



Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., (Kaiser Permanente).

## EMG (Electromyography)

Information on this site is for informational purposes only and does not guarantee coverage or payment. All services must be considered medically necessary and certain services may be subject to additional clinical review criteria. All benefits are subject to the patient's medical coverage agreement including visit, quantity, and/or dollar limits.

The Kaiser Permanente Published Range page was developed to assist in administering plan benefits. For information concerning whether a specific service or benefit is covered, please refer to the patient's medical coverage agreement, the Provider Manual, your Provider contract, or call the Kaiser Permanente Provider Assistance Unit at 1-888-767-4670.

The Kaiser Permanente Published Range page results reflect the range information at the time of the inquiry only. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change the Published Ranges, at Kaiser Permanente's sole discretion.

CPT codes deleted by the American Medical Association or HCPC codes deleted by Centers for Medicare & Medicaid Services will remain eligible for payment for valid dates of service for 24 months to allow time for claims submission.

To verify coverage, contracted providers can use the [Eligibility Inquiry tool](#) . Non-contracted providers can contact the Provider Assistance Unit at 1-888-767-4670. To see prior authorization requirements or medical necessity review criteria, see the [Pre authorization Code Check](#) tool.

### **Procedure (Referral Reason) Service Ranges:**

#### **Autonomic Function Testing: (95921)**

93660, 93922, 93923, 93924, 95812, 95813, 95816, 95819, 95921, 95922, 95923, 95924

#### **Electromyography (EMG): (95863)**

**95860, 95861, 95863, 95864, 95865, 95866, 95867, 95868, 95869, 95870, 95872, 95885, 95886, 95887**  
95907, 95908, 95909, 95910, 95911, 95912, 95913

#### **Evoked Potential/Reflex Testing: (95925)**

51785, 95717, 95718, 95719, 95720, 95720, 95721, 95722, 95723, 95724, 95725, 95726, 95822, 95860, 95861, 95867, 95868, 95870, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95925, 95926, 95927, 95928, 95929, 95930, 95937, 95938, 95939, 95940, 95941, 95955, G0453

#### **Intraoperative Neurophysiological Monitoring (IONM): (95940)**

95822, 95860, 95861, 95867, 95868, 95870, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95925, 95926, 95927, 95928, 95929, 95930, 95937, 95938, 95939, 95940, 95941, 95955, G0453

#### **Muscle/Range of Motion Testing: (95851)**

95851, 95852, 95857



Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., (Kaiser Permanente).

## EMG (Electromyography)

### Nerve Conduction Studies (NCS): (95905)

95860, 95861, 95867, 95905, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95926, 95937, 95938, 95939

### Neurostimulator Analysis: (95970)

95970, 95971, 95972, 95976, 95977, 95980, 95981, 95982, 95983, 95984, 96127, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99417, 99418, 99421, 99422, 99423, 99424, 99425, 99426, 99427, 99437, 99439, 99441, 99442, 99443, 99446, 99447, 99448, 99449, 99450, 99451, 99452, 99495, 99496, G0318, G0508, G0509, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014

### Standard Code Range for Procedures included with all Procedure (non-consultation)

Date	Description
03/16/2020	Created
07/26/2021	Added 95907, 95908, 95909, 95910, 95911, 95912, 95913 to Nerve Conduction Studies.
08/11/2021	Removed Termed CPT 95974 95975 from Neurostimulator Surgery Removed Termed CPT 95978 95978 from Neurostimulator Analysis
10/21/2021	Removed 95950 95951 95953 95956 from Electromyography (EMG added 95700-95726 to Electromyography (EMG
12/09/2021	Removed 92585, 92586, 95822, 95860, 95861, 95867, 95868, 95870, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95925, 95926, 95927, 95928, 95929, 95930, 95937, 95938, 95939 and 95955 from Intraoperative Neurophysiological Monitoring (IONM)
12/29/2021	Added 92585, 92586, 95822, 95860, 95861, 95867, 95868, 95870, 95907, 95908, 95909, 95910, 95911, 95912, 95913, 95925, 95926, 95927, 95928, 95929, 95930, 95937, 95938, 95939, 95955 to Intraoperative Neurophysiological Monitoring (IONM).
02/03/2022	Removed Termed Code 95943 from Autonomic Function Testing
04/20/2022	Removed 95863, 95864, 95865, 95866, 95869, 95872, 95873, 95874, 95875, 95885, 95886, 95887 from Nerve Conduction Studies as these are part of standard range. Added 95860, 95861, 95867, 95926, 95937, 95938, 95939 to Nerve Conduction Studies.
05/12/2022	Added 93660, 93922, 93923, 93924, 95812, 95813, 95816, 95819 to Autonomic Function Testing. Removed 95700, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, 95716, 95717, 95718, 95719, 95720, 95721,



Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., (Kaiser Permanente).

