

Medicare Medical Policy

Intraoperative Monitoring

MEDICARE MEDICAL POLICY NUMBER: 296

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Next Annual Review: 9/2025

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

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

PRODUCT AND BENEFIT APPLICATION

Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

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. See also the separate Medicare Advantage medical policy for surface electromyography (SEMG).

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)
<i>Evoked Response Tests</i>	NCD for Evoked Response Tests (160.10) NOTE: For the purposes of this medical policy, "evoked response tests" includes somatosensory evoked potentials/responses (SEPs/SERs) (CPTs 95925-95927, 95938), brainstem auditory evoked potentials/responses (BAEPs/BAERs) (CPTs 92652, 92653), and visual evoked potentials/responses (VEPs/VERs) (CPT 95930). These procedures are considered medically necessary for Medicare plan members.

Medicare Coverage Criteria: "MA organizations may create publicly accessible internal coverage criteria... when coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs." (§ 422.101(b)(6) – see [Policy Guidelines](#) below)

- **Medicare Coverage Manuals:** Medicare does not have criteria for continuous intraoperative monitoring (CPT 95940, HCPCS G0453) in a coverage manual.
- **National Coverage Determination (NCD):** While there are NCDs available for some monitoring procedures, continuous intraoperative monitoring procedures reported with CPT 95940 or HCPCS G0453 are **not** addressed by an NCD.
- **Noridian J-F Local Coverage Determination (LCD)/Local Coverage Article (LCA):** As of the most recent policy review, at least two Medicare Administrative Contractors (MACs) have

LCDs for CPT 95940 and/or HCPCS G0453; however, they are **not** the assigned MAC with jurisdiction over the plan service area.

- Therefore, in the absence of established Medicare coverage criteria in a manual, NCD, LCD, or other regulatory guidance for the health plan’s service area, Company criteria below are applied for medical necessity decision-making. In this case, Medicare coverage criteria are considered “not fully established” as defined under CFR § 422.101(6)(i)(C) as there is no Medicare coverage criteria available for continuous intraoperative monitoring (CPT 95940, HCPCS G0453) for the plan service area.
- **NOTE:** *The summary of evidence, as well as the list of citations/references used in the development of the Company’s internal coverage criteria, are publicly available and can be found using the Company medical policy link below [CFR § 422.101(6)(ii)(A) and (B)].*

All other intraoperative neurophysiological testing	Company medical policy for Intraoperative Monitoring I. This service may be considered medically necessary for Medicare when the Company medical policy criteria are met. I. This service is considered not medically necessary for Medicare when the Company medical policy criteria are not met. <i>See Policy Guidelines below.</i>
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IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member’s benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

POLICY CROSS REFERENCES

- [Nerve Conduction Studies](#), MP131
- [Surface Electromyography \(sEMG\) Testing](#), MP337

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

MEDICARE AND MEDICAL NECESSITY

For Medicare, only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. MA organizations (MAOs) make medical necessity determinations based on coverage and benefit criteria, current standards of care, the member’s unique personal medical history (e.g., diagnoses, conditions, functional status, co-morbidities, etc.), physician recommendations, and clinical notes, as well as involvement of a plan medical director, where appropriate. (*§ 422.101(c)(1)*)

In addition:

“MA organizations may create publicly accessible internal coverage criteria that are based on current evidence in widely used treatment guidelines or clinical literature when coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs. Current, widely-used treatment guidelines are those developed by organizations representing clinical medical specialties, and refers to guidelines for the treatment of specific diseases or conditions. Acceptable clinical literature includes large, randomized controlled trials or prospective cohort studies with clear results, published in a peer-reviewed journal, and specifically designed to answer the relevant clinical question, or large systematic reviews or meta-analyses summarizing the literature of the specific clinical question.” (*§ 422.101(b)(6) and Medicare Managed Care Manual, Ch. 4, §90.5*)

The Company policy for *PHA Medicare Medical Policy Development and Application* ([MP50](#)) provides details regarding Medicare’s definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan’s use of evidence-based processes for policy development.

