


MEDICAL POLICY	Intraoperative Monitoring (Medicare Only)
Effective Date: 1/1/2022  <div style="text-align: right;">1/1/2022</div>	Medical Policy Number: 296
	Medical Policy Committee Approved Date: 9/2021
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Note:

- This policy does not address sensory nerve conduction tests (sNCT; G0255) or nerve conduction studies (95905, 95907-95912). For these services, see “[Medical Policy Cross References](#)” below.

Service	Medicare Guidelines
<i>Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature</i>	National Coverage Determination (NCD) for Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature (160.8)

In the absence of a Medicare coverage policy or guidance (e.g., manual, national coverage determination [NCD], local coverage determination [LCD] article [LCA], etc.), Medicare guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare Managed Care

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*Manual, Ch. 4, §90.5) Therefore, the commercial medical policy, **Intraoperative Monitoring (All Lines of Business Except Medicare)**, applies to the following services:*

- All other intraoperative neurophysiological testing

BILLING GUIDELINES

- According to the Medicare Physician Fee Schedule (PFS) Relative Value File, CPT code 95941 has been assigned a Medicare status indicator of "I," which means Medicare has deemed this code to be invalid for Medicare use.¹ In addition, according to the National Correct Coding Initiative (NCCI), Chapter XI: "CPT code 95941 describes continuous intraoperative neurophysiology monitoring from outside the operating room (remote or nearby) or monitoring of more than one case while in the operating room. This code is not valid for Medicare practitioner services. It is a packaged service under Medicare Hospital OPps (Outpatient Prospective Payment System)."² Therefore, CPT code 95941 is not eligible for reimbursement in any setting and is the reason for the Medicare "invalid" designation.
- Per Coding Policy 89 ("Intraoperative Neurophysiology"), CPT 95941 is not covered.
- G0453 – Remote IONM Professional services per 15 min of focused attention on one patient. This does not need to be continuous. Total professional time is the sum of all focused time spent on patient. At least 8 minutes of care must have been performed in order to bill for a 15 minute interval. (i.e. Professional time of 20 minutes—bill G0453 x 1. Professional time of 23 minutes, bill G0453 x 2.)
- CPT 95937 – Neuromuscular Junction Testing is same as Train of Four (To4) testing and is a routine part of anesthesia care and is not a separately billable service.
- CPT 95861 (EMG) and 95938 (SSEP) should not be billed together for the same episode of intraoperative monitoring.
- Please refer to [Coding Policy 89 \("Intraoperative Neurophysiology"\)](#) for additional information.

CPT/HCPSC CODES

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Note:

- Prior authorization for intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) may be required depending on the diagnosis codes billed.

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- Intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) will deny as not medically necessary and not covered when performed during lumbar surgery below spinal column level L1-L2 and/or during cervical spine surgery
- Please refer to the appropriate section of the Billing Guideline Appendix linked below.

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)	<ul style="list-style-type: none"> • Prior authorization is required when billed with these diagnosis codes: LINK • Intraoperative monitoring is considered <u>not medically necessary</u> when billed with these diagnosis codes: LINK
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)	

No Prior Authorization Required

Electroencephalogram (EEG)	
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes
95822	Electroencephalogram (EEG); recording in coma or sleep only
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
Somatosensory Evoked Potential (SSEP)	
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs
Motor Evoked Potential (MEP)	
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs
Auditory Brainstem Evoked Potential/Brainstem Auditory Evoked Potential (ABR/BAEP)	
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report

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92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report
Peripheral Nerve Stimulation	
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)
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)
95907	Nerve conduction studies; 1-2 studies
95908	Nerve conduction studies; 3-4 studies
95909	Nerve conduction studies; 5-6 studies
95910	Nerve conduction studies; 7-8 studies
95911	Nerve conduction studies; 9-10 studies
95912	Nerve conduction studies; 11-12 studies
95913	Nerve conduction studies; 13 or more studies
Oculomotor, Facial, Trigeminal and Lower Cranial Nerve Monitoring	
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868	Needle electromyography; cranial nerve supplied muscles, bilateral
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
Free-Running Electromyography (EMG)	
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
95860	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	Needle electromyography; 2 extremities with or without related paraspinal areas
95863	Needle electromyography; 3 extremities with or without related paraspinal areas
95864	Needle electromyography; 4 extremities with or without related paraspinal areas
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
Miscellaneous	
95930	Visual evoked potential (VEP) checkerboard or flash testing central nervous system except glaucoma, with interpretation and report
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
Not Covered	
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)
S3900	Surface electromyography (EMG)

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INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

BILLING GUIDELINES APPENDIX

Prior Authorization Required

Intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) will require prior authorization when billed with any of the following diagnosis codes:

M40.03	M40.294	M41.04	M41.124	M41.42
M40.04	M40.295	M41.05	M41.125	M41.43
M40.05	M40.35	M41.06	M41.126	M41.44
M40.12	M40.36	M41.07	M41.127	M41.45
M40.13	M40.37	M41.08	M41.22	M41.46
M40.14	M40.45	M41.112	M41.23	M41.47
M40.15	M40.46	M41.113	M41.24	M41.52
M40.202	M40.47	M41.114	M41.25	M41.53
M40.203	M40.55	M41.115	M41.26	M41.54
M40.204	M40.56	M41.116	M41.27	M41.55
M40.205	M40.57	M41.117	M41.34	M41.56
M40.292	M41.02	M41.122	M41.35	M41.57
M40.293	M41.03	M41.123	M41.41	M41.82

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M41.83	Q05.1	S12.01XA	S12.401A	S22.038A
M41.84	Q05.2	S12.02XA	S12.430A	S22.039A
M41.85	Q05.3	S12.030A	S12.431A	S22.040A
M41.86	Q05.5	S12.031A	S12.44XA	S22.041A
M41.87	Q05.6	S12.040A	S12.450A	S22.042A
M43.8X1	Q05.7	S12.041A	S12.451A	S22.048A
M43.8X2	Q05.8	S12.090A	S12.490A	S22.049A
M43.8X3	Q07.00	S12.091A	S12.491A	S22.050A
M43.8X4	Q07.01	S12.100A	S12.500A	S22.051A
M43.8X5	Q07.02	S12.101A	S12.501A	S22.052A
M43.8X6	Q07.03	S12.110A	S12.530A	S22.058A
M43.8X7	Q27.9	S12.111A	S12.531A	S22.059A
M43.8X8	Q28.2	S12.112A	S12.54XA	S22.060A
M47.011	Q28.3	S12.120A	S12.550A	S22.061A
M47.012	Q85.00	S12.121A	S12.551A	S22.062A
M47.013	Q85.01	S12.130A	S12.590A	S22.068A
M47.014	Q85.02	S12.131A	S12.591A	S22.069A
M47.015	Q85.03	S12.14XA	S12.600A	S22.070A
M47.016	Q85.09	S12.150A	S12.601A	S22.071A
M47.11	M48.41XA	S12.151A	S12.630A	S22.072A
M47.12	M48.42XA	S12.190A	S12.631A	S22.078A
M47.13	M48.43XA	S12.191A	S12.64XA	S22.079A
M47.14	M48.44XA	S12.200A	S12.650A	S22.080A
M47.15	M48.45XA	S12.201A	S12.651A	S22.081A
M47.16	M48.46XA	S12.230A	S12.690A	S22.082A
M50.01	M48.47XA	S12.231A	S12.691A	S22.088A
M50.020	M48.48XA	S12.24XA	S14.2XXA	S22.089A
M50.021	M48.51XA	S12.250A	S14.3XXA	S24.2XXA
M50.022	M48.52XA	S12.251A	S22.010A	S32.010A
M50.023	M48.53XA	S12.290A	S22.011A	S32.011A
M50.03	M48.54XA	S12.291A	S22.012A	S32.012A
M51.04	M48.55XA	S12.300A	S22.018A	S32.018A
M51.05	M48.56XA	S12.301A	S22.019A	S32.019A
M51.06	M48.57XA	S12.330A	S22.020A	S32.020A
M51.9	M48.58XA	S12.331A	S22.021A	S32.021A
M96.2	M80.08XA	S12.34XA	S22.022A	S32.022A
M96.3	M80.88XA	S12.350A	S22.028A	S32.028A
M96.4	M84.58XA	S12.351A	S22.029A	S32.029A
M96.5	M84.68XA	S12.390A	S22.030A	S32.030A
P11.5	S12.000A	S12.391A	S22.031A	S32.031A
Q05.0	S12.001A	S12.400A	S22.032A	S32.032A

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S32.038A	S32.129A	M43.17	M50.221	M54.17
S32.039A	S32.130A	M47.22	M50.222	M54.5
S32.040A	S32.131A	M47.26	M50.223	M54.9
S32.041A	S32.132A	M47.27	M50.30	M96.0
S32.042A	S32.139A	M47.811	M50.31	M96.1
S32.048A	S32.14XA	M47.812	M50.322	M99.71
S32.049A	S32.15XA	M47.816	M50.821	Q67.5
S32.050A	S32.16XA	M47.817	M50.823	S12.9XXA
S32.051A	S32.17XA	M47.896	M50.921	S22.009G
S32.052A	S32.19XA	M48.02	M51.16	S32.009A
S32.058A	S32.2XXA	M48.03	M51.17	M71.38
S32.059A	S34.21XA	M48.04	M51.25	M79.601
S32.10XA	S34.22XA	M48.05	M51.26	G60.9
S32.110A	S34.4XXA	M48.061	M51.27	G54.1
S32.111A	G95.20	M48.062	M51.36	G54.2
S32.112A	G95.9	M48.07	M51.86	G54.3
S32.119A	M41.9	M50.122	M53.0	G54.4
S32.120A	M43.07	M50.123	M53.2X1	
S32.121A	M43.12	M50.20	M54.12	
S32.122A	M43.16	M50.21	M54.16	

Medically Necessary Without Prior Authorization

Intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) may be considered medically necessary without prior authorization only when billed with any of the following diagnosis codes:

A18.01	C72.9	D33.9	D44.7	G46.0
C41.2	C73	D42.0	D49.6	G46.1
C70.0	C79.31	D42.1	G06.1	G46.2
C70.1	C79.32	D42.9	G40.011	G50.0
C72.0	C79.49	D43.0	G40.019	G50.1
C72.1	D21.0	D43.1	G40.111	G52.9
C72.21	D32.0	D43.2	G40.119	G53
C72.22	D32.1	D43.3	G40.211	G54.0
C72.31	D33.0	D43.4	G40.219	G56.11
C72.32	D33.1	D43.8	G45.0	G56.12
C72.41	D33.2	D44.3	G45.1	G56.13
C72.42	D33.3	D44.4	G45.2	G56.21
C72.50	D33.4	D44.5	G45.8	G56.22
C72.59	D33.7	D44.6	G45.9	G56.23

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G56.31	I60.2	I63.12	I63.433	I66.13
G56.32	I60.31	I63.131	I63.441	I66.21
G56.33	I60.32	I63.132	I63.442	I66.22
G57.01	I60.4	I63.133	I63.443	I66.23
G57.02	I60.51	I63.19	I63.449	I66.3
G57.03	I60.52	I63.20	I63.49	I66.8
G80.4	I60.6	I63.211	I63.50	I66.9
G80.8	I60.8	I63.212	I63.511	I67.0
G80.9	I60.9	I63.213	I63.512	I67.1
G93.5	I61.0	I63.22	I63.513	I67.5
G95.0	I61.1	I63.231	I63.521	I67.841
H71.01	I61.2	I63.232	I63.522	I67.848
H71.02	I61.3	I63.233	I63.523	I71.01
H71.03	I61.4	I63.29	I63.531	I71.02
H71.11	I61.5	I63.30	I63.532	I71.03
H71.12	I61.6	I63.311	I63.533	I71.1
H71.13	I61.8	I63.312	I63.541	I71.2
H71.21	I61.9	I63.313	I63.542	I71.3
H71.22	I62.00	I63.321	I63.543	I71.4
H71.23	I62.01	I63.322	I63.59	I71.5
H71.31	I62.02	I63.323	I63.6	I71.6
H71.32	I62.03	I63.331	I63.81	I77.71
H71.33	I62.1	I63.332	I63.89	I77.74
H71.91	I62.9	I63.333	I63.9	I77.79
H71.92	I63.00	I63.341	I65.01	I79.0
H71.93	I63.011	I63.342	I65.02	Q27.39
H74.41	I63.012	I63.343	I65.03	C79.51
H74.42	I63.013	I63.39	I65.1	G80.1
H74.43	I63.02	I63.40	I65.21	M47.021
H83.11	I63.031	I63.411	I65.22	M47.022
H83.12	I63.032	I63.412	I65.23	P11.3
H83.13	I63.033	I63.413	I65.8	P11.4
I60.00	I63.09	I63.421	I66.01	P14.0
I60.01	I63.10	I63.422	I66.02	P14.1
I60.02	I63.111	I63.423	I66.03	P14.2
I60.11	I63.112	I63.431	I66.11	P14.3
I60.12	I63.113	I63.432	I66.12	P14.8

Not Medically Necessary

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Intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) will deny as not medically necessary and not covered when billed with any of the following diagnosis codes for lumbar surgery below L1 and L2 or cervical surgery:

C41.4	M48.08	M54.41	S32.008G	S32.030G
D16.8	M48.16	M54.42	S32.008K	S32.030K
G83.4	M48.17	M99.23	S32.008S	S32.030S
G95.81	M48.18	M99.24	S32.009B	32.031B
M43.06	M48.26	M99.33	S32.009D	S32.031D
M43.08	M48.27	M99.34	S32.009G	S32.031G
M43.18	M48.36	M99.43	S32.009K	S32.031K
M43.26	M48.37	M99.44	S32.009S	S32.031S
M43.27	M48.38	M99.53	S32.019B	S32.032B
M43.28	M48.56XD	M99.54	S32.019D	S32.032D
M43.5X6	M48.56XG	M99.63	S32.019G	S32.032G
M43.5X7	M48.56XS	M99.64	S32.019K	S32.032K
M43.5X8	M48.57XD	M99.73	S32.019S	S32.032S
M45.6	M48.57XG	M99.74	S32.020B	32.038B
M45.7	M48.57XS	M99.83	S32.020D	S32.038D
M45.8	M48.58XD	M99.84	S32.020G	S32.038G
M46.26	M48.58XG	Q76.426	S32.020K	S32.038K
M46.27	M48.58XS	Q76.427	S32.020S	S32.038S
M46.28	M48.8X6	Q76.428	S32.021B	S32.039B
M46.36	M48.8X7	S32.000A	S32.021D	S32.039D
M46.37	M48.8X8	S32.000B	S32.021G	S32.039G
M46.38	M49.86	S32.000D	S32.021K	S32.039K
M46.46	M49.87	S32.000G	S32.021S	S32.039S
M46.47	M49.88	S32.000K	S32.022B	S32.040B
M46.48	M51.37	S32.000S	S32.022D	S32.040D
M46.56	M51.46	S32.001A	S32.022G	S32.040G
M46.57	M51.47	S32.001B	S32.022K	S32.040K
M46.58	M51.87	S32.001D	S32.022S	S32.040S
M46.86	M53.2X6	S32.001G	S32.028B	S32.041B
M46.87	M53.2X7	S32.001K	S32.028D	S32.041D
M46.88	M53.2X8	S32.001S	S32.028G	S32.041G
M46.96	M53.3	S32.002A	S32.028K	S32.041K
M46.97	M53.86	S32.002B	S32.028S	S32.041S
M46.98	M53.87	S32.002D	S32.029B	S32.042B
M47.28	M53.88	S32.002G	S32.029D	S32.042D
M47.818	M54.18	S32.002K	S32.029G	S32.042G
M47.897	M54.30	S32.002S	S32.029K	S32.042K
M47.898	M54.31	S32.008A	S32.029S	S32.042S
	M54.32	S32.008B	S32.030B	S32.048B
	M54.40	S32.008D	S32.030D	S32.048D

