Eli's Rehab Report

Reader Question: Needle EMG

Question: We bill **CPT 95860** for an electromyograph (EMG) in addition to A4215 for the actual needle. Although weve been reimbursed for both in the past, insurance companies now tell us that these codes are bundled. Can we bill these charges separately?

Nevada Subscriber

Answer: According to the current HCPCS manual, A4215 (needles only, sterile, any size, each) in combination with 95860 (needle electromyography, one extremity with or without related paraspinal areas) is not covered by Medicare or most third-party payers. The Health Care Financing Administration (HCFA) considers billing A4215 in addition to 95860 as unbundling the procedure because compensation for the needle is included in the payment amount for the EMG. Therefore, A4215 should not be billed separately.