Since there are not fully established coverage criteria for continuous intraoperative monitoring (CPT 95940, HCPCS G0453) available in applicable Medicare statutes, regulations, NCDs or LCDs, then Company medical policy criteria will be applied. See the [Medicare Coverage Criteria](#) table above for more information regarding the use of internal coverage criteria when Medicare coverage criteria are not fully established.

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

- According to the *National Physician Fee Schedule Relative Value File (NPF SRVF)*, which is published by Medicare,¹ 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. 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.

- In addition, CPT 95941 is not covered according to the Company Coding Policy (*Intraoperative Neurophysiology*, 89.0).
- 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 Company [Coding Policy \(Intraoperative Neurophysiology, 89.0\)](#) for additional information.

HCPCS CODE S3900

Like all S-codes, the NPF SRVF also indicates HCPCS code S3900 has been assigned a Status Indicator of "I." This is defined as "Not valid for Medicare purposes." In addition, HCPCS code S3900 is not recognized as a valid code for claim submission as indicated in the relevant Company Coding Policy (*HCPCS S-Codes and H-Codes*, 22.0). Providers need to use alternate available CPT or HCPCS codes to report for the service. If no specific CPT or HCPCS code is available, then an unlisted code may be used. Note that unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. Thus, if an unlisted code is billed related to a non-covered service addressed in this policy, it will be denied as not covered.

CODES*

Note:

- Prior authorization for intraoperative neurophysiological testing and monitoring (CPT: 95940; HCPCS: G0453) may be required depending on the diagnosis codes billed.
 - Prior authorization is required when billed with these diagnosis codes: [LINK](#)
 - Intraoperative monitoring is considered not medically necessary when billed with these diagnosis codes: [LINK](#)
- 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 [Appendices](#) section below.

Intraoperative Monitoring (IOM) in Operating Room

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)
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
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
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)
	S3900	Surface electromyography (EMG) (CMS-assigned Status "I" code – See above billing guidelines)

***Coding Notes:**

- The code list above 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. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- 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. 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: 8/24/2022.
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: 8/24/2022.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
10/2022	Annual review (converted to new format 2/2023)
9/2023	Interim update; no criteria change, updated Billing Guidelines
10/2023	Annual review; no criteria change
10/2024	Annual review; no criteria change

APPENDICES

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

Appendix I: Prior authorization required

CODE	CODE	CODE	CODE	CODE
M40.03	M40.55	M41.127	M41.57	M47.11
M40.04	M40.56	M41.22	M41.82	M47.12
M40.05	M40.57	M41.23	M41.83	M47.13
M40.12	M41.02	M41.24	M41.84	M47.14
M40.13	M41.03	M41.25	M41.85	M47.15
M40.14	M41.04	M41.26	M41.86	M47.16
M40.15	M41.05	M41.27	M41.87	M50.01
M40.202	M41.06	M41.34	M43.8X1	M50.020
M40.203	M41.07	M41.35	M43.8X2	M50.021
M40.204	M41.08	M41.41	M43.8X3	M50.022
M40.205	M41.112	M41.42	M43.8X4	M50.023
M40.292	M41.113	M41.43	M43.8X5	M50.03
M40.293	M41.114	M41.44	M43.8X6	M51.04
M40.294	M41.115	M41.45	M43.8X7	M51.05
M40.295	M41.116	M41.46	M43.8X8	M51.06
M40.35	M41.117	M41.47	M47.011	M51.9
M40.36	M41.122	M41.52	M47.012	M96.2

