Medical Policy

Intraoperative Monitoring

MEDICAL POLICY NUMBER: 295

Effective Date: 10/1/2025

Last Review Date: 9/2025

Next Annual Review: 9/2026

COVERAGE CRITERIA 2
POLICY CROSS REFERENCES 4
POLICY GUIDELINES 4
REGULATORY STATUS 6
CLINICAL EVIDENCE AND LITERATURE REVIEW 6
HEALTH EQUITY CONSIDERATIONS 8
BILLING GUIDELINES AND CODING 9
REFERENCES 11
POLICY REVISION HISTORY 12
APPENDICES 12

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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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.

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

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☒ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

Spine Indications

I. Continuous intraoperative neurophysiological monitoring (CPT code: 95940; HCPCS code: G0453) using sensory evoked potentials, motor evoked potentials, electromyography or electroencephalography may be considered **medically necessary** when there is significant risk of nerve or spinal cord injury for any of the following (A.-D.):

   A. Repeat spinal surgery with instrumentation;
   B. Surgery for significant spinal stenosis with myelopathy (see Policy Guidelines for full definition);
   C. Surgical instrumentation for correction of scoliosis or significant congenital, traumatic or degenerative spinal deformity;
   D. High-risk cervical spine surgery (e.g. vertebral or intraspinal tumor, traumatic spine/spinal cord injury including subluxation/dislocation, deformity correction, or surgery of the spinal cord).

II. Continuous intraoperative neurophysiological monitoring (CPT code: 95940; HCPCS code: G0453) using sensory evoked potentials, motor evoked potentials, electromyography or electroencephalography is considered **not medically necessary** when criterion I. above is not met, including but not limited to when performed with any of the following procedures (A.- G.):

A. Spine surgery in which criterion I.A-C. above are not met (e.g., initial spine surgery, routine decompression, laminotomy);
B. Cervical spine surgery in which criterion I.D. above is not met (e.g., anterior and/or posterior cervical fusion, discectomy or laminectomy);
C. Lumbar spine surgery performed below spinal column level L1/L2 in which criteria I.A-C. above are not met;
D. Radiofrequency ablation;
E. Epidural steroid injections;
F. Facet joint injections;
G. Spinal cord stimulator placement.

Non-Spine Indications

III. Continuous intraoperative neurophysiological monitoring (CPT code: 95940; HCPCS code: G0453) using sensory evoked potentials, motor evoked potentials, electromyography or electroencephalography may be considered **medically necessary** for any of the following (A.-G.):
A. Monitoring of a cranial nerve during head and/or neck surgery (e.g., resection of skull base tumor, resection of tumor involving a cranial nerve, cavernous sinus tumor, neck dissection, epileptogenic brain tumor/tissue resection);
B. Monitoring of recurrent laryngeal nerve function during high-risk thyroid surgery (e.g., complete resection of a lobe of the thyroid, removal of the entire gland, malignancy, or repeat thyroid or parathyroid surgery);
C. Monitoring of facial nerve function during surgery (e.g., acoustic neuroma, microvascular decompression of the facial nerve for hemifacial spasm, parotid tumor resection, neurotologic/otologic procedures);
D. High-risk vascular surgery (e.g. surgery of the aortic arch, thoracic aorta, internal carotid endarterectomy, cerebral aneurysm, intracranial or spinal arteriovenous malformation, distal aortic procedures where there is risk of ischemia to the spinal cord);
E. The planned surgery poses a high risk of significant damage to an essential nervous system structure (e.g., neuroma of peripheral nerve, leg lengthening procedure when there is traction on the sciatic nerve);
F. The planned surgery poses a high risk of significant damage to essential brain function (e.g. surgery for intractable movement disorders, basil ganglia movement disorders, resection of brain tissue close to the primary motor cortex and requiring brain mapping.
G. Brachial plexus surgery.

