

Neurophysiological Studies

Policy Number: MCS062.01
Approval Date: February 16, 2021

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Related Medicare Advantage Policy Guideline
• Evoked Response Tests (NCD160.10)

Coverage Guidelines

Neurophysiological studies are covered when Medicare coverage criteria are met.

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.

Refer to the [NCD for Evoked Response Tests \(160.10\)](#). (Accessed February 2, 2021)

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&>.

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 specific LCDs/LCAs, refer to the table for [Intraoperative Neurophysiology Monitoring](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the Wisconsin Physicians [LCD for Intraoperative Neurophysiological Testing \(L34623\)](#).

Note: After checking the [Intraoperative Neurophysiology Monitoring](#) table and 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.

Intraoperative Neurophysiology Monitoring

Accessed February 2, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35003 (A56722)	Intraoperative Neurophysiological Testing	Part A and B MAC	Novitas Solutions, Inc	CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA
L34623 (A57604)	Intraoperative Neurophysiological Testing	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 listed on this grid. This WPS LCD only applies to states without asterisk.
L34623 (A57604)	Intraoperative Neurophysiological Testing	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Policy History/Revision Information

Date	Summary of Changes
05/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
02/16/2021	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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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