M40.37	M41.123	M41.53	M47.013	M96.3
M40.45	M41.124	M41.54	M47.014	M96.4
M40.46	M41.125	M41.55	M47.015	M96.5
M40.47	M41.126	M41.56	M47.016	P11.5
Q05.0	S12.001A	S12.400A	S22.032A	S32.032A
Q05.1	S12.01XA	S12.401A	S22.038A	S32.038A
Q05.2	S12.02XA	S12.430A	S22.039A	S32.039A
Q05.3	S12.030A	S12.431A	S22.040A	S32.040A
Q05.5	S12.031A	S12.44XA	S22.041A	S32.041A
Q05.6	S12.040A	S12.450A	S22.042A	S32.042A
Q05.7	S12.041A	S12.451A	S22.048A	S32.048A
Q05.8	S12.090A	S12.490A	S22.049A	S32.049A
Q07.00	S12.091A	S12.491A	S22.050A	S32.050A
Q07.01	S12.100A	S12.500A	S22.051A	S32.051A
Q07.02	S12.101A	S12.501A	S22.052A	S32.052A
Q07.03	S12.110A	S12.530A	S22.058A	S32.058A
Q27.9	S12.111A	S12.531A	S22.059A	S32.059A
Q28.2	S12.112A	S12.54XA	S22.060A	S32.10XA
Q28.3	S12.120A	S12.550A	S22.061A	S32.110A
Q85.00	S12.121A	S12.551A	S22.062A	S32.111A
Q85.01	S12.130A	S12.590A	S22.068A	S32.112A
Q85.02	S12.131A	S12.591A	S22.069A	S32.119A
Q85.03	S12.14XA	S12.600A	S22.070A	S32.120A
Q85.09	S12.150A	S12.601A	S22.071A	S32.121A
M48.41XA	S12.151A	S12.630A	S22.072A	S32.122A
M48.42XA	S12.190A	S12.631A	S22.078A	S32.129A
M48.43XA	S12.191A	S12.64XA	S22.079A	S32.130A
M48.44XA	S12.200A	S12.650A	S22.080A	S32.131A
M48.45XA	S12.201A	S12.651A	S22.081A	S32.132A
M48.46XA	S12.230A	S12.690A	S22.082A	S32.139A
M48.47XA	S12.231A	S12.691A	S22.088A	S32.14XA
M48.48XA	S12.24XA	S14.2XXA	S22.089A	S32.15XA
M48.51XA	S12.250A	S14.3XXA	S24.2XXA	S32.16XA
M48.52XA	S12.251A	S22.010A	S32.010A	S32.17XA
M48.53XA	S12.290A	S22.011A	S32.011A	S32.19XA
M48.54XA	S12.291A	S22.012A	S32.012A	S32.2XXA
M48.55XA	S12.300A	S22.018A	S32.018A	S34.21XA
M48.56XA	S12.301A	S22.019A	S32.019A	S34.22XA
M48.57XA	S12.330A	S22.020A	S32.020A	S34.4XXA
M48.58XA	S12.331A	S22.021A	S32.021A	G95.20
M80.08XA	S12.34XA	S22.022A	S32.022A	G95.9
M80.88XA	S12.350A	S22.028A	S32.028A	M41.9
M84.58XA	S12.351A	S22.029A	S32.029A	M43.07
M84.68XA	S12.390A	S22.030A	S32.030A	M43.12
S12.000A	S12.391A	S22.031A	S32.031A	M43.16
M43.17	M48.05	M50.31	M53.0	S22.009G
M47.22	M48.061	M50.322	M53.2X1	S32.009A
M47.26	M48.062	M50.821	M54.12	M71.38
M47.27	M48.07	M50.823	M54.16	M79.601

M47.811	M50.122	M50.921	M54.17	G60.9
M47.812	M50.123	M51.16	M54.5	G54.1
M47.816	M50.20	M51.17	M54.9	G54.2
M47.817	M50.21	M51.25	M96.0	G54.3
M47.896	M50.221	M51.26	M96.1	G54.4
M48.02	M50.222	M51.27	M99.71	
M48.03	M50.223	M51.36	Q67.5	
M48.04	M50.30	M51.86	S12.9XXA	

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:

