

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>ELECTROMYOGRAPHY (EMG) (NEEDLE AND NON-NEEDLE) OF THE ANAL OR URETHRAL SPHINCTER</b>
<b>POLICY NUMBER</b>	<b>MP-2.096</b>

<b>Original Issue Date (Created):</b>	<b>6/1/2015</b>
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**I. POLICY**

Needle and non-needle electromyography (EMG) of the anal or urethral sphincter may be considered **medically necessary** for the following indications:

- For initial diagnostic evaluation of an individual with an evacuation or voiding dysfunction (e.g., fecal incontinence, urinary incontinence, bladder outlet obstruction, detrusor sphincter dyssynergia, neurogenic conditions) when the test is likely to affect the course of therapy (e.g., pelvic floor training, surgical intervention, pharmacologic intervention, biofeedback therapy or other clinically accepted interventions).
- For the repeat assessment of an individual with neurogenic conditions of the anal or urethral sphincter resulting from disorders such as, but not limited to, multiple sclerosis, spinal cord injury, paralysis, or motor neuron disease.
  - For these individuals, EMG testing of the anal or urethral sphincter may be required up to two times per year.

**Policy guidelines**

**Note:** Electromyography (EMG) performed as part of biofeedback therapy is inherent to the biofeedback service. EMG should not be reported in addition to biofeedback.

***Cross-reference:***

- MP-1.109** Periurethral Bulking Agents as a Treatment of Vesicoureteral Reflux
- MP-2.030** Intraoperative Neurophysiologic Monitoring (Sensory Evoked Potentials, Motor Evoked Potentials, EEG Monitoring)

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**II. PRODUCT VARIATIONS**

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This policy is only applicable to certain programs and products administered by Capital BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

**FEP PPO** - Refer to FEP Benefit Brochure for information on Diagnostic and Treatment Services: <https://www.fepblue.org/benefit-plans/benefit-plans-brochures-and-forms>

**Note\*** - The Federal Employee Program (FEP) Service Benefit Plan does not have a medical policy related to these services.

**III. DESCRIPTION/BACKGROUND**

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Electromyography (EMG) of the anal or urethral sphincter is a study that quantitatively assesses the electrical activity from the striated muscles of the urethral or anal sphincter or from the perineal floor muscles. EMG provides objective data about the innervation to these muscles and the synchronization between the detrusor muscle of the bladder and the external sphincter; it is most useful to evaluate sphincter relaxation during voluntary detrusor contraction. EMG is used in the diagnosis and follow-up of known or suspected neurogenic (originating in nervous tissue) and non-neurogenic (originating in areas other than nervous tissue) conditions of the anal or urethral sphincters. An EMG of the anal or urethral sphincter can be performed using a needle electrode, a fine wire electrode, a surface electrode on the perianal skin, an anal plug, or an assembly of multiple-surface EMG electrodes placed in the anal canal.

- Fecal Incontinence.
- Urinary incontinence.
- Bladder outlet obstruction (a blockage at the base of the bladder that reduces or prevents the flow of urine into the urethra).
- Detrusor sphincter dyssynergia (a neurogenic abnormality that involves an impaired coordination between bladder contraction and sphincter relaxation).
- Neurogenic conditions of the anal or urethral sphincter resulting from disorders such as, but not limited to, multiple sclerosis, spinal cord injury, paralysis, or motor neuron disease.

An EMG alone gives useful information about sphincteric function. However, an EMG is more valuable when performed in conjunction with cystometry to determine whether the striated sphincter appropriately increases its activity during bladder filling and whether rest occurs normally before and during bladder contraction. EMG is useful in diagnosing detrusor sphincter dyssynergia, which can occur in individuals with neurogenic conditions such as multiple sclerosis, spinal cord injury, or other neurologic lesions. EMG is also valuable in conjunction with pressure-flow studies, which analyze detrusor pressure and flow rate during the voiding

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phase. EMG during pressure-flow studies is useful in diagnosing conditions such as detrusor sphincter dyssynergia, dysfunctional voiding (non-neurogenic), bladder outlet obstruction, or incontinence.

When injury to the sacral roots of the spinal cord is suspected, a separate study of the anal sphincter using needle EMG may be required, as this is the only muscle accessible to needle EMG examination that receives its innervation through these roots. Needle EMG of the anal sphincter may also be performed to assess the innervation and anatomic integrity of the sphincters. In addition, characteristics of neurogenic bladders can change with time and disease progression; therefore, re-evaluation may be needed when symptoms change despite medical intervention.

**IV. RATIONALE**

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The American Urological Association (AUA) Guidelines on Urodynamic Testing recommend EMG testing in patients with relevant neurologic disease at risk for neurogenic bladder, or in patients with other neurologic disease and elevated post void residual (PVR) volume or urinary symptoms. While a grade C evidence strength was provided, it should be viewed in the context that the guidelines identified only one grade B recommendation.

