

Clinical Policy: Evoked Potential Testing

Reference Number: WNC.CP.229

Last Review Date: 05/24

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Note: When state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Description

Types of evoked potentials include somatosensory, brainstem auditory, visual and motor. Sensory evoked potentials evaluate electrical activity in the nervous system in response to stimulation of specific nerve pathways. 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 WellCare of North Carolina® that evoked potential testing is **medically necessary** for the following indications:
 - A. **Somatosensory Evoked Potentials Testing**
 1. Aid in the evaluation of prognosis of acute anoxic encephalopathy, within the initial 72 hours of onset (e.g., after cardiac arrest);
 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. Aid in the assessment of coma following traumatic, hypoxic-ischemic, and other diffuse brain injuries;
 5. Assessment of central nervous system deficiency identified on clinical exam when not explained by appropriate imaging studies;
 6. Management of conditions causing spinocerebral degeneration, such as Friedreich's ataxia or peripheral nerve degeneration (e.g., diabetic neuropathy);
 7. Intraoperative monitoring during surgeries that may affect neural structures.
 - B. **Brainstem Auditory Evoked Potential Testing**
 1. Assessment of brainstem function such as during tumor infiltration of the brainstem and after a lesion has been surgically removed;
 2. Diagnosis and monitoring of demyelinating and degenerative diseases affecting the brain stem such as multiple sclerosis, central pontine myelinolysis, and olivopontocerebellar degeneration;
 3. Diagnosis of lesions in the auditory system (e.g., acoustic neuroma);
 4. Aid in the evaluation of prognosis in coma within the initial 72 hours of onset, excluding evaluation of brain death;

CLINICAL POLICY WNC.CP.229 EVOKED POTENTIAL TESTING

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

C. Visual Evoked Potential Testing

1. Diagnosis and monitoring of optic nerve function and/or during demyelinating disorders of the optic nerve (e.g., multiple sclerosis, optic neuritis);
2. To localize the cause of a visual field defect not explained by lesions seen on Computerized Tomography (CT) or Magnetic Resonance Imaging (MRI) metabolic disorders, or infectious diseases;
3. Assessment of suspected disorder of the optic nerve, optic chiasm or pre-optic chiasmatic radiations (visual evoked potentials are not useful for post-chiasmatic disease);
OR;
4. Evaluation of visual loss in those unable to communicate.

II. It is the policy of WellCare of North Carolina[®] 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 WellCare of North Carolina[®] that there is insufficient evidence in the published peer-reviewed literature to support evoked potential testing 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 WellCare of North Carolina that evoked potential testing is **not medically necessary** for the following indications:

- A. Motor evoked potentials for non-operative monitoring;
- B. Visual evoked potentials, **any** of the following:
 1. Glaucoma or glaucoma suspect
 2. Amblyopia
 3. Diabetes
- C. For the evaluation/assessment of all other conditions than those specified above.

Background

Sensory 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 potentials. Examples of sensory evoked potentials include somatosensory,

CLINICAL POLICY WNC.CP.229
EVOKED POTENTIAL TESTING

brainstem auditory, and visual evoked potentials. Somatosensory evoked potentials generate sensory information from peripheral nerve stimulation.¹ 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.¹ 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 Language 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

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report

CLINICAL POLICY WNC.CP.229
EVOKED POTENTIAL TESTING

CPT®* Codes	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) testing central nervous system, checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report. (BILLABLE AS 1 UNIT PER TEST)
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
0333T	Visual evoked potential, screening of visual acuity, automated

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description
A17.0-A17.89	Tuberculosis of nervous system
A39.82	Meningococcal retrobulbar neuritis
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

