

Evoked Response Tests (NCD 160.10)

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[Terms and Conditions](#)

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Related Medicare Advantage Coverage Summaries
• Neurologic Services and Procedures
• Neurophysiological Studies

Policy Summary

[See Purpose](#)

Overview

These tests measure brain responses to repetitive visual, click or other stimuli.

Guidelines

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.

Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive (Deleted 12/31/2020 to report see 92650- 92653)
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited (Deleted 12/31/2020 to report see 92650- 92653)
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis (Effective 01/01/2021)
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report (Effective 01/01/2021)
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report (Effective 01/01/2021)
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report (Effective 01/01/2021)

CPT Code	Description
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
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
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
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs

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References

CMS National Coverage Determination (NCD)

[NCD 160.10 Evoked Response Tests](#)

Reference NCD: [NCD 160.23 Sensory Nerve Conduction Threshold Tests \(sNCTs\)](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34975 Medicine: Neurophysiology Evoked Potentials (NEPs)	A56773 Billing and Coding: Neurophysiology Evoked Potentials (NEPs)	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L35007 Vestibular and Audiologic Function Studies	A57434 Billing and Coding: Vestibular and Audiologic Function Studies	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L35906 Somatosensory Testing	A57041 Billing and Coding: Somatosensory Testing	CGS	KY, OH	KY, OH
L33958 Somatosensory Testing	A57540 Billing and Coding: Somatosensory Testing	First Coast		FI, PR, VI
L34433 Somatosensory Testing	A56769 Billing and Coding: Somatosensory Testing	Palmetto	AL, GA, TN, NC, SC, VA, WV	AL, GA, TN, NC, SC, VA, WV
L34624 Somatosensory Testing	A57597 Billing and Coding: Somatosensory Testing	WPS	AK, AL, AR, AZ, CA (Entire State), CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO (Entire State), 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	IA, KS, MO, NE, IN, MI

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L36831 Visual Electrophysiology Testing	A57060 Billing and Coding: Visual Electrophysiology Testing	NGS	IL, MN, WI, CT, NY (Entire State), ME, MA, NH, RI, VT	IL, MN, WI, CT, NY (Up State), NY (Down State), NY (Queens), ME, MA, NH, RI, VT
L37015 Visual Electrophysiology Testing	A57599 Billing and Coding: Visual Electrophysiology Testing	WPS	AK, AL, AR, AZ, CA (Entire State), CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO (Entire State), 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	IA, KS, MO, NE, IN, MI

UnitedHealthcare Commercial Medical Policy

[Neurophysiologic Testing](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
12/09/2020	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> CPT codes 92650, 92651, 92652, and 92653 Notation to indicate CPT code 92585 and 92586 were “deleted Dec. 31, 2020” Removed: <ul style="list-style-type: none"> CPT codes 95940 and 95941 HCPCS code G0453 Modifier code GZ <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG106.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).