


<b>MEDICAL POLICY</b>	<b>Intraoperative Monitoring (Medicare Only)</b>
<b>Effective Date: 1/1/2022</b>	Medical Policy Number: 296
 1/1/2022	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 Aycin 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 ( <a href="#">160.8</a> )

*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.<sup>1</sup> 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)."<sup>2</sup> 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.
- Intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) will deny as not medically necessary when billed with any of the following procedures:
  - Radiofrequency ablation (CPT: 64633, 64634, 64635, 64636, 64625)
  - Epidural steroid injections (CPT: 62321, 64479, 64480, 62323, 64483, 64484)
  - Facet injections (CPT: 64633, 64634, 64635, 64636, 64492, 64495, 0213T-0218T)
  - Spinal cord stimulator placement (CPT: 63650, 63655, 63663, 63664, 63685)
- Please refer to [Coding Policy 89 \("Intraoperative Neurophysiology"\)](#) for additional information.

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**CPT/HCPCS CODES**

<b>Medicare Only</b>	
<b>Prior Authorization Required</b>	
<p><u>Note:</u></p> <ul style="list-style-type: none"> <li>Intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) will require prior authorization when billed with certain diagnosis codes (see <a href="#">Billing Guidelines Appendix</a>).</li> </ul>	
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)
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)
<b>No Prior Authorization Required</b>	
<p><u>Note:</u></p> <ul style="list-style-type: none"> <li>Intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) may be considered medically necessary without prior authorization only when billed with certain diagnosis codes (see <a href="#">Billing Guidelines Appendix</a>).</li> </ul>	
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)
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)
<b>No Prior Authorization Required</b>	
<p><u>Note:</u></p> <ul style="list-style-type: none"> <li>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 (see <a href="#">Billing Guidelines Appendix</a>).</li> </ul>	
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)
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)
<b>No Prior Authorization Required</b>	
<b>Electroencephalogram (EEG)</b>	
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance

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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)
<b>Somatosensory Evoked Potential (SSEP)</b>	
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
<b>Motor Evoked Potential (MEP)</b>	
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
<b>Auditory Brainstem Evoked Potential/Brainstem Auditory Evoked Potential (ABR/BAEP)</b>	
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report
<b>Peripheral Nerve Stimulation</b>	
95885	Needle electromyography, each extremity, with related paraspinous 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 paraspinous 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
<b>Oculomotor, Facial, Trigeminal and Lower Cranial Nerve Monitoring</b>	

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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
<b>Free-Running Electromyography (EMG)</b>	
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
<b>Miscellaneous</b>	
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
<b>Not Covered</b>	
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)

## 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

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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	M41.112	M41.56	M50.020	Q85.02
M40.04	M41.113	M41.57	M50.021	Q85.03
M40.05	M41.114	M41.82	M50.022	Q85.09
M40.12	M41.115	M41.83	M50.023	M48.41XA
M40.13	M41.116	M41.84	M50.03	M48.42XA
M40.14	M41.117	M41.85	M51.04	M48.43XA
M40.15	M41.122	M41.86	M51.05	M48.44XA
M40.202	M41.123	M41.87	M51.06	M48.45XA
M40.203	M41.124	M43.8X1	M51.9	M48.46XA
M40.204	M41.125	M43.8X2	M96.2	M48.47XA
M40.205	M41.126	M43.8X3	M96.3	M48.48XA
M40.292	M41.127	M43.8X4	M96.4	M48.51XA
M40.293	M41.22	M43.8X5	M96.5	M48.52XA
M40.294	M41.23	M43.8X6	P11.5	M48.53XA
M40.295	M41.24	M43.8X7	Q05.0	M48.54XA
M40.35	M41.25	M43.8X8	Q05.1	M48.55XA
M40.36	M41.26	M47.011	Q05.2	M48.56XA
M40.37	M41.27	M47.012	Q05.3	M48.57XA
M40.45	M41.34	M47.013	Q05.5	M48.58XA
M40.46	M41.35	M47.014	Q05.6	M80.08XA
M40.47	M41.41	M47.015	Q05.7	M80.88XA
M40.55	M41.42	M47.016	Q05.8	M84.58XA
M40.56	M41.43	M47.021	Q07.00	M84.68XA
M40.57	M41.44	M47.022	Q07.01	S12.000A
M41.02	M41.45	M47.11	Q07.02	S12.001A
M41.03	M41.46	M47.12	Q07.03	S12.01XA
M41.04	M41.47	M47.13	Q27.9	S12.02XA
M41.05	M41.52	M47.14	Q28.2	S12.030A
M41.06	M41.53	M47.15	Q28.3	S12.031A
M41.07	M41.54	M47.16	Q85.00	S12.040A
M41.08	M41.55	M50.01	Q85.01	S12.041A

