PROVIDENCE HEALTH PLANS AND PROVIDENCE HEALTH ASSURANCE MEDICAL POLICY

Surface Electromyography (sEMG) Testing

Effective Date: 1/1/2019

Section: MED
Policy No: 349

Technology Assessment Committee Approved Date: 10/10; 11/12; 12/13; 10/14; 10/15
Medical Policy Committee Approved Date: 9/08; 10/16; 12/17; 11/18

Medical Officer Date

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

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) for coverage determinations.

For other lines of business, refer to the Policy Criteria section below.

POLICY CRITERIA

Surface electromyography testing, such as the MyoVision PhysioMonitoring Systems, is considered investigational and is not covered as a treatment of any condition.

CPT/HCPCS CODES

All Lines of Business

Not Covered

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>96002</td>
<td>Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles</td>
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<tr>
<td>96004</td>
<td>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</td>
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<tr>
<td>S3900</td>
<td>Surface electromyography (emg)</td>
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DESCRIPTION

Surface electromyography (sEMG) is marketed to be a surface electrophysiological technique that quantifies muscle contractions in specific muscle groups. Testing has been proposed to evaluate the performance of muscles and nerves in patients with a variety of neuromuscular disorders.

Dynamic sEMG testing and static sEMG testing are techniques where electrodes are used to measure muscle contractions.

REVIEW OF EVIDENCE

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of sEMG testing for myopathic and neuropathic conditions such as low back pain, myofascial pain, paraspinal fatigue and other neuromuscular disorders.\(^1\)\(^-\)\(^7\) Below is a summary of the available evidence identified through October 2018.

Study results regarding the use of surface electromyography (sEMG) in the assessment neuropathic and myopathic conditions were inconsistent. There was variability of results dependent on which muscle groups were being studied. In addition, study results were mixed regarding the use of sEMG to distinguish between neuropathic and myopathic conditions or to diagnose specific neuromuscular diseases.

Most studies which evaluated the use of sEMG were limited by small sample size and were retrospective in nature, with 8-10 year follow-up. Large, well-designed, randomized controlled trials are needed to determine the accuracy and validity of sEMG testing for the diagnosis of neuropathic and myopathic pain.

CLINICAL PRACTICE GUIDELINES

The Council on Chiropractic Practice

In 2013, the Council on Chiropractic Practice published consensus guidelines indicating sEMG may be used for recording changes in the electrical activity muscle changes associated with subluxation.\(^8\) Data used to support this recommendation contained similar limitations as noted above, such as a lack of randomized study design comparing sEMG to standard of care diagnostic techniques.\(^8\)
CENTERS FOR MEDICARE & MEDICAID

As of 10/26/18, three Centers for Medicare & Medicaid (CMS) coverage guidelines were identified. Two LCD’s (L36526⁹ and L34594¹⁰) state that the necessity and reasonableness of surface and macro EMGs “have not been established.” An LCA (A54992) states that, in addition to reasons for denial stated in the LCD’s, “surface and/or macro EMG’s will not be paid.”¹¹

INSTRUCTIONS FOR USE

Providence Health Plan (PHP) and Providence Health Assurance (PHA) Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. PHP and PHA 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. PHP and PHA reserve the right to determine the application of Medical Policies and make revisions to its 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 PHP and PHA 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.

REFERENCES


9. Centers for Medicare and Medicaid Services. [LCD ID L36526](https://www.cms.gov/Medicare/Coding/LCDs). LCD Title: Nerve Conduction Studies and Electromyography. Original Effective Date for services performed on or after 06/01/2016. Revision Effective Date for services performed on or after 10/01/2017. Accessed October 2018.
