992](#))

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Like all S-codes, the *National Physician Fee Schedule Relative Value File (NPF SRVF)*, which is published by Medicare¹, indicates HCPCS code S3900 has been assigned a Status Indicator of "I." This is defined as "Not valid for Medicare purposes." HCPCS code S3900 is not covered based on both this status indicator, as well as the above LCD and LCA.

CPT/HCPCS CODES

Medicare Only	
Not Covered	
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
S3900	Surface electromyography (EMG) (<i>Medicare Status "I" Code</i>)
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as not covered .	
95999	Unlisted neurological or neuromuscular diagnostic procedure

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously

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considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY CROSS REFERENCES

- Nerve Conduction Studies (Medicare Only), MP131

REFERENCES

1. Medicare Physician Fee Schedule (PFS) Relative Value Files; Available at:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>