

Medicare Advantage Medical Policy



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Intraoperative Neurophysiologic Monitoring – Medicare Advantage

Medicare Advantage Plan

- ☒ Medicare Plus BlueSM
- ☒ BCN AdvantageSM

UM Committee Approval Date: 09/17/2025

Effective Date: 10/17/2025

Description

Intraoperative neurophysiologic monitoring (IONM) refers to the use of various techniques to monitor the nervous system during surgical procedures. The primary goal of IONM is to provide real-time feedback to the surgical team about the functional integrity of the nervous system, allowing for immediate adjustments to be made to minimize the risk of injury to the nervous system. Common types of IONM can include somatosensory evoked potentials, motor evoked potentials (MEPs), electromyography (EMG), electroencephalography (EEG), brainstem auditory evoked potentials (BAEPs), visual-evoked potentials, and neuromuscular stimulation (train of four).

Related Medical Coverage Policies

- Magnetoencephalography / Magnetic Source Imaging
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Policy Guidelines

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network of Michigan (BCN) adhere to guidance from the Centers for Medicare and Medicaid Services (CMS), including when performing organization determinations for Medicare Advantage plan members. CMS Medicare statutes, regulations, manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and other sub-regulatory guidance provide the clinical guidelines for coverage determinations, payment integrity functions, and all other uses by CMS regulations. When CMS Medicare guidance is silent, incomplete, or insufficient, CMS permits BCBSM/BCN to utilize “internal coverage criteria”, such as independent criteria, health plan policy research, LCD/LCAs outside the services area or research from independent medical research repositories (i.e., Hayes) for coverage policies 42 CFR § 422.101. BCBSM/BCN internal medical coverage policies are developed and based on current evidence in widely accepted treatment guidelines or clinical literature; in addition, they address how clinical benefits may or may not outweigh member harm.

Clinical review follows guidance provided in the BCBSM Medicare Advantage Coverage Determination Hierarchy policy, which may be found at <https://www.bcbsm.com/providers/mpradmin/> by entering the policy name.

Coverage Guidance

To ensure consistency with coverage guidance, the Medicare statutes, regulations, coverage manuals, NCD, LCD, and LCA should be reviewed and applied first. BCBSM/BCN internal coverage criteria should only be applied when CMS guidance is silent, incomplete, or insufficient for a code

Apart from durable medical equipment (DME), Medicare Administrative Contractor (MAC) jurisdiction for the purpose of clinical determination is based upon place of service. The place of service for laboratory testing is defined as the geographic location of the reference laboratory. Non-jurisdictional LCD/LCAs may not be utilized for a determination unless they have been specifically identified as internal coverage criteria by the policy. Alternatively, jurisdiction for DME MAC is determined by the member place of residence. Please see CMS Medicare Administrative Contractors (MAC) table for state MAC assignments below.

Code	Description	CMS Guidance	Additional Guidance
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	National Coverage Determinations 160.10 Evoked Response Tests 160.8 Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature	BCBSM/BCN will follow CMS guidance as the primary source for coverage determinations. However, in instances where CMS guidance is silent, incomplete, or insufficient for a particular code, BCBSM/BCN internal coverage criteria will be applied to ensure consistent and informed decision-making. In such cases, please refer to the relevant BCBSM/BCN policy for guidance: <i>Intraoperative Neurophysiologic Monitoring</i> To access this policy, please visit the BCBS Michigan Medical Policy Router Search page at https://www.bcbsm.com/providers/mpradmin/ and enter the policy name in the search field.
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report		
95829	Electrocorticogram at surgery (separate procedure)	Local Coverage Determinations and Articles	
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	WPS L34623, A57604 - Intraoperative Neurophysiological Testing	
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	L34624, A57597 – Somatosensory Testing	
95925	Short-latency somatosensory evoked potential study, stimulation of any / all peripheral nerves or skin sites, recording from the CNS; in upper limbs.	L34594, A57478 – Nerve Conduction Studies and Electromyography CGS L35906, A57041 – Somatosensory Testing	

Code	Description	CMS Guidance	Additional Guidance
95926	Short-latency somatosensory evoked potential study, stimulation of any / all peripheral nerves or skin sites, recording from the CNS; in lower limbs	L35897, A57307 – Nerve Conduction Studies and Electromyography First Coast L33958, A57540 – Somatosensory Testing L34859, A57123 – Nerve Conduction Studies and electromyography	
95927	Short-latency somatosensory evoked potential study, stimulation of any / all peripheral nerves or skin sites, recording from the CNS; in the trunk or head	NGS L34975, A56773 - Neurophysiology Evoked Potentials (NEPs) L35098, A57668 – Nerve Conduction Studies and Electromyography	
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	Noridian JE L36524, A54969 - Nerve Conduction Studies And Electromyography Noridian JF L36526, A54992 - Nerve Conduction Studies And Electromyography	
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)	Novitas L34975, A56773 - Neurophysiology Evoked Potentials (NEPs) L35003, A56722 - Intraoperative Neurophysiological Testing L35081, A54095 - Nerve Conduction Studies And Electromyography	
95955	Electroencephalogram (EEG) during non-intracranial surgery (e.g., carotid surgery)	Palmetto L34433, A56769 – Somatosensory Testing	
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)	L35048, A56619 - Nerve Conduction Studies And Electromyography	
95907	Nerve conduction studies; 1-2 studies		