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S12.090A	S12.451A	S22.042A	S32.041A	M47.27
S12.091A	S12.490A	S22.048A	S32.042A	M47.811
S12.100A	S12.491A	S22.049A	S32.048A	M47.812
S12.101A	S12.500A	S22.050A	S32.049A	M47.816
S12.110A	S12.501A	S22.051A	S32.050A	M47.817
S12.111A	S12.530A	S22.052A	S32.051A	M47.896
S12.112A	S12.531A	S22.058A	S32.052A	M48.02
S12.120A	S12.54XA	S22.059A	S32.058A	M48.03
S12.121A	S12.550A	S22.060A	S32.059A	M48.04
S12.130A	S12.551A	S22.061A	S32.10XA	M48.05
S12.131A	S12.590A	S22.062A	S32.110A	M48.061
S12.14XA	S12.591A	S22.068A	S32.111A	M48.062
S12.150A	S12.600A	S22.069A	S32.112A	M48.07
S12.151A	S12.601A	S22.070A	S32.119A	M48.56XA
S12.190A	S12.630A	S22.071A	S32.120A	M50.122
S12.191A	S12.631A	S22.072A	S32.121A	M50.123
S12.200A	S12.64XA	S22.078A	S32.122A	M50.20
S12.201A	S12.650A	S22.079A	S32.129A	M50.21
S12.230A	S12.651A	S22.080A	S32.130A	M50.221
S12.231A	S12.690A	S22.081A	S32.131A	M50.222
S12.24XA	S12.691A	S22.082A	S32.132A	M50.223
S12.250A	S14.2XXA	S22.088A	S32.139A	M50.30
S12.251A	S14.3XXA	S22.089A	S32.14XA	M50.31
S12.290A	S22.010A	S24.2XXA	S32.15XA	M50.322
S12.291A	S22.011A	S32.010A	S32.16XA	M50.821
S12.300A	S22.012A	S32.011A	S32.17XA	M50.823
S12.301A	S22.018A	S32.012A	S32.19XA	M50.921
S12.330A	S22.019A	S32.018A	S32.2XXA	M51.16
S12.331A	S22.020A	S32.019A	S34.21XA	M51.17
S12.34XA	S22.021A	S32.020A	S34.22XA	M51.25
S12.350A	S22.022A	S32.021A	S34.4XXA	M51.26
S12.351A	S22.028A	S32.022A	G95.20	M51.27
S12.390A	S22.029A	S32.028A	G95.9	M51.36
S12.391A	S22.030A	S32.029A	M41.9	M51.86
S12.400A	S22.031A	S32.030A	M43.07	M53.0
S12.401A	S22.032A	S32.031A	M43.12	M53.2X1
S12.430A	S22.038A	S32.032A	M43.16	M54.12
S12.431A	S22.039A	S32.038A	M43.17	M54.16
S12.44XA	S22.040A	S32.039A	M47.22	M54.17
S12.450A	S22.041A	S32.040A	M47.26	M54.5

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M54.9	M99.71	S22.009G	M79.601	G54.2
M96.0	Q67.5	S32.009A	G60.9	G54.3
M96.1	S12.9XXA	M71.38	G54.1	G54.4

**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	D42.9	G53	H71.23	I61.4
C41.2	D43.0	G54.0	H71.31	I61.5
C70.0	D43.1	G54.1	H71.32	I61.6
C70.1	D43.2	G54.2	H71.33	I61.8
C72.0	D43.3	G54.3	H71.91	I61.9
C72.1	D43.4	G54.4	H71.92	I62.00
C72.21	D43.8	G56.11	H71.93	I62.01
C72.22	D44.3	G56.12	H74.41	I62.02
C72.31	D44.4	G56.13	H74.42	I62.03
C72.32	D44.5	G56.21	H74.43	I62.1
C72.41	D44.6	G56.22	H83.11	I62.9
C72.42	D44.7	G56.23	H83.12	I63.00
C72.50	D49.6	G56.31	H83.13	I63.011
C72.59	G06.1	G56.32	I60.00	I63.012
C72.9	G40.011	G56.33	I60.01	I63.013
C73	G40.019	G57.01	I60.02	I63.02
C79.31	G40.111	G57.02	I60.11	I63.031
C79.32	G40.119	G57.03	I60.12	I63.032
C79.49	G40.211	G80.4	I60.2	I63.033
D21.0	G40.219	G80.8	I60.31	I63.09
D32.0	G45.0	G80.9	I60.32	I63.10
D32.1	G45.1	G93.5	I60.4	I63.111
D33.0	G45.2	G95.0	I60.51	I63.112
D33.1	G45.8	H71.01	I60.52	I63.113
D33.2	G45.9	H71.02	I60.6	I63.12
D33.3	G46.0	H71.03	I60.8	I63.131
D33.4	G46.1	H71.11	I60.9	I63.132
D33.7	G46.2	H71.12	I61.0	I63.133
D33.9	G50.0	H71.13	I61.1	I63.19
D42.0	G50.1	H71.21	I61.2	I63.20
D42.1	G52.9	H71.22	I61.3	I63.211