The two most commonly used sources of measurement are surface electrodes and concentric needle electrodes. Needle placement may be a significant source of discomfort for patients, and reproducibility may be an issue without significant operator experience. The surface electrode has the advantage of ease (reproducibility) of placement and patient comfort. Although the signal source is less specific, surface electrodes can provide a good quality signal if properly used. The practical application of EMG involves determination of whether the perineal muscles are relaxed or contracting. The most important information provided by the EMG is the determination of whether perineal contractions are coordinated or uncoordinated with detrusor contractions.

The major limitation of EMG testing is that this is a technically challenging, non-specific component of urodynamic testing. Artifacts are common, and interpretation of EMG requires close interaction between the clinician and the patient. The clinician must have a clear understanding of the history and any relevant physical findings. EMG alone rarely makes the diagnosis of an uncoordinated sphincter. The EMG diagnosis is taken into context with fluoroscopy, cystometry and flow rate in order to obtain the most accurate diagnosis.

The American Urological Association (AUA)/Society of Urodynamics and Female Urology (SUFU) guidelines address both needle and surface EMG. "The two most commonly used sources of measurement are surface electrodes and concentric needle electrodes. Needle placement may be a significant source of discomfort for patients, and reproducibility may be an issue without significant operator experience. The surface electrode has the advantage of ease (reproducibility) of placement and patient comfort. Although the signal source is less specific,

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surface electrodes can provide a good quality signal if properly used."

**V. DEFINITIONS**

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N/A

**VI. BENEFIT VARIATIONS**

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

**VII. DISCLAIMER**

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*Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

**VIII. CODING INFORMATION**

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Covered when medically necessary:**

CPT Codes®							
51784	51785						

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<b>ICD-10-CM Diagnosis Codes</b>	<b>Description</b>
G04.1	Tropical spastic paraplegia
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G35	Multiple sclerosis
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side
G83.4	Cauda equina syndrome
G83.9	Paralytic syndrome, unspecified
K59.01	Slow transit constipation
K59.02	Outlet dysfunction constipation
K59.09	Other constipation
K59.4	Anal spasm
N31.0	Uninhibited neuropathic bladder, not elsewhere classified
N31.1	Reflex neuropathic bladder, not elsewhere classified

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<b>ICD-10-CM Diagnosis Codes</b>	<b>Description</b>
N31.2	Flaccid neuropathic bladder, not elsewhere classified
N31.8	Other neuromuscular dysfunction of bladder
N31.9	Neuromuscular dysfunction of bladder, unspecified
N32.0	Bladder-neck obstruction
N32.81	Overactive bladder
N32.89	Bladder disorder, unspecified
N35.016	Post-traumatic urethral stricture, male, overlapping sites
N35.116	Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
N35.811	Other urethral stricture, male, meatal
N35.812	Other urethral bulbous stricture, male
N35.813	Other membranous urethral stricture, male
N35.814	Other anterior urethral stricture, male, anterior
N35.816	Other urethral stricture, male, overlapping sites
N35.819	Other urethral stricture, male, unspecified site
N35.82	Other urethral stricture, female
N35.911	Unspecified urethral stricture, male, meatal
N35.912	Unspecified bulbous urethral stricture, male
N35.913	Unspecified membranous urethral stricture, male
N35.914	Unspecified anterior urethral stricture, male
N35.916	Unspecified urethral stricture, male, overlapping sites
N35.919	Unspecified urethral stricture, male, unspecified site
N35.92	Unspecified urethral stricture, female
N36.41	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N36.43	Combined hypermobility of urethra and intrinsic sphincter deficiency
N36.44	Muscular disorders of urethra
N36.8	Other specified disorders of urethra
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence
N39.491	Coital incontinence

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<b>ICD-10-CM Diagnosis Codes</b>	<b>Description</b>
N39.492	Postural (urinary) incontinence
N39.498	Other specified urinary incontinence
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N81.0	Urethrocele
N81.10	Cystocele, unspecified
N81.11	Cystocele, midline
N81.12	Cystocele, lateral
N81.89	Other female genital prolapse
N81.9	Female genital prolapse, unspecified
N99.116	Postprocedural urethral stricture, male, overlapping sites
Q64.31	Congenital bladder neck obstruction
Q64.32	Congenital stricture of urethra
Q64.33	Congenital stricture of urinary meatus
Q64.39	Other atresia and stenosis of urethra and bladder neck
R15.0	Incomplete defecation
R15.1	Fecal smearing
R15.2	Fecal urgency
R15.9	Full incontinence of feces
R30.0	Dysuria
R32	Unspecified urinary incontinence
R33.8	Other retention of urine
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R35.1	Nocturia
R35.8	Other polyuria
R39.11	Hesitancy of micturition
R39.12	Poor urinary stream
R39.13	Splitting of urinary stream
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination
R39.16	Straining to void
R39.191	Need to immediately re-void
R39.192	Position dependent micturition
R39.198	Other difficulties with micturition
S14.111A	Complete lesion at C1 level of cervical spinal cord, initial encounter