IV. Continuous intraoperative neurophysiological monitoring (CPT code: 95940; HCPCS code: G0453) is considered **not medically necessary** when criterion III. above is not met.

V. Continuous intraoperative neurophysiological monitoring of visual evoked potentials (VEP) is considered **not medically necessary.**

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

DOCUMENTATION REQUIREMENTS

- All documentation must be maintained in the patient's medical record and available to the contractor upon request
- Every page of the medical record must be legible and include appropriate patient identification information (e.g. complete name, dates of service). The record must include the physician or non-physician practitioner responsible for providing the care of the patient.
- The patient's medical record should document the time spent in monitoring in correlation to the surgery performed.
- The submitted medical record should support the use of the selected diagnosis code(s)
- The submitted CPT/HCPCS code should describe the service performed.

DEFINITIONS

- *Myelopathy:* Myelopathy refers to any neurological deficit related to a spinal cord injury. Corresponding clinical symptoms may include, but are not limited to the following:

    - Bowel or bladder incontinence;
    - Clumsiness of the hands
    - Frequent falls
    - Urinary urgency

    Corresponding objective neurological signs may include but are not limited to the following:

    - Hoffman sign
    - Hyperreflexia
    - Increased tone or spasticity

- For reimbursement, monitoring must be requested by the operating surgeon with the prior authorization submission.

- Monitoring must be performed by a physician, other than any of the following: the operating surgeon, the technical/surgical assistant; or the anesthesiologist rendering the anesthesia.

- The benefits of intraoperative neurophysiologic testing are attainable under optimal recording and interpreting conditions.

- Due to the nature of these services and the potential for significant morbidity in some procedures requiring intraoperative monitoring, these services must be used in the hospital setting only. As the level of anesthesia may significantly impact the ability to interpret intraoperative studies, continuous communication between the anesthesiologist and the monitoring physician is expected when medically indicated.

- It is also expected that a specifically trained technician, preferably registered with one of the credentialing organizations will be in continuous attendance in the operating room, recording and monitoring a single surgical case, with either the physical or electronic capacity for real-time communication with the supervising neurologist or other physician trained in neurophysiology.

- Due to the potential risk for morbidity with many of the above noted surgeries and the need for explicit and focused attention to both the monitoring and the procedure, claims submitted by operating surgeons for intraoperative monitoring in addition to surgery will not be reimbursed.

- Monitoring may be performed from a remote site, as long as a trained technician will be in continuous attendance in the operating room, with either the physical or electronic capacity for real-time communication with the supervising physician (MD/DO).Technical criteria (mandatory) include that at least eight recording channels be available (16 if EEG is monitored) for all intraoperative neurophysiological monitoring. The remotely supervising physician must have the ability to watch the tracings as they are obtained in real-time in the operating room, as well as the baseline electrophysiological test and the monitoring tracings from earlier in the case.

- Technical criteria (mandatory) for remote monitoring also include (a) routine real-time auditory or written communication between the supervising physician and the operating room and (b) the capability for telephone communications as needed between the supervising physician and the monitoring technologist, operating surgeon and the anesthesiologist.

- The equipment must also provide for all of the monitoring modalities that may be applied - auditory-evoked response, electroencephalography/electrocorticography, electromyography and nerve conduction and somatosensory-evoked response.

- Undivided attention to a unique patient may be required during some surgeries, such as during response to acute events or identification of the cerebral cortex to be resected or spared from resection. The monitoring physician must have a plan in place to transfer care to another physician of any other case during those times. When paying undivided attention to a unique patient, the physician must code and bill only for that one case during those times. For other

medically necessary intraoperative neurophysiologic monitoring, a physician may monitor up to three cases simultaneously

- Reimbursement will not be provided for "incident to" care in the hospital setting. More than one patient may be monitored at once; however, claims for physician services must be submitted only for the time devoted to monitoring when attention is directed exclusively to one patient.

