

Medical Coverage Policy | Paraspinal Surface Electromyography (SEMG) to Evaluate and Monitor Back Pain



EFFECTIVE DATE: 10/1/2010
POLICY LAST UPDATED: 08/16/2013

OVERVIEW

Paraspinal surface electromyography (SEMG) is a procedure that includes placement of electrodes onto the skin over the muscle to read the electrical activity of the muscle. This policy documents the coverage determination for Paraspinal Surface Electromyography (SEMG), most commonly used by physical medicine and rehabilitation for evaluation and monitoring of back pain.

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHIP for Medicare and Commercial products:

Paraspinal surface electromyography to evaluate and monitor back pain is considered **not medically necessary** because there is insufficient evidence in the published medical literature to demonstrate its safety and efficacy in the treatment of back pain.

MEDICAL CRITERIA

None

BACKGROUND

Paraspinal surface electromyography (SEMG) is a procedure that includes placement of electrodes onto the skin over the muscle to read the electrical activity of the muscle.

Paraspinal SEMG may be most commonly used by physical medicine and rehabilitation (or physiatry) or chiropractors. SEMG devices approved by the U.S. Food and Drug Administration (FDA) include those that use a single electrode or a fixed array of multiple surface electrodes. The following clinical applications of the paraspinal SEMG have been proposed:

- Clarification of a diagnosis (e.g., muscle, joint or disc disease)
- Select a course of medical therapy
- Select a type of physical therapy
- Pre-operative evaluation
- Post-operative rehabilitation
- Follow-up of acute low back pain
- Evaluation of exacerbation of chronic low back pain
- Evaluation of pain management treatment techniques

The American Association of Electrodiagnostic Medicine notes that: "There is in fact almost no literature to support the use of SEMG in the clinical diagnosis and management of nerve or muscle disease. Still, the SEMG may prove of value in the future in helping to monitor the progression of disorders of nerves and muscles."

There is inadequate data on the technical and diagnostic performance of paraspinal SEMG compared to a gold standard reference test. The evidence is insufficient regarding how findings from paraspinal SEMG

impact patient management and/or how use of the test improves health outcomes. Thus, paraspinal surface electromyography for diagnosing and monitoring back pain is considered not medically necessary.

COVERAGE

Benefits vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable surgery services and services not medically necessary coverage.

CODING

The following HCPCS code is specific to a surface EMG and is not medically necessary for BlueCHiP for Medicare and Commercial products. Use of a CPT code in its place will be considered incorrect coding:
S3900 Surface electromyography (EMG).

The following CPT codes explicitly describe needle EMGs inserted into an individual muscle and do not describe a surface EMG. Filing any of these codes would be considered a misrepresentation.
95860-95872

The following CPT code is used specifically for motion analysis and should not be used in place of HCPCS code S3900:
96002-96004

Any of the following unlisted CPT codes will be not medically necessary when used for surface EMGs in place of S3900:

95999

97799

99199

RELATED POLICIES

None

PUBLISHED

Provider Update	Sep 2013
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Provider Update	Jun 2012
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Provider Update	Jul 2011
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Provider Update	Jun 2010
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REFERENCES

¹American Association of Electrodiagnostic Medicine. Referenced on 4/5/10:

http://www.aanem.org/PracticeIssues/TechnologyReviews/use_surface_emg.cfm.

Greenough CG, Oliver CW, Jones AP. Assessment of Spinal Musculature Using Surface Electromyographic Spectral Color Mapping. *Spine*;15 August 1998;23(16):1768-1774.

Merletti R, Rainoldi A, Farina D. Surface Electromyography for Noninvasive Characterization of Muscle. *American College of Sports Medicine*; January 2001;29(1):20-25. American Cancer Society (ACS). 2013

Ovarian Cancer Key Statistics. Available at URL address:

<http://www.cancer.org/cancer/ovariancancer/detailedguide/ovarian-cancer-key-statistics>

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