Appendix II: Medically necessary without prior authorization

CODE	CODE	CODE	CODE	CODE
A18.01	D33.0	G06.1	G56.13	H71.22
C41.2	D33.1	G40.011	G56.21	H71.23
C70.0	D33.2	G40.019	G56.22	H71.31
C70.1	D33.3	G40.111	G56.23	H71.32
C72.0	D33.4	G40.119	G56.31	H71.33
C72.1	D33.7	G40.211	G56.32	H71.91
C72.21	D33.9	G40.219	G56.33	H71.92
C72.22	D42.0	G45.0	G57.01	H71.93
C72.31	D42.1	G45.1	G57.02	H74.41
C72.32	D42.9	G45.2	G57.03	H74.42
C72.41	D43.0	G45.8	G80.4	H74.43
C72.42	D43.1	G45.9	G80.8	H83.11
C72.50	D43.2	G46.0	G80.9	H83.12
C72.59	D43.3	G46.1	G93.5	H83.13
C72.9	D43.4	G46.2	G95.0	I60.00
C73	D43.8	G50.0	H71.01	I60.01
C79.31	D44.3	G50.1	H71.02	I60.02
C79.32	D44.4	G52.9	H71.03	I60.11
C79.49	D44.5	G53	H71.11	I60.12
D21.0	D44.6	G54.0	H71.12	I60.2
D32.0	D44.7	G56.11	H71.13	I60.31
D32.1	D49.6	G56.12	H71.21	I60.32
I60.4	I63.09	I63.341	I63.541	I67.1
I60.51	I63.10	I63.342	I63.542	I67.5
I60.52	I63.111	I63.343	I63.543	I67.841
I60.6	I63.112	I63.39	I63.59	I67.848
I60.8	I63.113	I63.40	I63.6	I71.01
I60.9	I63.12	I63.411	I63.81	I71.02
I61.0	I63.131	I63.412	I63.89	I71.03
I61.1	I63.132	I63.413	I63.9	I71.1
I61.2	I63.133	I63.421	I65.01	I71.2
I61.3	I63.19	I63.422	I65.02	I71.3
I61.4	I63.20	I63.423	I65.03	I71.4

I61.5	I63.211	I63.431	I65.1	I71.5
I61.6	I63.212	I63.432	I65.21	I71.6
I61.8	I63.213	I63.433	I65.22	I77.71
I61.9	I63.22	I63.441	I65.23	I77.74
I62.00	I63.231	I63.442	I65.8	I77.79
I62.01	I63.232	I63.443	I66.01	I79.0
I62.02	I63.233	I63.449	I66.02	Q27.39
I62.03	I63.29	I63.49	I66.03	C79.51
I62.1	I63.30	I63.50	I66.11	G80.1
I62.9	I63.311	I63.511	I66.12	M47.021
I63.00	I63.312	I63.512	I66.13	M47.022
I63.011	I63.313	I63.513	I66.21	P11.3
I63.012	I63.321	I63.521	I66.22	P11.4
I63.013	I63.322	I63.522	I66.23	P14.0
I63.02	I63.323	I63.523	I66.3	P14.1
I63.031	I63.331	I63.531	I66.8	P14.2
I63.032	I63.332	I63.532	I66.9	P14.3
I63.033	I63.333	I63.533	I67.0	P14.8

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:

Appendix III: Not medically necessary

CODE	CODE	CODE	CODE	CODE
	G95.81	M43.27	M45.6	M46.28
	M43.06	M43.28	M45.7	M46.36
C41.4	M43.08	M43.5X6	M45.8	M46.37
D16.8	M43.18	M43.5X7	M46.26	M46.38
G83.4	M43.26	M43.5X8	M46.27	M46.46
M46.47	M53.2X8	S32.002K	S32.030G	S32.049G
M46.48	M53.3	S32.002S	S32.030K	S32.049K
M46.56	M53.86	S32.008A	S32.030S	S32.049S
M46.57	M53.87	S32.008B	32.031B	S32.050B
M46.58	M53.88	S32.008D	S32.031D	S32.050D
M46.86	M54.18	S32.008G	S32.031G	S32.050G
M46.87	M54.30	S32.008K	S32.031K	S32.050K
M46.88	M54.31	S32.008S	S32.031S	S32.050S
M46.96	M54.32	S32.009B	S32.032B	S32.051B
M46.97	M54.40	S32.009D	S32.032D	S32.051D
M46.98	M54.41	S32.009G	S32.032G	S32.051G
M47.28	M54.42	S32.009K	S32.032K	S32.051K
M47.818	M99.23	S32.009S	S32.032S	S32.051S
M47.897	M99.24	S32.019B	32.038B	S32.052B
M47.898	M99.33	S32.019D	S32.038D	S32.052D
M48.08	M99.34	S32.019G	S32.038G	S32.052G
M48.16	M99.43	S32.019K	S32.038K	S32.052K
M48.17	M99.44	S32.019S	S32.038S	S32.052S