BACKGROUND

Intraoperative neurophysiological testing may be used to identify/prevent complications during surgery on the nervous system, its blood supply, or adjacent tissue.

Monitoring can identify new neurologic impairment; or identify separate nervous system structures (e.g. around or in a tumor); and can demonstrate which tracts of nerves are functional. Intraoperative neurophysiological testing may provide relative reassurance to the surgeon that no identifiable complication has been detected up to a certain point, allowing the surgeon to proceed further and provide a more thorough or careful surgical intervention than would have been provided in the absence of monitoring.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

CLINICAL EVIDENCE AND LITERATURE REVIEW

EVIDENCE REVIEW

Criteria are based largely on clinical practice guidelines published through August 2025. As such, no evidence review addressing intraoperative neurophysiological testing and monitoring was conducted.

CLINICAL PRACTICE GUIDELINES

American Association of Neurological Surgeons and Congress of Neurological Surgeons

In 2018, the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) updated their position statement on intraoperative neurophysiologic monitoring during routine spinal surgery.[1] Investigators recommended intraoperative neurophysiologic monitoring, as “a reliable diagnostic tool for assessment of spinal cord integrity during surgery” (Level 1 evidence). Intraoperative motor evoked potentials may also “predict recovery in traumatic cervical spinal cord

injury." However, AANS and Congress of Neurological Surgeons found no evidence that such monitoring provides a therapeutic benefit. The statement also recommends that intraoperative neurophysiologic monitoring should be used when the operating surgeon believes it is warranted for diagnostic value, such as with "deformity correction, spinal instability, spinal cord compression, intradural spinal cord lesions, and when in proximity to peripheral nerves or roots."

American Society of Neurophysiological Monitoring

In 2018, the American Society of Neurophysiological Monitoring (ASNM) published practice guidelines for the supervising professional on IONM.[2] The ASNM (2013) position statement on intraoperative MEP monitoring indicated that MEPs are an established practice option for cortical and subcortical mapping and monitoring during surgeries risking motor injury in the brain, brainstem, spinal cord or facial nerve.

North American Spine Society

In 2017, the North American Spine Society published guidelines for the use of electrophysiological monitoring for surgery of the spinal column and spinal cord.[3] Investigators issued the following recommendations:

- Diagnostic: Level I
    - Multimodality intraoperative monitoring (MIOM), including somatosensory evoked potentials (SSEPs) and motor evoked potentials (MEPs) recording, during spinal cord/spinal column surgery is a reliable and valid diagnostic adjunct to assess spinal cord integrity and is recommended if utilized for this purpose.
    - MEP recordings are superior to SSEP recordings during spinal cord/spinal column surgery as diagnostic adjuncts for assessment of spinal cord integrity and are recommended if utilized for this purpose.
- Diagnostic: Level II
    - SSEP recordings during spinal cord/spinal column surgery are reliable and valid diagnostic adjuncts to describe spinal cord integrity and are recommended if utilized for this purpose.
- Therapeutic (Preventive): Level II
    - MIOM, including SSEPs and MEP recording, during spinal cord/spinal column surgery does not improve gross total tumor resection or improve neurological outcome, when utilized during intramedullary tumor resection procedures (no therapeutic benefit).
- Therapeutic (Preventive): Level III
    - There is insufficient evidence to suggest a therapeutic relationship between electrophysiological monitoring, including SSEP and MEP recordings, during spinal cord/spinal column surgery, and neurological outcome; its use is not recommended for this purpose. While intraoperative monitoring (IOM) may detect a neurological injury

during spinal surgery, its use does not result in improved neurological outcome, even when IOM alerts occur.
- While IOM may be considered to be integral to the technique for lateral approaches, there is insufficient evidence to support a recommendation for or against its use as a therapeutic adjunct with respect to a reduction in iatrogenic nerve injury and/or improvement in postoperative neurological outcome.

American Association of Neuromuscular and Electrodiagnostic Medicine

In 2017, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) updated their position statement on electrodiagnostic medicine.[4] The recommendations indicated that intraoperative sensory-evoked potentials have demonstrated usefulness for monitoring of spinal cord, brainstem, and brain sensory tracts. The AANEM stated that intraoperative SEP monitoring is indicated for select spine surgeries in which there is a risk of additional nerve root or spinal cord injury. Indications for SEP monitoring may include, but are not limited to, complex, extensive, or lengthy procedures, and when mandated by hospital policy. However, intraoperative SEP monitoring may not be indicated for routine lumbar or cervical root decompression.

American Academy of Neurology

In 2012, the American Academy of Neurology concluded that the available evidence supported IONM using SSEPs or MEPs when conducted under the supervision of a clinical neurophysiologist experienced with IONM.[5] Evidence was insufficient to evaluate IONM when conducted by technicians alone or by an automated device.

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others. Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.

The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online here.

BILLING GUIDELINES AND CODING

- 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 codes for EMG (95860, 95861, 95863, 95864) should not be billed together with 95938 (SSEP) for the same episode of intraoperative monitoring.
- Please refer to Coding Policy 89 ("Intraoperative Neurophysiology") for additional information.

CODES*		
Note: • Prior authorization for intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) may be required depending on the diagnosis codes billed. • Intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) will deny as not medically necessary 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)	• Prior authorization is required when billed with these diagnosis codes: Appendix Link • Intraoperative monitoring is considered not medically necessary when billed with these diagnosis codes: Appendix 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)	
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
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

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. American Association of Neurological Surgeons and Congress of Neurological Surgeons. AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves Updated Position Statement: Intraoperative Electrophysiological Monitoring. https://spinesection.org/about/position-statements/interoperative-electrophysiological-monitoring/. Published 2018. Accessed 7/22/2024.
2. Gertsch JH, Moreira JJ, Lee GR, et al. Practice guidelines for the supervising professional: intraoperative neurophysiological monitoring. *Journal of clinical monitoring and computing.* 2019;33(2):175-183.
3. Hadley MN, Shank CD, Rozzelle CJ, Walters BC. Guidelines for the Use of Electrophysiological Monitoring for Surgery of the Human Spinal Column and Spinal Cord. *Neurosurgery.* 2017;81(5):713-732.
4. American Association of Neuromuscular & Electrodiagnostic Medicine. Recommended Policy for Electrodiagnostic Medicine. https://www.aanem.org/Advocacy/Position-Statements/Recommended-Policy-for-Electrodiagnostic-Medicine. Published 2014. Accessed 7/22/2024.

5. American Academy of Neurology Professional Association. Principles of Coding for Intraoperative Neurophysiologic Monitoring and Testing Model Policy. https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/billing-and-coding/model-coverage-policies/18iommodelpolicy_tr.pdf. Published 2012. Accessed 7/22/2024.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
9/2023	Interim update. Billing guidelines updated
11/2023	Annual update. No changes.
10/2024	Annual review. No changes.
10/2025	Annual review. No changes.

APPENDICES

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:

G54.1	M40.293	M41.112	M41.35	M41.87
G54.2	M40.294	M41.113	M41.41	M41.9
G54.3	M40.295	M41.114	M41.42	M43.07
G54.4	M40.35	M41.115	M41.43	M43.12
G60.9	M40.36	M41.116	M41.44	M43.16
G95.20	M40.37	M41.117	M41.45	M43.17
G95.9	M40.45	M41.122	M41.46	M43.8X1
M40.03	M40.46	M41.123	M41.47	M43.8X2
M40.04	M40.47	M41.124	M41.52	M43.8X3
M40.05	M40.55	M41.125	M41.53	M43.8X4
M40.12	M40.56	M41.126	M41.54	M43.8X5
M40.13	M40.57	M41.127	M41.55	M43.8X6
M40.14	M41.02	M41.22	M41.56	M43.8X7
M40.15	M41.03	M41.23	M41.57	M43.8X8
M40.202	M41.04	M41.24	M41.82	M47.011
M40.203	M41.05	M41.25	M41.83	M47.012
M40.204	M41.06	M41.26	M41.84	M47.013
M40.205	M41.07	M41.27	M41.85	M47.014
M40.292	M41.08	M41.34	M41.86	M47.015