Code	Description	CMS Guidance	Additional Guidance
95908	Nerve conduction studies; 3-4 studies		
95909	Nerve conduction studies; 5-6 studies		
95910	Nerve conduction studies; 7-8 studies		
95911	Nerve conduction studies; 9-10 studies		
95912	Nerve conduction studies; 11-12 studies		
95913	Nerve conduction studies; 13 or more studies		
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		
95939**	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs		
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)		
95999***	Unlisted neurological or neuromuscular diagnostic procedure		

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 HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document.

Please refer to the Medicare Coverage Database website at <https://www.cms.gov/medicare-coverage-database/search.aspx> for the most current applicable NCD, LCD, LCA, and CMS Online Manual System Transmittals.

CMS Medicare Administrative Contractors (MAC) Jurisdictions

Part A and Part B MAC Jurisdictions	
Wisconsin Physicians Service Insurance Corporation (WPS)	IA, IN, KS, MI, MO, NE
CGS Administrators, LLC	KY, OH
First Coast Service Options, Inc	FL, PR, US VI
National Government Services, Inc (NGS)	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI,
Noridian Healthcare Solutions, LLC, Jurisdiction JE	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
Noridian Healthcare Solutions, LLC, Jurisdiction JF	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
Novitas Solutions, Inc	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX,
Palmetto GBA	AL, GA, TN NC, SC, VA, WV
DME MAC Jurisdictions	
CGS Administrators, LLC, Jurisdictions JB and JC	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NM, NC, OH, OK, Puerto Rico, SC, TN, TX, VA, Virgin Island, WI, WV
Noridian Healthcare Solutions, LLC, Jurisdictions JA and JD	AK, American Soamoa, AZ, CA, CT, DE, DC, Guam, HI, ID, IA, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY, Northern Mariana Islands, OR, PA, RI, SD, UT, VT, WA, WY

Important Reminder

BCBSM and BCN follow CMS Medicare coverage guidance to limit coverage to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Medicare Advantage Medical Policies list the criteria BCBSM and BCN use to decide which medical services are considered “reasonable and necessary” when Medicare coverage rules are not fully developed, or as otherwise may permitted by CMS Medicare regulations. Individual member benefit plan documents, such as the Evidence of Coverage and Annual Notice of Change, as well as applicable laws govern benefit coverage, including any inclusion, exclusion, and/or other restrictions.

Medicare Advantage Medical policies are created when permitted by CMS Medicare regulations, reviewed regularly, and may be revised periodically. BCBSM/BCN Medical Policies are proprietary and should not be copied or disseminated without the express, prior written approval of BCBSM. All providers are required to review applicable BCBSM reimbursement policies prior to claim submission and bill for covered services in accordance with those policies. Additionally, providers contracted with BCBSM or BCN’s Medicare Advantage network(s) should review the provider manual for any additional claim submission

requirements. Providers not contracted with BCBSM or BCN's Medicare Advantage network may be required to submit documentation to BCBSM, BCN, or its delegated entity supporting billed claims, including but not limited to applicable medical records.

Note: U.S. Food and Drug Administration (FDA) approval for a specific indication or the issuance of a CPT code is not sufficient for a procedure to be considered medically reasonable and necessary. Similarly, the presence of a procedure/device code or payment amount for the service in the Medicare fee schedule does not necessarily indicate coverage. If a service is deemed not reasonable and necessary, to treat illness or injury for any reason (including lack of safety and efficacy because it is an experimental procedure, etc.), the procedure is considered not covered.

Disclaimer: This medical policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in the medical policy. Medical policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The medical policy is not intended to replace independent medical judgment for the treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another.

Pursuant to Section 1557 and Section 504, Blue Cross does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). This includes our rules, benefit designs and medical policies.

BCBSM/BCN Medicare Advantage Policy History

Policy Effective Date	UM Committee Approval Date	Comments
08/17/2024	07/17/2024	Medicare Advantage policy established
10/17/2025	09/17/2025	MA policy foundational language updated. Adoption of JUMP policy updates.