M48.18	M99.53	S32.020B	S32.039B	S32.058B
M48.26	M99.54	S32.020D	S32.039D	S32.058D
M48.27	M99.63	S32.020G	S32.039G	S32.058G
M48.36	M99.64	S32.020K	S32.039K	S32.058K
M48.37	M99.73	S32.020S	S32.039S	S32.058S
M48.38	M99.74	S32.021B	S32.040B	S32.059B
M48.56XD	M99.83	S32.021D	S32.040D	S32.059D
M48.56XG	M99.84	S32.021G	S32.040G	S32.059G
M48.56XS	Q76.426	S32.021K	S32.040K	S32.059K
M48.57XD	Q76.427	S32.021S	S32.040S	S32.059S
M48.57XG	Q76.428	S32.022B	S32.041B	S32.10XB
M48.57XS	S32.000A	S32.022D	S32.041D	S32.10XD
M48.58XD	S32.000B	S32.022G	S32.041G	S32.10XG
M48.58XG	S32.000D	S32.022K	S32.041K	S32.10XK
M48.58XS	S32.000G	S32.022S	S32.041S	S32.10XS
M48.8X6	S32.000K	S32.028B	S32.042B	S32.110B
M48.8X7	S32.000S	S32.028D	S32.042D	S32.110D
M48.8X8	S32.001A	S32.028G	S32.042G	S32.110G
M49.86	S32.001B	S32.028K	S32.042K	S32.110K
M49.87	S32.001D	S32.028S	S32.042S	S32.110S
M49.88	S32.001G	S32.029B	S32.048B	S32.111B
M51.37	S32.001K	S32.029D	S32.048D	S32.111D
M51.46	S32.001S	S32.029G	S32.048G	S32.111G
M51.47	S32.002A	S32.029K	S32.048K	S32.111K
M51.87	S32.002B	S32.029S	S32.048S	S32.111S
M53.2X6	S32.002D	S32.030B	S32.049B	S32.112B
M53.2X7	S32.002G	S32.030D	S32.049D	S32.112D
S32.112G	S32.139G	S33.130A	S34.113A	G95.89
S32.112K	S32.139K	S33.130D	S34.113D	G96.00
S32.112S	S32.139S	S33.130S	S34.113S	G96.01
S32.119B	S32.14XB	S33.131A	S34.114A	G96.02
S32.119D	S32.14XD	S33.131D	S34.114D	G96.08
S32.119G	S32.14XG	S33.131S	S34.114S	G96.09
S32.119K	S32.14XK	S33.140A	S34.115A	G96.11
S32.119S	S32.14XS	S33.140D	S34.115D	G96.12
S32.120B	S32.15XB	S33.140S	S34.115S	G97.41
S32.120D	S32.15XD	S33.141A	S34.119A	G97.48
S32.120G	S32.15XG	S33.141D	S34.119D	G97.49
S32.120K	S32.15XK	S33.141S	S34.119S	G97.61
S32.120S	S32.15XS	S33.2XXA	S34.122A	G97.62
S32.121B	S32.16XB	S33.2XXD	S34.122D	G97.63
S32.121D	S32.16XD	S33.2XXS	S34.122S	G97.64
S32.121G	S32.16XG	S33.30XA	S34.123A	M25.78
S32.121K	S32.16XK	S33.30XD	S34.123D	M42.01
S32.121S	S32.16XS	S33.30XS	S34.123S	M42.02
S32.122B	S32.17XB	S33.39XA	S34.124A	M42.03
S32.122D	S32.17XD	S33.39XD	S34.124D	M42.11
S32.122G	S32.17XG	S33.39XS	S34.124S	M42.12
S32.122K	S32.17XK	S33.6XXA	S34.125A	M42.13