M47.016	M50.022	M96.1	S12.111A	S12.531A
M47.11	M50.023	M96.2	S12.112A	S12.54XA
M47.12	M50.03	M96.3	S12.120A	S12.550A
M47.13	M50.122	M96.4	S12.121A	S12.551A
M47.14	M50.123	M96.5	S12.130A	S12.590A
M47.15	M50.20	M99.71	S12.131A	S12.591A
M47.16	M50.21	P11.5	S12.14XA	S12.600A
M47.22	M50.221	Q05.0	S12.150A	S12.601A
M47.26	M50.222	Q05.1	S12.151A	S12.630A
M47.27	M50.223	Q05.2	S12.190A	S12.631A
M47.811	M50.30	Q05.3	S12.191A	S12.64XA
M47.812	M50.31	Q05.5	S12.200A	S12.650A
M47.816	M50.322	Q05.6	S12.201A	S12.651A
M47.817	M50.821	Q05.7	S12.230A	S12.690A
M47.896	M50.823	Q05.8	S12.231A	S12.691A
M48.02	M50.921	Q07.00	S12.24XA	S12.9XXA
M48.03	M51.04	Q07.01	S12.250A	S14.2XXA
M48.04	M51.05	Q07.02	S12.251A	S14.3XXA
M48.05	M51.06	Q07.03	S12.290A	S22.009G
M48.061	M51.16	Q27.9	S12.291A	S22.010A
M48.062	M51.17	Q28.2	S12.300A	S22.011A
M48.07	M51.25	Q28.3	S12.301A	S22.012A
M48.41XA	M51.26	Q67.5	S12.330A	S22.018A
M48.42XA	M51.27	Q85.00	S12.331A	S22.019A
M48.43XA	M51.36	Q85.01	S12.34XA	S22.020A
M48.44XA	M51.86	Q85.02	S12.350A	S22.021A
M48.45XA	M51.9	Q85.03	S12.351A	S22.022A
M48.46XA	M53.0	Q85.09	S12.390A	S22.028A
M48.47XA	M53.2X1	S12.000A	S12.391A	S22.029A
M48.48XA	M54.12	S12.001A	S12.400A	S22.030A
M48.51XA	M54.16	S12.01XA	S12.401A	S22.031A
M48.52XA	M54.17	S12.02XA	S12.430A	S22.032A
M48.53XA	M54.5	S12.030A	S12.431A	S22.038A
M48.54XA	M54.9	S12.031A	S12.44XA	S22.039A
M48.55XA	M71.38	S12.040A	S12.450A	S22.040A
M48.56XA	M79.601	S12.041A	S12.451A	S22.041A
M48.57XA	M80.08XA	S12.090A	S12.490A	S22.042A
M48.58XA	M80.88XA	S12.091A	S12.491A	S22.048A
M50.01	M84.58XA	S12.100A	S12.500A	S22.049A
M50.020	M84.68XA	S12.101A	S12.501A	S22.050A
M50.021	M96.0	S12.110A	S12.530A	S22.051A

S22.052A	S22.081A	S32.028A	S32.052A	S32.132A
S22.058A	S22.082A	S32.029A	S32.058A	S32.139A
S22.059A	S22.088A	S32.030A	S32.059A	S32.14XA
S22.060A	S22.089A	S32.031A	S32.10XA	S32.15XA
S22.061A	S24.2XXA	S32.032A	S32.110A	S32.16XA
S22.062A	S32.009A	S32.038A	S32.111A	S32.17XA
S22.068A	S32.010A	S32.039A	S32.112A	S32.19XA
S22.069A	S32.011A	S32.040A	S32.119A	S32.2XXA
S22.070A	S32.012A	S32.041A	S32.120A	S34.21XA
S22.071A	S32.018A	S32.042A	S32.121A	S34.22XA
S22.072A	S32.019A	S32.048A	S32.122A	S34.4XXA
S22.078A	S32.020A	S32.049A	S32.129A	
S22.079A	S32.021A	S32.050A	S32.130A	
S22.080A	S32.022A	S32.051A	S32.131A	

Medically Necessary Without Prior Authorization

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

A18.01	D32.1	D44.7	G54.0	H71.11
C41.2	D33.0	D49.6	G56.11	H71.12
C70.0	D33.1	G06.1	G56.12	H71.13
C70.1	D33.2	G40.011	G56.13	H71.21
C72.0	D33.3	G40.019	G56.21	H71.22
C72.1	D33.4	G40.111	G56.22	H71.23
C72.21	D33.7	G40.119	G56.23	H71.31
C72.22	D33.9	G40.211	G56.31	H71.32
C72.31	D42.0	G40.219	G56.32	H71.33
C72.32	D42.1	G45.0	G56.33	H71.91
C72.41	D42.9	G45.1	G57.01	H71.92
C72.42	D43.0	G45.2	G57.02	H71.93
C72.50	D43.1	G45.8	G57.03	H74.41
C72.59	D43.2	G45.9	G80.4	H74.42
C72.9	D43.3	G46.0	G80.8	H74.43
C73	D43.4	G46.1	G80.9	H83.11
C79.31	D43.8	G46.2	G93.5	H83.12
C79.32	D44.3	G50.0	G95.0	H83.13
C79.49	D44.4	G50.1	H71.01	I60.00
D21.0	D44.5	G52.9	H71.02	I60.01
D32.0	D44.6	G53	H71.03	I60.02

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

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	M43.06	M43.5X6	M46.26	M46.46
D16.8	M43.08	M43.5X7	M46.27	M46.47
G83.4	M43.18	M43.5X8	M46.28	M46.48
G95.81	M43.26	M45.6	M46.36	M46.56
	M43.27	M45.7	M46.37	M46.57
	M43.28	M45.8	M46.38	M46.58

