AmeriHealth Caritas Ohio

Electromyography and Electroencephalogram

Reimbursement Policy ID: RPC.0109.7700

Recent review date: 08/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses reimbursement requirements for electromyography and electroencephalogram.

Exceptions

N/A

Reimbursement Guidelines

Electrodiagnostic testing evaluates the conduction of electrical impulses along peripheral nerves when performed in conjunction with needle electromyography. These tests are complementary to a thorough history and physical examination when there are subtle motor or sensory deficits requiring further workup for a definitive diagnosis. Examples of indications for needle electromyography are neuromuscular junction disorders (e.g., myasthenia gravis), myopathy, and motor neuron disease. CPT codes 95860, 95861, 95863, or 95864 to 95870, or 95885 to 95886 will be reimbursed when the only diagnosis on the claim is carpal tunnel syndrome. Additional tests performed for symptoms or diagnoses beyond carpal tunnel, require additional ICD-10-CM diagnosis codes to support the additional CPT codes billed claim for reimbursement.

An electroencephalogram (EEG) is a diagnostic test that measures the electrical activity of the brain (brainwaves). It is used to diagnose and monitor neurological conditions such as epilepsy, brain damage, Alzheimer's disease, and brain tumors. A routine EEG (95812, 95813, 95816, 95819 or 95822) is not reimbursable for headache or migraine.

An EEG for epileptic spike analysis (95957) is not reimbursable when billed more than three consecutive days or more than 3 times each year. An EEG for epileptic spike analysis is not reimbursable when performed on the same date as long-term EEG monitoring (95700-95726).

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. American Association of Neuromuscular Electrodiagnostic Medicine Practice Guidelines
VII. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34521&ver=7&bc=0
VIII. American Academy of Neurology, https://www.aan.com/PressRoom/Home/PressRelease/1150
IX. Applicable Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
08/2026	Reimbursement Policy Committee Approval
08/2026	Annual Review • No major changes

06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval
04/2025	Annual Review • No major changes
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval