Clinical Policy: Evoked Potential Testing

Reference Number: CP.MP.134
Last Review Date: 10/19
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Coding Implications
Revision Log

See Important Reminder **at the end of this policy for important regulatory and legal information**

Description

Evoked potentials evaluate electrical activity in the nervous system in response to stimulation of specific nerve pathways. Types of evoked potentials include somatosensory, brainstem auditory, visual and motor. Monitoring of neurophysiologic evoked potentials intraoperatively helps prevent neurologic injury during neurological, orthopedic, and other types of surgeries. This policy describes the medically necessary indications for neurophysiologic evoked potentials.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® that evoked potential testing is **medically necessary** for the following indications:

A. Somatosensory Evoked Potentials Testing

1. Evaluation of acute anoxic encephalopathy;
2. Assessment of a decline in status which may warrant emergent surgery in unconscious spinal cord injury patients who show specific structural damage to the somatosensory system, and who are candidates for emergency spinal cord surgery;
3. Aid in the diagnosis of multiple sclerosis;
4. Evaluation of suspected brain death;
5. Assessment of coma following traumatic, hypoxic-ischemic, and other diffuse brain injuries;
6. Assessment of central nervous system deficiency identified on clinical exam when not explained by appropriate imaging studies;
7. Assessment of unexplained myelopathy;
8. Localization of the cause of neurologic deficits seen on exam that are not explained by lesions on CT or MRI;
9. Management of conditions causing spinocerebral degeneration, such as Fredreichs ataxia;
10. Intraoperative monitoring during surgeries that may affect neural structures.

B. Brainstem Auditory Evoked Potential Testing

1. Assessment of brainstem function in acquired metabolic disorders;
2. Assessment of brainstem function after a lesion compressing the brainstem has been surgically removed;
3. Diagnosis and monitoring of demyelinating and degenerative diseases affecting the brain stem such as multiple sclerosis, central pontine myelinolysis, and olivopontocerebellar degeneration;
4. Diagnosis of lesions in the auditory system;
5. Evaluation of irreversibility of a coma or brain death in combination with EEG;

6. Screening for hearing loss of infants and preverbal children or children with developmental delay or intellectual disability;
7. Intraoperative monitoring during surgeries which may affect neural structures.

C. Visual Evoked Potential Testing
   1. Diagnosis and monitoring of demyelinating disorders of the optic nerve such as multiple sclerosis or neuromyelitis optic;
   2. Assessment of suspected disorder of the optic nerve, optic chiasm or optic radiations not explained by lesions seen on a CT or MRI, metabolic disorder or infectious disease;
   3. Evaluation of visual loss in those unable to communicate.

II. It is the policy of health plans affiliated with Centene Corporation® that somatosensory evoked potentials, motor evoked potentials using transcranial electrical stimulation, and brainstem auditory evoked potentials are **medically necessary** during intracranial, orthopedic, spinal, and vascular surgeries.

III. It is the policy of health plans affiliated with Centene Corporation® that evoked potential testing is **experimental/investigational** for the following indications:
A. Intraoperative monitoring of visual evoked potentials;
B. Motor evoked potentials from transcranial magnetic stimulation.

IV. It is the policy of health plans affiliated with Centene Corporation® that evoked potential testing is **not medically necessary** for the following indications:
A. Motor evoked potentials for non-operative monitoring;
B. For the treatment of all other conditions than those specified above.

Background
Evoked potentials provide electrical recordings of afferent and efferent networks within the central and peripheral nervous systems in response to specific stimulation. These sophisticated tests facilitate the diagnosis nerve damage, or locate the specific site of nerve damage. There are several types of evoked potentials including sensory evoked potentials and motor evoked. Examples of sensory evoked potentials include somatosensory, brainstem auditory, and visual evoked potentials. Somatosensory evoked potentials generate sensory information from peripheral nerve stimulation. [2] Brainstem auditory evoked potentials are created in response to aural cues and are evaluated at the brainstem and posterior fossa. [2] Visual evoked potentials provide information regarding conduction within the visual pathway, including the retino-striate conduction time.[2] Motor evoked potentials are elicited by electrical or magnetic stimulation of the motor cortex or spinal cord.