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S32.048G	S32.111G	S32.132G	S33.120D	S34.109D
S32.048K	S32.111K	S32.132K	S33.120S	S34.109S
S32.048S	S32.111S	S32.132S	S33.121A	S34.112A
S32.049B	S32.112B	S32.139B	S33.121D	S34.112D
S32.049D	S32.112D	S32.139D	S33.121S	S34.112S
S32.049G	S32.112G	S32.139G	S33.130A	S34.113A
S32.049K	S32.112K	S32.139K	S33.130D	S34.113D
S32.049S	S32.112S	S32.139S	S33.130S	S34.113S
S32.050B	S32.119B	S32.14XB	S33.131A	S34.114A
S32.050D	S32.119D	S32.14XD	S33.131D	S34.114D
S32.050G	S32.119G	S32.14XG	S33.131S	S34.114S
S32.050K	S32.119K	S32.14XK	S33.140A	S34.115A
S32.050S	S32.119S	S32.14XS	S33.140D	S34.115D
S32.051B	S32.120B	S32.15XB	S33.140S	S34.115S
S32.051D	S32.120D	S32.15XD	S33.141A	S34.119A
S32.051G	S32.120G	S32.15XG	S33.141D	S34.119D
S32.051K	S32.120K	S32.15XK	S33.141S	S34.119S
S32.051S	S32.120S	S32.15XS	S33.2XXA	S34.122A
S32.052B	S32.121B	S32.16XB	S33.2XXD	S34.122D
S32.052D	S32.121D	S32.16XD	S33.2XXS	S34.122S
S32.052G	S32.121G	S32.16XG	S33.30XA	S34.123A
S32.052K	S32.121K	S32.16XK	S33.30XD	S34.123D
S32.052S	S32.121S	S32.16XS	S33.30XS	S34.123S
S32.058B	S32.122B	S32.17XB	S33.39XA	S34.124A
S32.058D	S32.122D	S32.17XD	S33.39XD	S34.124D
S32.058G	S32.122G	S32.17XG	S33.39XS	S34.124S
S32.058K	S32.122K	S32.17XK	S33.6XXA	S34.125A
S32.058S	S32.122S	S32.17XS	S33.6XXD	S34.125D
S32.059B	S32.129B	S32.19XB	S33.6XXS	S34.125S
S32.059D	S32.129D	S32.19XD	S33.8XXA	S34.129A
S32.059G	S32.129G	S32.19XG	S33.8XXD	S34.129D
S32.059K	S32.129K	S32.19XK	S33.8XXS	S34.129S
S32.059S	S32.129S	S32.19XS	S34.102A	S34.131A
S32.10XB	S32.130B	S32.2XXB	S34.102D	S34.131D
S32.10XD	S32.130D	S32.2XXD	S34.102S	S34.131S
S32.10XG	S32.130G	S32.2XXG	S34.103A	S34.132A
S32.10XK	S32.130K	S32.2XXK	S34.103D	S34.132D
S32.10XS	S32.130S	S32.2XXS	S34.103S	S34.132S
S32.110B	S32.131B	S33.100A	S34.104A	S34.139A
S32.110D	S32.131D	S33.100D	S34.104D	S34.139D
S32.110G	S32.131G	S33.100S	S34.104S	S34.139S
S32.110K	S32.131K	S33.101A	S34.105A	S34.21XD
S32.110S	S32.131S	S33.101D	S34.105D	S34.21XS
S32.111B	S32.132B	S33.101S	S34.105S	S34.22XD
S32.111D	S32.132D	S33.120A	S34.109A	S34.22XS