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I63.212	I63.40	I63.523	I66.02	I71.3
I63.213	I63.411	I63.531	I66.03	I71.4
I63.22	I63.412	I63.532	I66.11	I71.5
I63.231	I63.413	I63.533	I66.12	I71.6
I63.232	I63.421	I63.541	I66.13	I77.71
I63.233	I63.422	I63.542	I66.21	I77.74
I63.29	I63.423	I63.543	I66.22	I77.79
I63.30	I63.431	I63.59	I66.23	I79.0
I63.311	I63.432	I63.6	I66.3	Q27.39
I63.312	I63.433	I63.81	I66.8	C79.51
I63.313	I63.441	I63.89	I66.9	G80.1
I63.321	I63.442	I63.9	I67.0	P11.3
I63.322	I63.443	I65.01	I67.1	P11.4
I63.323	I63.449	I65.02	I67.5	P14.0
I63.331	I63.49	I65.03	I67.841	P14.1
I63.332	I63.50	I65.1	I67.848	P14.2
I63.333	I63.511	I65.21	I71.01	P14.3
I63.341	I63.512	I65.22	I71.02	P14.8
I63.342	I63.513	I65.23	I71.03	Q27.9
I63.343	I63.521	I65.8	I71.1	Q28.2
I63.39	I63.522	I66.01	I71.2	Q28.3

**Not Medically Necessary**

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	M41.56	M43.5X6	M43.5X7	M46.38
C72.1	M41.57	M43.5X7	M43.5X8	M46.46
D16.8	M41.86	M43.5X8	M43.8X6	M46.47
G54.1	M41.87	M43.8X6	M43.8X7	M46.48
G54.4	M43.06	M43.8X7	M43.8X8	M46.56
G83.4	M43.07	M43.8X8	M45.6	M46.57
G95.81	M43.08	M43.16	M45.7	M46.58
M40.36	M43.16	M43.17	M45.8	M46.86
M40.37	M43.17	M43.18	M46.26	M46.87
M40.46	M43.18	M43.26	M46.27	M46.88
M40.47	M43.26	M43.27	M46.28	M46.96
M40.56	M43.27	M43.28	M46.36	M46.97
M40.57	M43.28	M43.5X6	M46.37	M46.98

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M47.016	M49.88	M99.73	S32.009S	S32.030G
M47.16	M51.06	M99.74	S32.019A	S32.030K
M47.26	M51.16	M99.83	S32.019B	S32.030S
M47.27	M51.17	M99.84	S32.019D	S32.031A
M47.28	M51.26	Q05.2	S32.019G	S32.031B
M47.816	M51.27	Q05.3	S32.019K	S32.031D
M47.817	M51.36	Q05.7	S32.019S	S32.031G
M47.818	M51.37	Q05.8	S32.020A	S32.031K
M47.896	M51.46	Q76.426	S32.020B	S32.031S
M47.897	M51.47	Q76.427	S32.020D	S32.032A
M47.898	M51.86	Q76.428	S32.020G	S32.032B
M48.061	M51.87	S32.000A	S32.020K	S32.032D
M48.062	M51.9	S32.000B	S32.020S	S32.032G
M48.07	M53.2X6	S32.000D	S32.021A	S32.032K
M48.08	M53.2X7	S32.000G	S32.021B	S32.032S
M48.16	M53.2X8	S32.000K	S32.021D	S32.038A
M48.17	M53.3	S32.000S	S32.021G	S32.038B
M48.18	M53.86	S32.001A	S32.021K	S32.038D
M48.26	M53.87	S32.001B	S32.021S	S32.038G
M48.27	M53.88	S32.001D	S32.022A	S32.038K
M48.36	M54.16	S32.001G	S32.022B	S32.038S
M48.37	M54.17	S32.001K	S32.022D	S32.039A
M48.38	M54.18	S32.001S	S32.022G	S32.039B
M48.56XA	M54.30	S32.002A	S32.022K	S32.039D
M48.56XD	M54.31	S32.002B	S32.022S	S32.039G
M48.56XG	M54.32	S32.002D	S32.028A	S32.039K
M48.56XS	M54.40	S32.002G	S32.028B	S32.039S
M48.57XA	M54.41	S32.002K	S32.028D	S32.040A
M48.57XD	M54.42	S32.002S	S32.028G	S32.040B
M48.57XG	M54.5	S32.008A	S32.028K	S32.040D
M48.57XS	M99.23	S32.008B	S32.028S	S32.040G
M48.58XA	M99.24	S32.008D	S32.029A	S32.040K
M48.58XD	M99.33	S32.008G	S32.029B	S32.040S
M48.58XG	M99.34	S32.008K	S32.029D	S32.041A
M48.58XS	M99.43	S32.008S	S32.029G	S32.041B
M48.8X6	M99.44	S32.009A	S32.029K	S32.041D
M48.8X7	M99.53	S32.009B	S32.029S	S32.041G
M48.8X8	M99.54	S32.009D	S32.030A	S32.041K
M49.86	M99.63	S32.009G	S32.030B	S32.041S
M49.87	M99.64	S32.009K	S32.030D	S32.042A

