

# Neurologic Services and Procedures

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**Related Medicare Advantage Policy Guidelines**

- [Ambulatory EEG Monitoring \(NCD 160.22\)](#)
- [Long-Term EEG Monitoring](#)
- [Multiple Electroconvulsive Therapy \(MECT\) \(NCD 160.25\)](#)
- [Vagus Nerve Stimulation \(VNS\) \(NCD 160.18\)](#)

## Coverage Guidelines

Diagnostic neurologic services and procedures are covered when Medicare coverage criteria are met.

### Surgically Induced Nerve Track

Surgically induced nerve track lesions to control pain are covered only when criteria are met.

Refer to the [National Coverage Determination \(NCD\) for Induced Lesions of Nerve Tracts \(160.1\)](#). (Accessed November 9, 2020)

### Multiple-Seizure Electroconvulsive Therapy

Multiple-seizure electroconvulsive therapy is not covered.

Note: Multiple-seizure electroconvulsive therapy has not been verified by scientifically controlled studies. In addition, studies have demonstrated an increased risk of adverse effects with multiple seizures. Accordingly, MECT cannot be considered reasonable and necessary and is not covered by the Medicare program.

Refer to the [NCD for Multiple-Seizure Electroconvulsive Therapy \(160.25\)](#). (Accessed November 9, 2020)

### Invasive Intracranial Pressure Monitoring

Invasive intracranial pressure monitoring is covered.

Refer to the [NCD for Invasive Intracranial Pressure Monitoring \(160.14\)](#). (Accessed November 9, 2020)

## Vagus Nerve Stimulation for Treatment of Seizures

Vagus nerve stimulation is covered. Vagus nerve stimulation is safe and effective treatment for patients with medically refractory partial onset seizures, for whom surgery is not recommended or for whom surgery has failed. Vagus nerve stimulation is not covered for patients with other types of seizure disorders which are medically refractory and for whom surgery is not recommended or for whom surgery has failed.

Refer to the [NCD for Vagus Nerve Stimulation \(VNS\) \(160.18\)](#). (Accessed March 3, 2021)

For vagus nerve stimulation for resistant depression, refer to the Coverage Summary titled [Mental Health Services and Procedures](#).

## Stereotaxic Depth Electrode Implantation

Stereotaxic depth electrode implantation is covered prior to surgical treatment of focal epilepsy for patients who are unresponsive to anticonvulsant medications has been found both safe and effective for diagnosing resectable seizure foci that may go undetected by conventional scalp EEGs.

Refer to the [NCD for Stereotaxic Depth Electrode Implantation \(160.5\)](#). (Accessed November 9, 2020)

## Electroencephalographic (EEG) Monitoring

Electroencephalographic (EEG) monitoring is covered during surgical procedures involving the cerebral vasculature.

Refer to the [NCD for EEG for Monitoring During Surgical Procedures Involving the Cerebral Vasculature \(160.8\)](#). (Accessed November 9, 2020)

## Ambulatory EEG Monitoring

Ambulatory EEG monitoring is covered for patients in whom a seizure diathesis is suspected but not defined by history, physical or resting EEG.

Ambulatory EEG can be utilized in the differential diagnosis of syncope and transient ischemic attacks if not elucidated by conventional studies.

Refer to the [NCD for Ambulatory EEG Monitoring \(160.22\)](#). (Accessed November 9, 2020)

Notes:

- Ambulatory EEG should always be preceded by an awake and asleep resting EEG.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

## Non-Ambulatory (Standard) EEG Monitoring and Video Recording

Medicare does not have a National Coverage Determination (NCD) for non-ambulatory (standard) EEG Monitoring. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Standard or Non-Ambulatory EEG Monitoring](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Electroencephalographic \(EEG\) Monitoring and Video Recording](#).

Note: After checking the [Standard or Non-Ambulatory EEG Monitoring](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## Intraoperative Neurophysiological Monitoring

Refer to the Coverage Summary titled [Neurophysiological Studies](#).

## Sensory Nerve Conduction Threshold Tests (sNCTs)

All uses of sNCTs to diagnose sensory neuropathies or radiculopathies are not covered. Refer to the [NCD for Sensory Nerve Conduction Threshold Tests \(sNCTs\) \(160.23\)](#). (Accessed November 9, 2020)

## Electromyography (EMG) and Nerve Conduction Studies

Medicare does not have a National Coverage Determination for electromyography (EMG) and nerve conduction studies. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories. Compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Electromyography \(EMG\) and Nerve Conduction Studies](#).

## Plagiocephaly and Craniosynostosis Treatment

Medicare does not have a National Coverage Determination (NCD) for plagiocephaly and craniosynostosis treatment. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Plagiocephaly and Craniosynostosis Treatment](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

## Supporting Information

**Important Note:** When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Electromyography (EMG) and Nerve Conduction Studies				
Accessed July 22, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35897 (A57307)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L34859 (A57123)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35098 (A57668)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36524 (A54969)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, AS, GU, HI, MP, NV
L36526 (A54992)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, WA, SD, UT, WY
L35081 (A54095)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, TX, PA

## Electromyography (EMG) and Nerve Conduction Studies

Accessed July 22, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35048 (A56619)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34594 (A57478)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL*, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA*, HI*, IA, ID*, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT*, NC*, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC, SD*, TN*, TX*, UT*, VA*, VT*, WA*, WI*, WV*, WY*  Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L34594 (A57478)	<a href="#">Nerve Conduction Studies and Electromyography</a>	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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## Standard or Non-Ambulatory EEG Monitoring

Accessed July 22, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34521 (A57667)	<a href="#">Special EEG Tests</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI

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## Policy History/Revision Information

Date	Summary of Changes
05/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
11/17/2020	<ul style="list-style-type: none"> <li>Routine review; no change to coverage guidelines</li> </ul>

## Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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