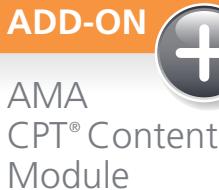


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Year	Issue	Source	Title	Snippet	Relevance
2015	September	CPT® Assistant	Frequently Asked Questions	Is it appropriate to report CPT code 58548, Laparoscopy, surgical with radical hysterectomy of tube(s) and ovary(s), if performed if laparoscopy hysterectomy with bilateral total pelvic lymphadenectomy with removal of pelvic lymphadenectomy, as long as the operative report describes	1.4127798
2015	September	CPT® Assistant	Frequently Asked Questions	undergoes hysterectomy under general anesthesia for uterine cancer. In order to provide postop-erative abdominal hysterectomy and radical dissection for debulking, there no mention of total/omni- pelvic with total omentectomy, total abdominal hysterectomy for malignancy, the code descriptor states "total	1.4127798
2015	September	CPT® Assistant	Frequently Asked Questions). Surgery, Urinary System Question: A physician is performing a hysterectomy that involves extensive, in addition to a hysterectomy performed during the same operative session. If cystoscopy	1.4127798
2015	September	CPT® Assistant	Frequently Asked Questions	System Question: When the physician performs a laparoscopically assisted vaginal hysterectomy uterus, and ovaries, code 58571, Laparoscopy, hysterectomy with removal of uterus, 500 g or less. If the uterus was over 250 g, code 58573, Laparoscopy, hysterectomy , surgical, with total hysterectomy , for uterus	1.4127798

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6 Coding Update: Neuromuscular Testing—Needle Electromyography Changes for 2015

In the Current Procedural Terminology (CPT®) 2015 code set, guideline revisions were made to the needle electromyography (EMG) codes with the addition of instructional notes to support these changes. Codes 95860-95887 include the interpretation of electrical waveforms measured by equipment, which produces both visible and audible components of electrical signals recorded from the muscle(s) studied by the needle electrode.

Revised Guidelines

The electromyography guidelines were revised to indicate that EMG for nonextremity muscles is reported only once per anatomic site (code 95887). The guidelines also instruct users on appropriate reporting of code 95887 for a unilateral study of the cranial nerve innervated muscles, and if performed bilaterally, the code may be reported twice. In addition, the guidelines denote the appropriateness of reporting code 95887 when a study of the cervical or lumbar paraspinal muscle(s) is performed on the same day with no corresponding limb study (codes 95885 or 95886).

EMG guidelines to identify the appropriate codes to report for these various procedures.

Clinical Example (95887 and 95908)

A 65-year-old woman has a 2-month history of right facial weakness involving the forehead, eyelid, and mouth. Needle electromyography of right cranial nerve innervated muscles (V, VII, XI, XII) and nerve conduction studies to 3-4 muscles innervated by the facial nerve are indicated to confirm the diagnosis, help establish the prognosis, and determine the need for facial nerve decompression.

Based on the clinical example above, the codes used to report these services are as indicated below.♦

95887 Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)

AMA Knowledge Base search results

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