Intraoperative monitoring of neurophysiologic responses involves the electrophysiologic measurement of myogenic and neural responses during the course of surgeries. These measurements and testing are in response to controlled and modality specific stimulation. According to the American Speech Langue Hearing Association's Position Statement on Intraoperative Monitoring, the primary objectives of intraoperative monitoring include: (1) to avoid intraoperative injury to neural structures; (2) to facilitate specific stages of the surgical procedure; (3) to reduce the risk of permanent postoperative neurological injury; and (4) to assist the surgeon in identifying specific neural structures.[1]

The American Academy of Neurology published an assessment of intraoperative neurophysiologic monitoring with an evidence based guideline update in 2012.[3] This guideline specifically addressed whether spinal cord intraoperative monitoring with somatosensory and motor evoked potentials predict adverse surgical outcomes. All studies that met inclusion criteria were consistent in showing all of the occurrences of paraparesis, paraplegia, and quadriplegia in the intraoperative monitoring of patients with evoked potential changes, and showed no occurrences of paraparesis, paraplegia, and quadriplegia in patients without evoked potential changes.[3] Thus, intraoperative neurophysiologic monitoring provides operating teams with information regarding increased risk of severe adverse neurologic outcomes. Furthermore, the American Society Clinical Neurophysiology has published specific guidelines on an array of specifications, including the amplifier, safety, filtering, calibration, replication, and interpretation of results.[4]

Coding Implications

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CPT® Codes	Description
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
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) testing central nervous system, 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

CPT® Codes	Description
95939	Central motor evoked potential study (transcranial motor stimulation), in upper and lower limbs
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)
0333T	Visual evoked potential, screening of visual acuity, automated

HCPCS Codes	Description
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
A17.0-A17.89	Tuberculosis of nervous system
C30.1	Malignant neoplasm of middle ear
C41.0	Malignant neoplasm of bones of skull and face
C41.2	Malignant neoplasm of vertebral column
C70.0-C70.9	Malignant neoplasm of meninges
C71.0-C71.9	Malignant neoplasm of brain
C72.0-C72.9	Malignant neoplasm of spinal cord, cranial nerves and other parts of the central nervous system
C79.31-C79.32	Secondary malignant neoplasm of brain and cerebral meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system
D02.3	Carcinoma in situ of other parts of respiratory system
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinus
D16.6	Benign neoplasm of vertebral column
D18.02	Hemangioma of intracranial structures
D32.0-D32.9	Benign neoplasm of meninges
D33.0-D33.9	Benign neoplasm of brain and other parts of central nervous system
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D42.0-D42.9	Neoplasm of uncertain behavior of meninges
D43.0-D43.9	Neoplasm of uncertain behavior of brain and central nervous system
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D49.1	Neoplasm of unspecified behavior of respiratory system

ICD-10-CM Code	Description
D49.6	Neoplasm of unspecified behavior of brain
G06.0-G06.2	Intracranial and intraspinal abscess and granuloma
G11.1	Early-onset cerebellar ataxia
G23.8	Other specified degenerative diseases of basal ganglia
G35	Multiple sclerosis
G36.0-G36.9	Other acute disseminated demyelination
G37.0-G37.9	Other demyelinating diseases of central nervous system
G50.0-G50.9	Disorders of trigeminal nerve
G52.0-G52.9	Disorders of other cranial nerves
G54.0	Brachial plexus disorders
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders, not elsewhere classified
G54.3	Thoracic root disorders, not elsewhere classified
G54.4	Lumbosacral root disorders, not elsewhere classified
G93.0	Cerebral cysts
G93.1	Anoxic brain damage, not elsewhere classified
G93.5	Compression of the brain
G93.6	Cerebral edema
G93.82	Brain death
G95.9	Disease of spinal cord, unspecified
G96.8	Other specified disorders of central nervous system
H47.011-H47.649	Other disorders of optic (2nd) nerve and visual pathways
H53.001 – H53.9	Visual disturbances
H81.01 – H81.09	Meniere's disease
H81.391 – H81.399	Other peripheral vertigo
H81.4	Vertigo of central origin
H90.0-H90.72	Conductive and sensorineural hearing loss
H91.01-H91.93	Other and unspecified hearing loss
H93.3x1 – H93.3x9	Disorders of acoustic nerve
I60.00-I60.8	Nontraumatic subarachnoid hemorrhage
I61.0-I61.8	Nontraumatic intracerebral hemorrhage
I62.00-I62.1	Other and unspecified nontraumatic intracranial hemorrhage
I63.00-I63.9	Cerebral infarction
I65.01-I65.9	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction
I66.01-I66.9	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction
I67.0-I67.7	Other cerebral vascular diseases
I71.00-I71.9	Aortic aneurysm and dissection
I72.0	Aneurysm of carotid artery
I77.71	Dissection of carotid artery
I77.74	Dissection of vertebral artery
M40.00-M40.57	Kyphosis and lordosis
M41.00- M41.9	Scoliosis

