EMG Billing Sheet

Performing provider: _____ ☐ Left ☐ Right ☐ Bilateral ☐ UE ☐ LE

Name: _____ DOB: _____ Date of service: _____

Patient #: _____ Insurance: _____

Referring provider: _____ PCP: _____

	EMG	Right arm	Left arm	Right leg	Left leg
95885	Limited & related paraspinal areas Muscles per extremity: 4 or fewer	☐	☐	☐	☐
95886	Complete & related paraspinal areas Muscles per extremity: 5 or more	☐	☐	☐	☐
95887	Non-extremity (cranial nerve innervated muscle)	☐	☐	☐	☐

	NCV	Right arm	Left arm	Right leg	Left leg
95907	1-2 studies	☐	☐	☐	☐
95908	3-4 studies	☐	☐	☐	☐
95909	5-6 studies	☐	☐	☐	☐
95910	7-8 studies	☐	☐	☐	☐
95911	9-10 studies	☐	☐	☐	☐
95912	11-12 studies	☐	☐	☐	☐
95913	13 or more studies	☐	☐	☐	☐
95933	Blink reflex	☐	☐	☐	☐
95937	Repetitive stimulation	☐	☐	☐	☐

Diagnosis: _____

_____