Medical Policy
Paraspinal Surface Electromyography - SEMG - to Evaluate and Monitor Back Pain

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- Policy: Medicare
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Policy Number: 517
BCBSA Reference Number: 2.01.35
NCD/LCD: NA

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Paraspinal surface electromyography (SEMG) as a technique to diagnose or monitor back pain is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
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</table>
CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There is no specific CPT code for this service.

HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>S3900</td>
<td>Surface electromyography (SEMG)</td>
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Description
Identifying the pathogenesis of back pain is a challenging task, in part due to the complex anatomy of the back, referred pain patterns, and the natural history of acute back pain resolution. The majority of cases of acute low back pain will resolve with conservative therapy. Therefore, imaging or diagnostic testing is generally not recommended unless the pain persists for longer than 4-6 weeks and/or progressive motor or sensory deficits, history of cancer, fever, chills, trauma, or unrelenting night pain exists. Diagnostic tests include anatomic imaging technologies (such as x-rays, magnetic resonance imaging (MRI), and CT scans), discography, and needle electromyography to assess nerve and muscle function, and surface electromyography (SEMG).

SEMG is a noninvasive office based procedure (most commonly used by physiatrists or chiropractors) that records the summation of muscle electrical activity, and evaluates the physiologic functioning of the back. It records abnormal patterns of electrical activity in the paraspinal muscles in patients with back pain symptoms, such as spasm, tenderness, limited range of motion (ROM), or postural disorders. The technique is performed using one or an array of electrodes placed on the skin surface, with recordings made at rest, in various positions, or after a series of exercises. Electrical activity is assessed by computer analysis to establish the etiology of back pain, and monitor the response to therapy.

An example of a device for measuring SEMG is the Insight Discovery from Fasstech. All devices for SEMG are considered investigational regardless of the commercial name, the manufacturer, or FDA approval status.

Summary
There are inadequate data on the technical and diagnostic performance of paraspinal SEMG compared to a gold standard reference test. Moreover, there is insufficient evidence regarding how findings from paraspinal SEMG impact patient management and/or how use of the test improves health outcomes. Thus, paraspinal surface electromyography for diagnosing and monitoring back pain is considered investigational.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>7/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<td>11/2015</td>
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<tr>
<td>12/2013</td>
<td>New references from BCBSA National medical policy.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References