MEDICAL POLICY		Intraoperative Monitoring (Medicare Only)		
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S32.042B	S32.058S	S32.120G	S32.139B	S32.2XXS
S32.042D	S32.059A	S32.120K	S32.139D	S33.100A
S32.042G	S32.059B	S32.120S	S32.139G	S33.100D
S32.042K	S32.059D	S32.121A	S32.139K	S33.100S
S32.042S	S32.059G	S32.121B	S32.139S	S33.101A
S32.048A	S32.059K	S32.121D	S32.14XA	S33.101D
S32.048B	S32.059S	S32.121G	S32.14XB	S33.101S
S32.048D	S32.10XA	S32.121K	S32.14XD	S33.120A
S32.048G	S32.10XB	S32.121S	S32.14XG	S33.120D
S32.048K	S32.10XD	S32.122A	S32.14XK	S33.120S
S32.048S	S32.10XG	S32.122B	S32.14XS	S33.121A
S32.049A	S32.10XK	S32.122D	S32.15XA	S33.121D
S32.049B	S32.10XS	S32.122G	S32.15XB	S33.121S
S32.049D	S32.110A	S32.122K	S32.15XD	S33.130A
S32.049G	S32.110B	S32.122S	S32.15XG	S33.130D
S32.049K	S32.110D	S32.129A	S32.15XK	S33.130S
S32.049S	S32.110G	S32.129B	S32.15XS	S33.131A
S32.050A	S32.110K	S32.129D	S32.16XA	S33.131D
S32.050B	S32.110S	S32.129G	S32.16XB	S33.131S
S32.050D	S32.111A	S32.129K	S32.16XD	S33.140A
S32.050G	S32.111B	S32.129S	S32.16XG	S33.140D
S32.050K	S32.111D	S32.130A	S32.16XK	S33.140S
S32.050S	S32.111G	S32.130B	S32.16XS	S33.141A
S32.051A	S32.111K	S32.130D	S32.17XA	S33.141D
S32.051B	S32.111S	S32.130G	S32.17XB	S33.141S
S32.051D	S32.112A	S32.130K	S32.17XD	S33.2XXA
S32.051G	S32.112B	S32.130S	S32.17XG	S33.2XXD
S32.051K	S32.112D	S32.131A	S32.17XK	S33.2XXS
S32.051S	S32.112G	S32.131B	S32.17XS	S33.30XA
S32.052A	S32.112K	S32.131D	S32.19XA	S33.30XD
S32.052B	S32.112S	S32.131G	S32.19XB	S33.30XS
S32.052D	S32.119A	S32.131K	S32.19XD	S33.39XA
S32.052G	S32.119B	S32.131S	S32.19XG	S33.39XD
S32.052K	S32.119D	S32.132A	S32.19XK	S33.39XS
S32.052S	S32.119G	S32.132B	S32.19XS	S33.6XXA
S32.058A	S32.119K	S32.132D	S32.2XXA	S33.6XXD
S32.058B	S32.119S	S32.132G	S32.2XXB	S33.6XXS
S32.058D	S32.120A	S32.132K	S32.2XXD	S33.8XXA
S32.058G	S32.120B	S32.132S	S32.2XXG	S33.8XXD
S32.058K	S32.120D	S32.139A	S32.2XXK	S33.8XXS

