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Medicare Advantage Policy Manual

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Surface Electromyography (SEMG) Including Paraspinal SEMG

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

Surface electromyography (SEMG) is a non-invasive, computer-based procedure, most commonly used in an office setting to assess muscle function by recording muscle activity from above the muscle on the skin surface. Unlike needle electromyography (NEMG), SEMG utilizes electrodes that record from a wide muscle area, have a relatively low frequency band, low signal resolution, and are highly susceptible to movement. SEMG has been proposed as a diagnostic tool in patients with various degenerative, neuromuscular or motor control disorders, including, but not limited to, the following: back pain, intervertebral disc disease, soft tissue injury, temporomandibular joint dysfunction (TMJ), bruxism (teeth grinding), nerve root irritation, and scoliosis.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy does not address the use of surface EMG as a component of gait analysis. See Medical Policy, Medicine No. 107, *Gait Analysis* for additional gait analysis criteria not specifically addressed in this policy (see Cross References below).

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	<p>Nerve Conduction Studies and Electromyography - See the “Limitations” section for Electromyography and the guidance regarding surface EMGs</p> <p>LCD L36526</p>

**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

POLICY GUIDELINES

REGULATORY STATUS

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. Several FDA-approved devices combine SEMG with other types of monitors. Note, the fact a service or procedure has been issued a CPT/HCPCS code or is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary. Medicare contractors evaluate services, procedures, drugs or technology to determine if they may be considered Medicare covered services.

CROSS REFERENCES

[Gait Analysis](#), Medicine, Policy No. M-107

REFERENCES

None

CODING

Codes	Number	Description
CPT	95999	Unlisted neurological or neuromuscular diagnostic procedure

Codes	Number	Description
	96002	Dynamic surface electromyography, during walking or other functional activities, 1 to 12 muscles
	96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
	97799	Unlisted physical medicine/rehabilitation service or procedure
	99199	Unlisted special service, procedure or report
HCPCS	S3900	Surface electromyography (EMG) (<i>Non-covered by Medicare</i>)

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.