SHP Intraoperative Neurophysiological Monitoring

AUTH: SHP Surgical 40 v5 (AC)

MCG Health
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Link to Codes

Coverage

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.

Application to Products

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

Policy is applicable to all products.

Authorization Requirements

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

Post service review by the Plan is required.

Description of Item or Service

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

Intraoperative monitoring consists of monitoring the nervous system in “real-time” during surgery. Types of monitoring that can be used based with this type of surgery include Electromyogram (EMG), Direct Cortical Stimulation, Brainstem Auditory-evoked Potentials, Electrocorticography (ECoG), Somatosensory-evoked Potentials (SSEP), Motor Evoked Potentials (MEP), Electroencephalogram (EEG), and Nerve Conduction Velocity testing.

Exceptions and Limitations

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

- Intraoperative neurophysiological monitoring for the following studies and indications are considered not medically necessary as they are not shown to improve health outcomes upon technology review:
  - During intra-thecal pump adjustment
  - During radiofrequency ablation/denervation procedures
  - During sacroiliac joint injection
  - Hip replacement surgery
  - Implantation of a spinal cord stimulator
  - Off-pump coronary artery bypass
  - Submandibular gland excision
  - Thyroid and parathyroid surgery
- Intraoperative neurophysiological monitoring as well as any neurophysiology testing billed by the surgeon or another physician in the same vendor group is considered part of the global package and will not be reimbursed separately.
- There is insufficient scientific evidence to support the medical necessity of for intraoperative neurophysiological monitoring for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Treatments

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

- Intraoperative neuromonitoring is considered medically necessary for **ALL** of the following
    - Physician billing for intraoperative neurophysiological monitoring as well as any neurophysiology testing is not the surgeon or in same vendor group as the surgeon performing a surgical procedure at time of the neuro monitoring
    - The neuro monitoring is **1 or more** of the following
        - One on one intraoperative neuromonitoring located in the operating room is considered medically necessary for **1 or more** of the following
            - Surgery with risk of cerebral ischemia including **1 or more** of the following
                - Aortic arch
                - Aortic arch branch vessels
                - Thoracic aorta
                - Internal carotid artery surgery
            - Resection of epileptogenic brain tissue or tumor
            - Protection of cranial nerves including **1 or more** of the following
                - Resection of tumors involving the cranial nerves
                - Microvascular decompressive surgeries
                - Skull-base surgery in the vicinity of the cranial nerves
                - Surgeries of the foramen magnum
                - Cavernous sinus tumors
                - Oval or round window graft
                - Endolymphatic shunt for Meniere's disease
                - Vestibular section for vertigo
            - Tympanoplasty
            - Correction of scoliosis or deformity of spinal cord involving traction on the cord
            - Decompressive procedures on the spinal column or cauda equine with **1 or more** of the following
                - Performed for myelopathy or claudication
                - Where the function of spinal cord or spinal nerves is at risk
            - During placement of internal spinal fixation devices where nervous system function is at work
            - Spinal cord tumors and spinal fractures with the risk of cord compression
            - Neuromas of peripheral nerves or brachial plexus when risk to major sensory or motor nerves exist
            - Leg-lengthening procedures when there is traction on the sciatic nerve
            - Surgery as a result of traumatic injury to the spinal cord or surgery for arteriovenous malformation of the spinal cord
            - Surgery or embolization for intracranial arteriovenous malformations
            - Embolization of bronchial artery arteriovenous malformations or tumors
            - Arteriography during which there is a test occlusion of the carotid artery
            - Circulatory arrest with hypothermia
            - Distal aortic procedures where there is risk of ischemia to spinal cord
        - Remote one on one intraoperative neuromonitoring is considered medically necessary for **1 or more** of the following
            - Individual has Optima Commercial Plan or Optima Virginia Medicaid Plan with procedure for **1 or more** of the following
                - Surgery with risk of cerebral ischemia including **1 or more** of the following
                    - Aortic arch
                    - Aortic arch branch vessels
                    - Thoracic aorta
                    - Internal carotid artery surgery
                - Resection of epileptogenic brain tissue or tumor
                - Protection of cranial nerves including **1 or more** of the following
                    - Resection of tumors involving the cranial nerves
                    - Microvascular decompressive surgeries
                    - Skull-base surgery in the vicinity of the cranial nerves
                    - Surgeries of the foramen magnum
                    - Cavernous sinus tumors
                    - Oval or round window graft
                    - Endolymphatic shunt for Meniere's disease
                    - Vestibular section for vertigo
                - Tympanoplasty
                - Correction of scoliosis or deformity of spinal cord involving traction on the cord
                - Decompressive procedures on the spinal column or cauda equine with **1 or more** of the following
                    - Performed for myelopathy or claudication

