Subject: Evoked Potential (EP) Studies – Intraoperative*

Effective Date: April 29, 2003

Department(s): Utilization Management

Policy: The intraoperative monitoring of EP studies is reimbursable under Plans administered by QualCare, Inc., for surgical procedures delineated below.

Objective: To ensure proper and consistent reimbursement for and appropriate utilization of a clinical service.

Procedure:

1. A request for intraoperative EP monitoring must document that the primary procedure has the potential to produce permanent neurological injury that can be anticipated by EP monitoring and avoided by intervention prompted by EP monitoring.

2. The CPT code for intraoperative EP monitoring (95920) is listed separately in addition to the code(s) for the primary operative procedure(s). **Other EP codes are global to 95920 when done intraoperatively.**

3. Procedures in which EP monitoring is used include but are not limited to the following:

   - Reduction of spinal fractures
   - Scoliosis surgery
   - Resection of a paraspinal tumor
   - Vertebral pedicle screw placement
   - Assessment of spinal cord trauma in an unconscious patient
   - Procedures involving compression, decompression or potential ischemia of the spinal cord and/or brainstem
   - Cranial endarterectomy
   - Cerebrovascular surgery
   - Acoustic neuroma surgery
- Cerebral cortical mapping procedures
- Otolaryngology - head and neck surgery
- Cardiac and major vascular procedures

References


Stecker MM. Evoked potentials during cardiac and major vascular operations. *Semin Cardiotorac Vasc Anesth* 2004;8(2):101-111 (Jun)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.