S32.122S	S32.17XS	S33.6XXD	S34.125D	M43.01
S32.129B	S32.19XB	S33.6XXS	S34.125S	M43.02
S32.129D	S32.19XD	S33.8XXA	S34.129A	M43.03
S32.129G	S32.19XG	S33.8XXD	S34.129D	M43.3
S32.129K	S32.19XK	S33.8XXS	S34.129S	M43.4
S32.129S	S32.19XS	S34.102A	S34.131A	M45.1
S32.130B	S32.2XXB	S34.102D	S34.131D	M45.2
S32.130D	S32.2XXD	S34.102S	S34.131S	M45.3
S32.130G	S32.2XXG	S34.103A	S34.132A	M47.029
S32.130K	S32.2XXK	S34.103D	S34.132D	M47.21
S32.130S	S32.2XXS	S34.103S	S34.132S	M47.23
S32.131B	S33.100A	S34.104A	S34.139A	M47.813
S32.131D	S33.100D	S34.104D	S34.139D	M47.891
S32.131G	S33.100S	S34.104S	S34.139S	M47.892
S32.131K	S33.101A	S34.105A	S34.21XD	M47.893
S32.131S	S33.101D	S34.105D	S34.21XS	M48.01
S32.132B	S33.101S	S34.105S	S34.22XD	M48.11
S32.132D	S33.120A	S34.109A	S34.22XS	M48.12
S32.132G	S33.120D	S34.109D	S34.3XXA	M48.13
S32.132K	S33.120S	S34.109S	S34.3XXD	M48.21
S32.132S	S33.121A	S34.112A	S34.3XXS	M48.22
S32.139B	S33.121D	S34.112D	S34.4XXD	M48.23
S32.139D	S33.121S	S34.112S	S34.4XXS	M48.31
M48.32	M54.11	S12.291D	S13.100D	T85.698A
M48.33	M54.13	S12.300D	S13.100S	T85.698D
M48.41XD	M54.2	S12.301D	S13.101A	T85.698S
M48.42XD	M54.81	S12.330D	S13.101D	T85.898A
M48.43XD	M99.01	S12.331D	S13.101S	T85.898D
M48.51XD	M99.81	S12.34XD	S13.4XXA	T85.898S
M48.52XD	Q76.411	S12.350D	S13.4XXD	Z47.2
M48.53XD	Q76.412	S12.351D	S13.4XXS	Z48.811
M49.81	Q76.49	S12.390D	S13.8XXA	
M49.82	S12.000D	S12.391D	S13.8XXD	
M49.83	S12.001D	S12.400D	S13.8XXS	
M50.00	S12.01XD	S12.401D	S13.9XXA	
M50.10	S12.02XD	S12.430D	S13.9XXD	
M50.11	S12.030D	S12.431D	S13.9XXS	
M50.120	S12.031D	S12.44XD	S14.119A	
M50.121	S12.040D	S12.450D	S14.119D	
M50.13	S12.041D	S12.451D	S14.119S	
M50.220	S12.090D	S12.490D	S14.159A	
M50.23	S12.091D	S12.491D	S14.159D	
M50.320	S12.100D	S12.500D	S14.159S	
M50.321	S12.101D	S12.501D	T84.216A	
M50.323	S12.110D	S12.530D	T84.216D	
M50.33	S12.111D	S12.531D	T84.216S	
M50.80	S12.112D	S12.54XD	T84.226A	
M50.81	S12.120D	S12.550D	T84.226D	
M50.820	S12.121D	S12.551D	T84.226S	

M50.822	S12.130D	S12.590D	T84.296A
M50.83	S12.131D	S12.591D	T84.296D
M50.90	S12.14XD	S12.600D	T84.296S
M50.91	S12.150D	S12.601D	T84.428A
M50.920	S12.151D	S12.630D	T84.428D
M50.922	S12.190D	S12.631D	T84.428S
M50.923	S12.191D	S12.64XD	T84.498A
M50.93	S12.200D	S12.650D	T84.498D
M53.1	S12.201D	S12.651D	T84.498S
M53.81	S12.230D	S12.690D	T84.85XA
M53.82	S12.231D	S12.691D	T84.85XD
M53.83	S12.24XD	S13.0XXA	T84.85XS
M54.01	S12.250D	S13.0XXD	T84.89XA
M54.02	S12.251D	S13.0XXS	T84.89XD
M54.03	S12.290D	S13.100A	T84.89XS