        - Where the function of spinal cord or spinal nerves is at risk
    - During placement of internal spinal fixation devices where nervous system function is at work
    - Spinal cord tumors and spinal fractures with the risk of cord compression
    - Neuromas of peripheral nerves or brachial plexus when risk to major sensory or motor nerves exist
    - Leg-lengthening procedures when there is traction on the sciatic nerve
    - Surgery as a result of traumatic injury to the spinal cord or surgery for arteriovenous malformation of the spinal cord
    - Surgery or embolization for intracranial arteriovenous malformations
    - Embolization of bronchial artery arteriovenous malformations or tumors
    - Arteriography during which there is a test occlusion of the carotid artery
    - Circulatory arrest with hypothermia
    - Distal aortic procedures where there is risk of ischemia to spinal cord
- Individual has Optima Medicare Plan with **ALL** of the following
    - Procedure for **1 or more** of the following
        - Surgery with risk of cerebral ischemia including **1 or more** of the following
            - Aortic arch
            - Aortic arch branch vessels
            - Thoracic aorta
            - Internal carotid artery surgery
        - Resection of epileptogenic brain tissue or tumor
        - Protection of cranial nerves including **1 or more** of the following
            - Resection of tumors involving the cranial nerves
            - Microvascular decompressive surgeries
            - Skull-base surgery in the vicinity of the cranial nerves
            - Surgeries of the foramen magnum
            - Cavernous sinus tumors
            - Oval or round window graft
            - Endolymphatic shunt for Meniere's disease
            - Vestibular section for vertigo
        - Tympanoplasty
        - Correction of scoliosis or deformity of spinal cord involving traction on the cord
        - Decompressive procedures on the spinal column or cauda equine with **1 or more** of the following
            - Performed for myelopathy or claudication
            - Where the function of spinal cord or spinal nerves is at risk
        - During placement of internal spinal fixation devices where nervous system function is at work
        - Spinal cord tumors and spinal fractures with the risk of cord compression
        - Neuromas of peripheral nerves or brachial plexus when risk to major sensory or motor nerves exist
        - Leg-lengthening procedures when there is traction on the sciatic nerve
        - Surgery as a result of traumatic injury to the spinal cord or surgery for arteriovenous malformation of the spinal cord
        - Surgery or embolization for intracranial arteriovenous malformations
        - Embolization of bronchial artery arteriovenous malformations or tumors
        - Arteriography during which there is a test occlusion of the carotid artery
        - Circulatory arrest with hypothermia
        - Distal aortic procedures where there is risk of ischemia to spinal cord
    - Attention is directed exclusively to one patient from outside the operating room

- Intraoperative neurophysiological monitoring is **NOT COVERED** for **ANY** of the following
    - During intra-thecal pump adjustment
    - During radiofrequency ablation/denervation procedures
    - During sacroiliac joint injection
    - Hip replacement surgery
    - Implantation of a spinal cord stimulator
    - Off-pump coronary artery bypass
    - Submandibular gland excision
    - Thyroid and parathyroid surgery

Document History

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

- Revised Dates:

- 2022: April
- 2020: March
- 2019: September
- 2015: February, March, October
- 2013: March, December
- 2012: June, August

- Reviewed Dates:
  - 2023: March
  - 2021: April
  - 2020: April
  - 2018: August
  - 2017: November
  - 2016: February
  - 2014: February
- Effective Date: December 2011

Coding Information

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 95940 - Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
  - CPT 95941 - Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)
  - HCPCS G0453 - Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - None

References

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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The Utility of Intraoperative Neuromonitoring in Pediatric Surgical Oncology. (2023, Feb 14). Retrieved Mar 1, 2023, from Journal of Pediatric Surgery: https://www.sciencedirect.com/science/article/abs/pii/S0022346823001021

Codes

Return to top of *SHP Intraoperative Neurophysiological Monitoring - AC*

CPT® : 95865, 95866, 95940, 95941
HCPCS: G0453

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