CLINICAL POLICY WNC.CP.229
EVOKED POTENTIAL TESTING

ICD-10-CM Code	Description
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
D49.6	Neoplasm of unspecified behavior of brain
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E71.520	Childhood cerebral X-linked adrenoleukodystrophy
E71.521	Adolescent X-linked adrenoleukodystrophy
E71.522	Adrenomyeloneuropathy
E71.528	Other X-linked adrenoleukodystrophy
E71.529	X-linked adrenoleukodystrophy, unspecified type
G06.0-G06.2	Intracranial and intraspinal abscess and granuloma
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G11.19	Other early-onset cerebellar ataxia
G23.0	Hallervorden-Spatz disease
G23.1	Progressive supranuclear ophthalmoplegia (Steele-RichardsonOlszewski)
G23.2	Striatonigral degeneration
G23.8	Other specified degenerative diseases of basal ganglia
G31.89	Other specified degenerative diseases of nervous system
G31.9	Degenerative disease of nervous system, unspecified

CLINICAL POLICY WNC.CP.229
EVOKED POTENTIAL TESTING

ICD-10-CM Code	Description
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
G90.3	Multi-system degeneration of the autonomic nervous system
G90.8	Other disorders of autonomic nervous system
G90.9	Disorder of the autonomic nervous system, unspecified
G93.0	Cerebral cysts
G93.1	Anoxic brain damage, not elsewhere classified
G93.5	Compression of the brain
G95.9	Disease of spinal cord, unspecified
G96.89	Other specified disorders of central nervous system
H35.54	Dystrophies primarily involving the retinal pigment epithelium
H46.0-H46.9	Optic neuritis
H47.011-H47.649	Other disorders of optic (2nd) nerve and visual pathways
H53.001 – H53.9	Visual disturbances
H54.3	Unqualified visual loss, both eyes
H54.60-H54.62	Unqualified visual loss, one eye
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

CLINICAL POLICY WNC.CP.229
EVOKED POTENTIAL TESTING

ICD-10-CM Code	Description
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
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-R40.2444	Coma
R44.1	Visual hallucinations
R48.3	Visual agnosia
R94.110 – R94.138	Abnormal results of function studies of peripheral nervous system and special senses
S02.0XX- S02.42X (add 7 th digit A-S)	Fracture of skull and facial bones
S04.011-S04.9XX (add 7 th digit A-S)	Injury of optic nerve and pathways
S06.0X0-S06.899 (add 7 th digit A-S)	Intracranial injury
S07.0XX -S07.9XX (add 7 th digit A-S)	Crushing injury of head
S12.000 -S12.9XX (add 7 th digit A-S)	Fracture of cervical vertebrae and other parts of the neck
S14.0XX- S14.9XX (add 7 th digit A-S)	Injury of nerves and spinal cord at neck level

CLINICAL POLICY WNC.CP.229
EVOKED POTENTIAL TESTING



ICD-10-CM Code	Description
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
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z82.0	Family history of epilepsy and other diseases of the nervous system
Z87.710 - Z87.798	Personal history of (corrected) congenital malformations

Reviews, Revisions, and Approvals	Reviewed Date	Approval Date
Original approval date	04/21	05/21
Reviewed CPT and ICD-10-CM codes. Added CPTs 92652 and 92653. Added diagnosis code Z82.0. Updated references.	08/21	11/21
Annual review. “Experimental/investigational” verbiage replaced with descriptive language in policy statement III. References reviewed, updated, and reformatted. Coding reviewed and updated. Removed intraoperative CPT codes 95940, 95941. Removed HCPCS code G0453. Added ICD-10 codes H53.40 H53.421-H53.429 H53.431-H53.439 H53.451-H53.459 H53.47	08/22	08/22
NCHC verbiage removed from NC Guidance Verbiage.	04/23	04/23
Annual Review. Deleted Criteria I.C.4. and deleted ICD-10-CODES H53.40, H53.421-H53.429, H53.431-H53.439, H53.451-H53.459, H53.47 codes regarding visual field defect	05/23	05/23
Criteria I.C.1. changed “To diagnose and monitor multiple sclerosis (acute or chronic phases) or other disease states by identifying conditions of the optic nerve, i.e., optic neuritis,” to “Diagnosis and monitoring of optic nerve function and/or during demyelinating disorders of the optic nerve (e.g., multiple sclerosis, optic neuritis)” Criteria I.C.2. added “Assessment of suspected disorder of the optic nerve, optic chiasm or pre-optic chiasmatic radiations (visual evoked potentials are not useful for post-chiasmatic disease); Criteria I.C.3. changed “To evaluate signs and symptoms of visual loss in beneficiaries who are unable to communicate clearly,” to “Evaluation of visual loss in those unable to communicate.”	11/23	11/23
Annual Review	05/24	05/24