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S34.3XXA	M48.13	M54.03	S12.330D	S13.4XXS
S34.3XXD	M48.21	M54.11	S12.331D	S13.8XXA
S34.3XXS	M48.22	M54.13	S12.34XD	S13.8XXD
S34.4XXD	M48.23	M54.2	S12.350D	S13.8XXS
S34.4XXS	M48.31	M54.81	S12.351D	S13.9XXA
G95.89	M48.32	M99.01	S12.390D	S13.9XXD
G96.00	M48.33	M99.81	S12.391D	S13.9XXS
G96.01	M48.41XD	Q76.411	S12.400D	S14.119A
G96.02	M48.42XD	Q76.412	S12.401D	S14.119D
G96.08	M48.43XD	Q76.49	S12.430D	S14.119S
G96.09	M48.51XD	S12.000D	S12.431D	S14.159A
G96.11	M48.52XD	S12.001D	S12.44XD	S14.159D
G96.12	M48.53XD	S12.01XD	S12.450D	S14.159S
G97.41	M49.81	S12.02XD	S12.451D	T84.216A
G97.48	M49.82	S12.030D	S12.490D	T84.216D
G97.49	M49.83	S12.031D	S12.491D	T84.216S
G97.61	M50.00	S12.040D	S12.500D	T84.226A
G97.62	M50.10	S12.041D	S12.501D	T84.226D
G97.63	M50.11	S12.090D	S12.530D	T84.226S
G97.64	M50.120	S12.091D	S12.531D	T84.296A
M25.78	M50.121	S12.100D	S12.54XD	T84.296D
M42.01	M50.13	S12.101D	S12.550D	T84.296S
M42.02	M50.220	S12.110D	S12.551D	T84.428A
M42.03	M50.23	S12.111D	S12.590D	T84.428D
M42.11	M50.320	S12.112D	S12.591D	T84.428S
M42.12	M50.321	S12.120D	S12.600D	T84.498A
M42.13	M50.323	S12.121D	S12.601D	T84.498D
M43.01	M50.33	S12.130D	S12.630D	T84.498S
M43.02	M50.80	S12.131D	S12.631D	T84.85XA
M43.03	M50.81	S12.14XD	S12.64XD	T84.85XD
M43.3	M50.820	S12.150D	S12.650D	T84.85XS
M43.4	M50.822	S12.151D	S12.651D	T84.89XA
M45.1	M50.83	S12.190D	S12.690D	T84.89XD
M45.2	M50.90	S12.191D	S12.691D	T84.89XS
M45.3	M50.91	S12.200D	S13.0XXA	T85.698A
M47.029	M50.920	S12.201D	S13.0XXD	T85.698D
M47.21	M50.922	S12.230D	S13.0XXS	T85.698S
M47.23	M50.923	S12.231D	S13.100A	T85.898A
M47.813	M50.93	S12.24XD	S13.100D	T85.898D
M47.891	M53.1	S12.250D	S13.100S	T85.898S
M47.892	M53.81	S12.251D	S13.101A	Z47.2
M47.893	M53.82	S12.290D	S13.101D	Z48.811
M48.01	M53.83	S12.291D	S13.101S	
M48.11	M54.01	S12.300D	S13.4XXA	
M48.12	M54.02	S12.301D	S13.4XXD	

MEDICAL POLICY	Intraoperative Monitoring (Medicare Only)
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MEDICAL POLICY CROSS-REFERENCES

- Intraoperative Monitoring (All Lines of Business Except Medicare)
- Nerve Conduction Studies (Medicare Only)

REFERENCES

1. Medicare PFS Relative Value Files web page; Available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>. Access date: 12/3/2021.
2. NCCI Policy Manual for Medicare web page (see Chapter 11); Last revised 1/1/2021; Available at: <https://www.cms.gov/medicare/national-correct-coding-initiative-edits/ncci-policy-manual-medicare>. Access date: 12/3/2021.