ICD-10-CM Code	Description
M43.00-M43.09	Spondylolysis
M43.10-M43.19	Spondylolisthesis
M47.011-M47.9	Spondylosis
M48.00-M48.08	Spinal stenosis
M50.00-M50.93	Cervical disc disorders
M51.04-M51.9	Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders
P10.0-P10.9	Intracranial laceration and hemorrhage due to birth injury
P11.0-P11.9	Other birth injuries to central nervous system
P14.0-P14.9	Birth injury to peripheral nervous system
Q01.0-Q01.9	Encephalocele
Q04.0-Q04.9	Other congenital malformations of brain
Q05.0-Q05.9	Spina bifida
Q07.00-Q07.03	Arnold –Chiari syndrome
Q28.0-Q28.9	Other congenital malformations of circulatory systems
Q76.2	Congenital spondylolisthesis
Q85.00-Q85.09	Phakomatoses, not elsewhere classified
R40.20-R40.4	Coma
R40.3	Persistent vegetative state
R42	Dizziness and giddiness
R47.01	Aphasia
R94.110 – R94.138	Abnormal results of function studies of peripheral nervous system and special senses
S02.0XX- S02.42X (add 7th digit A-S)	Fracture of skull and facial bones
S04.011-S04.9XX (add 7th digit A-S)	Injury of optic nerve and pathways
S06.0X0-S06.898 (add 7th digit A-S)	Intracranial injury
S07.0XX -S07.9XX (add 7th digit A-S)	Crushing injury of head
S12.000 -S12.9XX (add 7th digit A-S)	Fracture of cervical vertebrae and other parts of the neck
S14.0XX- S14.9XX (add 7th digit A-S)	Injury of nerves and spinal cord at neck level
S22.000 -S22.089 (add 7th digit A-S)	Fracture of thoracic vertebrae
S24.101-S24.9XX(add 7th digit A-S)	Other and unspecified injuries of thoracic spinal cord
S34.01X -S34.9XX (add 7th digit A-S)	Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level
Z01.110	Encounter for hearing examination following failed hearing screening

ICD-10-CM Code	Description
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z87.710-Z87.798	Personal history of (corrected) congenital malformations

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed, Neurological surgery specialist reviewed.	11/16	11/16
References reviewed and updated. 2018 ICD-10 CM coding clarifications.	11/17	11/17
References reviewed and updated. Codes reviewed.	10/18	10/18
Removed age limit in I.B.6 and replaced with "infants and preverbal children or children with developmental delay or intellectual disability." References reviewed and updated. ICD-10 codes deleted in 2019: H81.41, H81.42,H81.43, H81.49. Specialist review	10/19	10/19

References

1. American Speech-Language-Hearing Association. (1992). Neurophysiologic Intraoperative Monitoring [Position Statement]. Available from https://www.asha.org/policy/PS1992-00036/
2. Walsh P, Kane N, Butler S. The clinical role of evoked potentials. J Neurol Neurosurg Psychiatry 2005 Jun;76 Suppl 2:ii16-22 .
3. Nuwer MR, Emerson RG, Galloway G, et al. Evidence-based guideline update: Intraoperative spinal monitoring with somatosensory and transcranial electrical motor evoked potentials.Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the American Clinical Neurophysiology Society (ACNS). Neurology 78.8 (2012): 585-589.
4. American Society Clinical Neurophysiology. Guideline 9A: Guidelines on Evoked Potentials. Journal of Clinical Neurophysiology. Volume 23 Number 2. April 2006.
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6. Holdefer RN, MacDonald DB, Skinner SA. Somatosensory and motor evoked potentials as biomarkers for post-operative neurological status. Clin Neurophysiol. 2015 May;126(5):857-65. doi: 10.1016/j.clinph.2014.11.009.

Important Reminder

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