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S34.102A	S34.125D	G97.64	M47.893	M50.222
S34.102D	S34.125S	M25.78	M48.01	M50.223
S34.102S	S34.129A	M40.03	M48.02	M50.23
S34.103A	S34.129D	M40.12	M48.03	M50.30
S34.103D	S34.129S	M40.13	M48.11	M50.31
S34.103S	S34.131A	M40.202	M48.12	M50.320
S34.104A	S34.131D	M40.203	M48.13	M50.321
S34.104D	S34.131S	M40.292	M48.21	M50.322
S34.104S	S34.132A	M40.293	M48.22	M50.323
S34.105A	S34.132D	M42.01	M48.23	M50.33
S34.105D	S34.132S	M42.02	M48.31	M50.80
S34.105S	S34.139A	M42.03	M48.32	M50.81
S34.109A	S34.139D	M42.11	M48.33	M50.820
S34.109D	S34.139S	M42.12	M48.41XD	M50.821
S34.109S	S34.21XA	M42.13	M48.42XD	M50.822
S34.112A	S34.21XD	M43.01	M48.43XD	M50.823
S34.112D	S34.21XS	M43.02	M48.51XD	M50.83
S34.112S	S34.22XA	M43.03	M48.52XD	M50.90
S34.113A	S34.22XD	M43.3	M48.53XD	M50.91
S34.113D	S34.22XS	M43.4	M49.81	M50.920
S34.113S	S34.3XXA	M43.8X1	M49.82	M50.921
S34.114A	S34.3XXD	M43.8X2	M49.83	M50.922
S34.114D	S34.3XXS	M43.8X3	M50.00	M50.923
S34.114S	S34.4XXA	M45.1	M50.01	M50.93
S34.115A	S34.4XXD	M45.2	M50.020	M53.0
S34.115D	S34.4XXS	M45.3	M50.021	M53.1
S34.115S	G95.89	M47.021	M50.022	M53.81
S34.119A	G96.00	M47.022	M50.023	M53.82
S34.119D	G96.01	M47.029	M50.03	M53.83
S34.119S	G96.02	M47.11	M50.10	M54.01
S34.122A	G96.08	M47.12	M50.11	M54.02
S34.122D	G96.09	M47.13	M50.120	M54.03
S34.122S	G96.11	M47.21	M50.121	M54.11
S34.123A	G96.12	M47.22	M50.122	M54.12
S34.123D	G97.41	M47.23	M50.123	M54.13
S34.123S	G97.48	M47.811	M50.13	M54.2
S34.124A	G97.49	M47.812	M50.20	M54.81
S34.124D	G97.61	M47.813	M50.21	M99.01
S34.124S	G97.62	M47.891	M50.220	M99.81
S34.125A	G97.63	M47.892	M50.221	Q76.411

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Q76.412	S12.191D	S12.451D	S13.100D	T84.226S
Q76.49	S12.200D	S12.490D	S13.100S	T84.296A
S12.000D	S12.201D	S12.491D	S13.101A	T84.296D
S12.001D	S12.230D	S12.500D	S13.101D	T84.296S
S12.01XD	S12.231D	S12.501D	S13.101S	T84.428A
S12.02XD	S12.24XD	S12.530D	S13.4XXA	T84.428D
S12.030D	S12.250D	S12.531D	S13.4XXD	T84.428S
S12.031D	S12.251D	S12.54XD	S13.4XXS	T84.498A
S12.040D	S12.290D	S12.550D	S13.8XXA	T84.498D
S12.041D	S12.291D	S12.551D	S13.8XXD	T84.498S
S12.090D	S12.300D	S12.590D	S13.8XXS	T84.85XA
S12.091D	S12.301D	S12.591D	S13.9XXA	T84.85XD
S12.100D	S12.330D	S12.600D	S13.9XXD	T84.85XS
S12.101D	S12.331D	S12.601D	S13.9XXS	T84.89XA
S12.110D	S12.34XD	S12.630D	S14.119A	T84.89XD
S12.111D	S12.350D	S12.631D	S14.119D	T84.89XS
S12.112D	S12.351D	S12.64XD	S14.119S	T85.698A
S12.120D	S12.390D	S12.650D	S14.159A	T85.698D
S12.121D	S12.391D	S12.651D	S14.159D	T85.698S
S12.130D	S12.400D	S12.690D	S14.159S	T85.898A
S12.131D	S12.401D	S12.691D	T84.216A	T85.898D
S12.14XD	S12.430D	S13.0XXA	T84.216D	T85.898S
S12.150D	S12.431D	S13.0XXD	T84.216S	Z47.2
S12.151D	S12.44XD	S13.0XXS	T84.226A	Z48.811
S12.190D	S12.450D	S13.100A	T84.226D	

## 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.