## EMG (Electromyography)

	<p>95722, 95723, 95724, 95725, 95726, 95812, 95813, 95816, 95819, 95824, 95827, 95830, 95954, 95957, 95958, 95961, 95962, 95965, 95966, 95967, 95869, 95872, 95873, 95874, 95875, 95885, 95886, 95887, 95905, 95933, From Electromyography (EMG).  Removed 95933 from Evoked Potential/Reflex Testing  Added 51785, 92585, 92586, 95717, 95718, 95719, 95720, 95720, 95721, 95722, 95723, 95724, 95725, 95726, 95860, 95861, 95867, 95868, 95870, 95907, 95908, 95909, 95910, 95911, 95912, 95913m 95940, 95941, G0453 to Evoked Potential/Reflex Testing.  Added Standard Code Range for Procedures.  Added 96127, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99202, 99203, 99203, 99204, 99204, 99205, 99205, 99211, 99212, 99212, 99213, 99213, 99214, 99214, 99215, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99417, 99421, 99422, 99423, G0508, G0509, G2010, G2011, G2012, G2061, G2062, G2063, G2211, G2212, G2250, G2251, G2252, Q3014 to Neurostimulator Analysis</p>
05/19/2022	Added J9318, and J9319 to Standard Code Range for Procedures.
06/06/2022	Updated header statement to clarify language around deleted codes.
06/27/2022	Removed L0220, L0622, L0624, L1685, L1755, L1832, L1860, L1904, L1907, L1920, L1950, L1970, L2108, L2128, L3674, L3702, L3740, L3806, L3808, L3906, L3915, L3923, L3961, L3971, L3975, L3978 from Standard Code Range for Procedures.
08/15/2022	Added 99424, 99425, 99426, 99427, 99437 to Neurostimulator Analysis. Added 90736, 90750, 90759, C9088, C9089, C9092 Standard Code Range for Procedures section.
12/01/2022	Removed J7336 from Standard Code Range for Procedures as code now has Review requirement.
12/02/2022	Added 95860, 95861, 95867, 95868, 95869, 95870, 95872, 95885, 95886, 95887, 95907, 95908, 95909, 95910, 95911, 95912, 95913 Electromyography (EMG)
01/27/2023	Removed Q5107, J2791, J2792 and C9257 from Standard Code Range for Procedures.
03/15/2023	Removed 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99251, 99252, 99253, 99254, 99255 from Neurostimulator Analysis.
04/17/2023	Added J7169 Standard Code Range for Procedures.
05/09/2023	Added 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 87913, 91300, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91310, 91311, 91312, 91313, 91314, 91315, 91316, 91317, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A,



Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., (Kaiser Permanente).

## EMG (Electromyography)

	<p>0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A, 0173A, 0174A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, C1943, C9803, D0604, D0605, D0606, D1701, D1702, D1703, D1704, D1705, D1706, D1707, D1708, D1709, D1710, D1711, D1712, D1713, D1714, G2023, G2024, J0612, J0613, J2403, J9196, J9294, J9296, J9297, M0201, M0249, M0250, Q0249, U0001, U0002, U0003, U0004, U0005 to Standard Code Range for Procedures.</p> <p>Removed J2400 and J9044 rom Standard Code Range for Procedures.</p>
05/22/2023	Removed J9041 from Standard Code Range for Procedures.
06/02/2023	<p>Removed 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, J9318 and J9319 from Standard Code Range for Procedures section.</p> <p>Added 0121A, 0141A, 0142A, 0151A, 0171A, 0172A to Standard Code Range for Procedures section.</p>
06/09/2023	<p>Removed reason Standard Code Range for Procedures.</p> <p>Added link for list of codes for Standard Code Range for Procedures.</p>
07/12/2023	Removed termed code 99241 from Neurostimulator Analysis
02/26/2024	<p>Removed 92585 and 92586 from Intraoperative Neurophysiological Monitoring (IONM).</p> <p>Added 99418, 99439, 99441, 99442, 99443,99446, 99447, 99448, 99449, 99450, 99451, 99452,99495, 99496, G0318 to Neurostimulator Analysis</p> <p>Removed 95870 and 95872 from Electromyography (EMG) as codes are part of Standard Code Range for Procedures.</p>