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 9, 2019)

Local Coverage Determinations (LCDs) exist and compliance with these LCDs is required where applicable. LCDs for Sensory Evoked Potentials & Intraoperative Neurophysiology Monitoring (L34072) and Medicine: Neurophysiology Evoked Potentials (NEPs) (L34266) and Medicine: Neurophysiology Evoked Potentials (NEPs) (L34975) at http://www.cms.gov/medicare-coverage-
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 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 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 19, 2019
   • Accessed June 3, 2019

II. DEFINITIONS

III. REFERENCES
See above

IV. REVISION HISTORY

04/01/2019 Updated policy introduction; added language to clarify:
   • There are instances where [the Coverage Summary] 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)

02/19/2019 Annual review; no updates.

09/18/2018 Updated Local Coverage Determination (LCD) Availability Grid; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

02/20/2018 Annual review; no updates.

02/14/2017 Annual review; no updates

02/16/2016 Annual review; no updates to the guideline content; updated reference link(s) of the applicable LCDs to reflect the condensed link.

03/12/2015 Formatting change only

02/17/2015 Annual review with the following updates: Updated guideline to include two (2) sections: (1) Evoked Response Tests, and (2) Intraoperative Neurophysiology Monitoring.

02/18/2014 Annual review; no updates
02/19/2013  Annual review; changed the default guidelines for states with no Local Coverage Determinations (LCDs), from Trailblazer LCD for Neurophysiological Studies (L26813) to Novitas LCD for Medicine: Neurophysiology Evoked Potentials (NEPs) (L32640)

02/27/2012  Annual review; updated guidelines to state that there are more LCDs available; no change in guidelines; additional Medicare reasonable and necessary language was also added

V. ATTACHMENT(S)

Attachment A - LCD Availability Grid

Intraoperative Neurophysiology Monitoring

CMS website accessed June 3, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34623</td>
<td>Intraoperative Neurophysiological Testing</td>
<td>MAC - Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IN, IA, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L34623</td>
<td>Intraoperative Neurophysiological Testing</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L35003</td>
<td>Intraoperative Neurophysiological Testing</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc</td>
<td>CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA</td>
</tr>
</tbody>
</table>

End of Attachment A