M46.86	M54.30	S32.008S	S32.032B	S32.051D
M46.87	M54.31	S32.009B	S32.032D	S32.051G
M46.88	M54.32	S32.009D	S32.032G	S32.051K
M46.96	M54.40	S32.009G	S32.032K	S32.051S
M46.97	M54.41	S32.009K	S32.032S	S32.052B
M46.98	M54.42	S32.009S	32.038B	S32.052D
M47.28	M99.23	S32.019B	S32.038D	S32.052G
M47.818	M99.24	S32.019D	S32.038G	S32.052K
M47.897	M99.33	S32.019G	S32.038K	S32.052S
M47.898	M99.34	S32.019K	S32.038S	S32.058B
M48.08	M99.43	S32.019S	S32.039B	S32.058D
M48.16	M99.44	S32.020B	S32.039D	S32.058G
M48.17	M99.53	S32.020D	S32.039G	S32.058K
M48.18	M99.54	S32.020G	S32.039K	S32.058S
M48.26	M99.63	S32.020K	S32.039S	S32.059B
M48.27	M99.64	S32.020S	S32.040B	S32.059D
M48.36	M99.73	S32.021B	S32.040D	S32.059G
M48.37	M99.74	S32.021D	S32.040G	S32.059K
M48.38	M99.83	S32.021G	S32.040K	S32.059S
M48.56XD	M99.84	S32.021K	S32.040S	S32.10XB
M48.56XG	Q76.426	S32.021S	S32.041B	S32.10XD
M48.56XS	Q76.427	S32.022B	S32.041D	S32.10XG
M48.57XD	Q76.428	S32.022D	S32.041G	S32.10XK
M48.57XG	S32.000A	S32.022G	S32.041K	S32.10XS
M48.57XS	S32.000B	S32.022K	S32.041S	S32.110B
M48.58XD	S32.000D	S32.022S	S32.042B	S32.110D
M48.58XG	S32.000G	S32.028B	S32.042D	S32.110G
M48.58XS	S32.000K	S32.028D	S32.042G	S32.110K
M48.8X6	S32.000S	S32.028G	S32.042K	S32.110S
M48.8X7	S32.001A	S32.028K	S32.042S	S32.111B
M48.8X8	S32.001B	S32.028S	S32.048B	S32.111D
M49.86	S32.001D	S32.029B	S32.048D	S32.111G
M49.87	S32.001G	S32.029D	S32.048G	S32.111K
M49.88	S32.001K	S32.029G	S32.048K	S32.111S
M51.37	S32.001S	S32.029K	S32.048S	S32.112B
M51.46	S32.002A	S32.029S	S32.049B	S32.112D
M51.47	S32.002B	S32.030B	S32.049D	S32.112G
M51.87	S32.002D	S32.030D	S32.049G	S32.112K
M53.2X6	S32.002G	S32.030G	S32.049K	S32.112S
M53.2X7	S32.002K	S32.030K	S32.049S	S32.119B
M53.2X8	S32.002S	S32.030S	S32.050B	S32.119D
M53.3	S32.008A	32.031B	S32.050D	S32.119G
M53.86	S32.008B	S32.031D	S32.050G	S32.119K
M53.87	S32.008D	S32.031G	S32.050K	S32.119S
M53.88	S32.008G	S32.031K	S32.050S	S32.120B
M54.18	S32.008K	S32.031S	S32.051B	S32.120D

S32.120G
S32.120K
S32.120S
S32.121B
S32.121D
S32.121G
S32.121K
S32.121S
S32.122B
S32.122D
S32.122G
S32.122K
S32.122S
S32.129B
S32.129D
S32.129G
S32.129K
S32.129S
S32.130B
S32.130D
S32.130G
S32.130K
S32.130S
S32.131B
S32.131D
S32.131G
S32.131K
S32.131S
S32.132B
S32.132D
S32.132G
S32.132K
S32.132S
S32.139B
S32.139D
S32.139G
S32.139K
S32.139S
S32.14XB
S32.14XD
S32.14XG
S32.14XK
S32.14XS
S32.15XB
S32.15XD
S32.15XG
S32.15XK
S32.15XS
S32.16XB
S32.16XD
S32.16XG
S32.16XK
S32.16XS
S32.17XB
S32.17XD
S32.17XG
S32.17XK
S32.17XS
S32.19XB
S32.19XD
S32.19XG
S32.19XK
S32.19XS
S32.2XXB
S32.2XXD
S32.2XXG
S32.2XXK
S32.2XXS
S33.100A
S33.100D
S33.100S
S33.101A
S33.101D
S33.101S
S33.120A
S33.120D
S33.120S
S33.121A
S33.121D
S33.121S
S33.130A
S33.130D
S33.130S
S33.131A
S33.131D
S33.131S
S33.140A
S33.140D
S33.140S
S33.141A
S33.141D
S33.141S
S33.2XXA
S33.2XXD
S33.2XXS
S33.30XA
S33.30XD
S33.30XS
S33.39XA
S33.39XD
S33.39XS
S33.6XXA
S33.6XXD
S33.6XXS
S33.8XXA
S33.8XXD
S33.8XXS
S34.102A
S34.102D
S34.102S
S34.103A
S34.103D
S34.103S
S34.104A
S34.104D
S34.104S
S34.105A
S34.105D
S34.105S
S34.109A
S34.109D
S34.109S
S34.112A
S34.112D
S34.112S
S34.113A
S34.113D
S34.113S
S34.114A
S34.114D
S34.114S
S34.115A
S34.115D
S34.115S
S34.119A
S34.119D
S34.119S
S34.122A
S34.122D
S34.122S
S34.123A
S34.123D
S34.123S
S34.124A
S34.124D
S34.124S
S34.125A
S34.125D
S34.125S
S34.129A
S34.129D
S34.129S
S34.131A
S34.131D
S34.131S
S34.132A
S34.132D
S34.132S
S34.139A
S34.139D
S34.139S
S34.21XD
S34.21XS
S34.22XD
S34.22XS
S34.3XXA
S34.3XXD
S34.3XXS
S34.4XXD
S34.4XXS
G95.89
G96.00
G96.01
G96.02
G96.08
G96.09
G96.11
G96.12
G97.41
G97.48
G97.49
G97.61
G97.62
G97.63
G97.64
M25.78
M42.01
M42.02
M42.03
M42.11
M42.12
M42.13
M43.01
M43.02
M43.03
M43.3
M43.4
M45.1
M45.2
M45.3
M47.029
M47.21
M47.23
M47.813
M47.891
M47.892
M47.893
M48.01
M48.11
M48.12
M48.13
M48.21
M48.22
M48.23
M48.31
M48.32
M48.33
M48.41XD
M48.42XD
M48.43XD
M48.51XD
M48.52XD
M48.53XD
M49.81
M49.82
M49.83
M50.00
M50.10
M50.11
M50.120