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<b>ICD-10-CM Diagnosis Codes</b>	<b>Description</b>
S14.112A	Complete lesion at C2 level of cervical spinal cord, initial encounter
S14.113A	Complete lesion at C3 level of cervical spinal cord, initial encounter
S14.114A	Complete lesion at C4 level of cervical spinal cord, initial encounter
S14.115A	Complete lesion at C5 level of cervical spinal cord, initial encounter
S14.116A	Complete lesion at C6 level of cervical spinal cord, initial encounter
S14.117A	Complete lesion at C7 level of cervical spinal cord, initial encounter
S14.118A	Complete lesion at C8 level of cervical spinal cord, initial encounter
S14.121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter
S14.123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter
S14.124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter
S14.125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter
S14.126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter
S14.127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter
S14.128A	Central cord syndrome at C8 level of cervical spinal cord, initial encounter
S14.131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter
S14.133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter
S14.134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter
S14.135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter
S14.136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter
S14.137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter
S14.138A	Anterior cord syndrome at C8 level of cervical spinal cord, initial encounter
S14.141A	Brown-Sequard syndrome at C1 level of cervical spinal cord, initial encounter
S14.142A	Brown-Sequard syndrome at C2 level of cervical spinal cord, initial encounter
S14.143A	Brown-Sequard syndrome at C3 level of cervical spinal cord, initial encounter
S14.144A	Brown-Sequard syndrome at C4 level of cervical spinal cord, initial encounter
S14.145A	Brown-Sequard syndrome at C5 level of cervical spinal cord, initial encounter
S14.146A	Brown-Sequard syndrome at C6 level of cervical spinal cord, initial encounter
S14.147A	Brown-Sequard syndrome at C7 level of cervical spinal cord, initial encounter
S14.148A	Brown-Sequard syndrome at C8 level of cervical spinal cord, initial encounter
S14.151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter
S14.152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
S14.153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
S14.154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
S14.155A	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter



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<b>ICD-10-CM Diagnosis Codes</b>	<b>Description</b>
S14.156A	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter
S14.157A	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter
S14.158A	Other incomplete lesion at C8 level of cervical spinal cord, initial encounter
S24.111A	Complete lesion at T1 level of thoracic spinal cord, initial encounter
S24.112A	Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.113A	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.114A	Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.131A	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter
S24.132A	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.133A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.134A	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.141A	Brown-Sequard syndrome at T1 level of thoracic spinal cord, initial encounter
S24.142A	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.143A	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.144A	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.151A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter
S24.152A	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.153A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.154A	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S34.01XA	Concussion and edema of lumbar spinal cord, initial encounter
S34.02XA	Concussion and edema of sacral spinal cord, initial encounter
S34.111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter
S34.112A	Complete lesion of L2 level of lumbar spinal cord, initial encounter
S34.113A	Complete lesion of L3 level of lumbar spinal cord, initial encounter
S34.114A	Complete lesion of L4 level of lumbar spinal cord, initial encounter
S34.115A	Complete lesion of L5 level of lumbar spinal cord, initial encounter
S34.121A	Incomplete lesion of L1 level of lumbar spinal cord, initial encounter
S34.122A	Incomplete lesion of L2 level of lumbar spinal cord, initial encounter
S34.123A	Incomplete lesion of L3 level of lumbar spinal cord, initial encounter
S34.124A	Incomplete lesion of L4 level of lumbar spinal cord, initial encounter
S34.125A	Incomplete lesion of L5 level of lumbar spinal cord, initial encounter
S34.131A	Complete lesion of sacral spinal cord, initial encounter
S34.132A	Incomplete lesion of sacral spinal cord, initial encounter

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**X. POLICY HISTORY**

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<b>MP 2.096</b>	<b>CAC 1/27/15</b> New policy developed to address medical necessity indications for EMG testing of the urethral sphincter.
	<b>11/2/15 Administrative update.</b> LCD number changed from L32943 to L34977 due to Novitas update to ICD-10. L29547 in reference section changed to L35081
	<b>CAC 1/26/16 Consensus review.</b> No change to policy statements. References updated. Rationale reviewed. Coding reviewed.
	<b>1/1/17 Administrative update.</b> Product variation section updated. New diagnosis codes added effective 10/1/2016.
	<b>CAC 9/27/16 Minor review.</b> Added policy statements addressing use of EMG for evaluation of the anal sphincter. Changed title to include addition of anal sphincter. For repeat assessment added limit of 2 per year. Updated background, rationale and references. Coding reviewed.
	<b>10/1/17 Administrative update.</b> Added new ICD 10 codes effective from 10/1/17.
	<b>CAC 11/28/17 Consensus review.</b> No change to the policy statements. References updated. Coding reviewed.
	<b>10/1/18 Administrative update.</b> Removed deleted ICD-10 codes, and added new ICD-10 codes effective 10/1/18
	<b>10/18/18 Consensus.</b> No change to policy statements. References updated.
	<b>07/16/19 Consensus review.</b> No change to policy statements, references and rationale reviewed.
	<b>10/1/19 Administrative update.</b> Coding review completed. Diagnosis updated.
	<b>6/19/2020 Consensus Review.</b> Policy statement unchanged. Product variation, benefit variation, and disclaimer updated. Coding and references reviewed.

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