Coverage Summary

Neurophysiological Studies

Policy Number: N-005  Products: UnitedHealthcare Medicare Advantage Plans  Original Approval Date: 02/21/2011
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 02/18/2020
Related Medicare Advantage Policy Guideline: Evoked Response Tests (NCD160.10)

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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 is 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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I. COVERAGE

Coverage Statement: Neurophysiological studies are covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. Evoked Response Tests
   Evoked response tests, including brain stem evoked response and visual evoked response tests, are generally accepted as safe and effective diagnostic tools. Program payment may be made for these procedures.

   See the NCD for Evoked Response Tests (160.10). (Accessed January 29, 2020)

Local Coverage Determinations (LCDs) exist and compliance with these LCDs is required where applicable. These LCDs/LCAs are available at https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search.asp&.
2. **Intraoperative Neurophysiology Monitoring**
   - Medicare does not have a National Coverage Determination (NCD) for intraoperative neurophysiology monitoring.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the **LCD/LCA Availability Grid (Attachment A)**.
   - **For states with no LCDs/LCAs**, see the Wisconsin **LCD for Intraoperative Neurophysiological Testing (L34623)** for coverage guideline.
     *(IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)*
   - **Committee approval date**: February 18, 2020
   - Accessed January 29, 2020

### II. DEFINITIONS

### III. REFERENCES

See above

### IV. REVISION HISTORY

02/18/2020  •  Routine review; no change to coverage guidelines

### V. ATTACHMENT

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<th>Title</th>
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<td>IN, IA, KS, MI, MO, NE</td>
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End of Attachment A