CLINICAL POLICY WNC.CP.229 EVOKED POTENTIAL TESTING

References

1. State of North Carolina Medicaid. Medicaid and Health Choice Clinical Coverage Policy No: 1A-28 Visual Evoked Potential. [Program Specific Clinical Coverage Policies | NC Medicaid \(ncdhhs.gov\)](#). Published October 15, 2023. Accessed March 11, 2024.
2. Walsh P, Kane N, Butler S. The clinical role of evoked potentials. *J Neurol Neurosurg Psychiatry*. 2005;76 Suppl 2(Suppl 2):ii16 to ii22. doi:10.1136/jnnp.2005.068130
3. American Speech-Language-Hearing Association. Neurophysiologic intraoperative monitoring [Position Statement]. <https://www.asha.org/policy/ps1992-00036/>. Published 1992. Accessed August 16, 2023.
4. 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. *Neurology*. 2012;78(8):585 to 589. doi:10.1212/WNL.0b013e318247fa0e
5. American Clinical Neurophysiology Society. Guideline 9A: Guidelines on evoked potentials. *J Clin Neurophysiol*. 2006;23(2):125 to 137. doi:10.1097/00004691-200604000-00010
6. Legatt AD, Emerson RG, Epstein CM, et al. ACNS Guideline: Transcranial Electrical Stimulation Motor Evoked Potential Monitoring. *J Clin Neurophysiol*. 2016;33(1):42 to 50. doi:10.1097/WNP.0000000000000253
7. Holdefer RN, MacDonald DB, Skinner SA. Somatosensory and motor evoked potentials as biomarkers for post-operative neurological status. *Clin Neurophysiol*. 2015;126(5):857 to 865. doi:10.1016/j.clinph.2014.11.009
8. Local coverage determination: Neurophysiology Evoked Potentials (NEPs) (L34975). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2015 (revised October 17, 2019.) Accessed August 21, 2023.

North Carolina Guidance

Eligibility Requirements

- a. An eligible beneficiary shall be enrolled in the NC Medicaid Program (Medicaid is NC Medicaid program, unless context clearly indicates otherwise);
- b. Provider(s) shall verify each Medicaid beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or

CLINICAL POLICY WNC.CP.229 EVOKED POTENTIAL TESTING

procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below:

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <https://medicaid.ncdhhs.gov/>

Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid qualifications for participation;

CLINICAL POLICY WNC.CP.229 EVOKED POTENTIAL TESTING

- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

Claims-Related Information

Provider(s) shall comply with the NC Tracks Provider Claims and Billing Assistance Guide, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

- a. Claim Type - as applicable to the service provided:
 - Professional (CMS-1500/837P transaction)
 - Institutional (UB-04/837I transaction)Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.
- b. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS) - Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.
- c. Code(s) - Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service

CLINICAL POLICY WNC.CP.229 EVOKED POTENTIAL TESTING

- d. Modifiers - Providers shall follow applicable modifier guidelines.
- e. Billing Units - Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).
- f. Co-payments -
For Medicaid refer to Medicaid State Plan:
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>
- g. Reimbursement - Provider(s) shall bill their usual and customary charges. For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to

CLINICAL POLICY WNC.CP.229
EVOKED POTENTIAL TESTING

recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.