M50.121
M50.13
M50.220
M50.23
M50.320
M50.321
M50.323
M50.33
M50.80
M50.81
M50.820
M50.822
M50.83
M50.90
M50.91
M50.920
M50.922
M50.923
M50.93
M53.1
M53.81
M53.82
M53.83
M54.01
M54.02
M54.03
M54.11
M54.13
M54.2
M54.81
M99.01
M99.81
Q76.411
Q76.412
Q76.49
S12.000D
S12.001D
S12.01XD
S12.02XD
S12.030D
S12.031D
S12.040D
S12.041D
S12.090D
S12.091D
S12.100D
S12.101D
S12.110D
S12.111D
S12.112D
S12.120D
S12.121D
S12.130D
S12.131D
S12.14XD
S12.150D
S12.151D
S12.190D
S12.191D
S12.200D
S12.201D
S12.230D
S12.231D
S12.24XD
S12.250D
S12.251D
S12.290D
S12.291D
S12.300D
S12.301D
S12.330D
S12.331D
S12.34XD
S12.350D
S12.351D
S12.390D
S12.391D
S12.400D
S12.401D
S12.430D
S12.431D
S12.44XD
S12.450D
S12.451D
S12.490D
S12.491D
S12.500D
S12.501D
S12.530D
S12.531D
S12.54XD
S12.550D
S12.551D
S12.590D
S12.591D
S12.600D
S12.601D
S12.630D
S12.631D
S12.64XD
S12.650D
S12.651D
S12.690D
S12.691D
S13.0XXA
S13.0XXD
S13.0XXS
S13.100A
S13.100D
S13.100S
S13.101A
S13.101D
S13.101S
S13.4XXA
S13.4XXD
S13.4XXS
S13.8XXA
S13.8XXD
S13.8XXS
S13.9XXA
S13.9XXD
S13.9XXS
S14.119A
S14.119D
S14.119S
S14.159A
S14.159D
S14.159S
T84.216A
T84.216D
T84.216S
T84.226A
T84.226D
T84.226S
T84.296A
T84.296D
T84.296S
T84.428A
T84.428D
T84.428S
T84.498A
T84.498D
T84.498S
T84.85XA
T84.85XD
T84.85XS
T84.89XA
T84.89XD
T84.89XS
T85.698A
T85.698D
T85.698S
T85.898A
T85.898D
T85.898S
Z47.2
Z48.811