FIRST COAST SERVICE OPTIONS
MAC - PART B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number

L33958

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type

MAC – Part B

LCD Title

Somatosensory Testing

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Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.1.3

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands
Somatosensory Testing.2 Part B

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

10/01/2017

Revision Ending Date

09/30/2017

Indications and Limitations of Coverage and/or Medical Necessity

Short-latency somatosensory evoked potentials (SEPs) represent early electrophysiologic responses of the somatosensory pathways to stimulation. Somatosensory testing involves the application of multiple brief electrical stimuli over peripheral nerves (e.g., the median, peroneal, and tibial nerves) and recording the evoked potentials over proximal portions of the nerves stimulated, the plexus, spine and/or scalp. These readings are then averaged by a computer and can be traced and recorded in the form of waveforms. A physician trained in interpreting clinical evoked potential studies then interprets these waveforms. The waveforms obtained should be described and the peak latencies, interpeak intervals (when appropriate), and amplitudes of the significant components detailed. The nerves most commonly stimulated are the median nerve at the wrist for testing in the upper extremity, and the common peroneal nerve (CPN) at the knee and the posterior tibial nerve at the ankle for the lower extremity.

The use of short-latency somatosensory evoked potentials will be considered to be medically reasonable and necessary to assist in the diagnosis of certain neuropathologic states (as described below) in order to provide information for treatment and for intraoperative testing during spinal surgeries in which there is risk of additional nerve or spinal cord injury.

SEPs are used to evaluate the more proximal segments of nerves and the integrity of the central somatosensory pathways when slowing of conduction through the brain and/or brainstem, spinal cord, and/or peripheral nerves is suspected. This would include conditions such as multiple sclerosis, cervical spondylosis with myelopathy, coma, spinal cord trauma, hereditary and idiopathic peripheral neuropathies, inflammatory and toxic neuropathies, myoclonus, Friedreich’s ataxia, syringomyelia, spinal cord tumors, spinal stenosis and other conditions where there is spinal cord compression.

CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>95925</td>
<td>Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs</td>
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<tr>
<td>95926</td>
<td>Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs</td>
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<tr>
<td>95927</td>
<td>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</td>
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<tr>
<td>95938</td>
<td>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</td>
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</tbody>
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ICD-10 Codes that Support Medical Necessity
A52.15  Late syphilitic neuropathy
C72.0-C72.1 Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system
C79.31  Secondary malignant neoplasm of brain
D33.4  Benign neoplasm of spinal cord
D43.0-D43.2 Neoplasm of uncertain behavior of brain and central nervous system
D43.4  Neoplasm of uncertain behavior of spinal cord
E03.5  Myxedema coma
E08.40 Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E09.40 Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.42 Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E10.40-E10.49 Type 1 diabetes mellitus with neurological complications
E10.610 Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
E13.40 Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.42 Other specified diabetes mellitus with diabetic polyneuropathy
G11.0  Congenital nonprogressive ataxia
G11.1  Early-onset cerebellar ataxia
G11.2  Late-onset cerebellar ataxia
G11.4  Hereditary spastic paraplegia
G13.0-G13.1 Systemic atrophies primarily affecting central nervous system in diseases classified elsewhere
G25.3  Myoclonus
G35  Multiple sclerosis
G60.0-G60.9 Hereditary and idiopathic neuropathy
G61.0-G65.2 Polyneuropathies and other disorders of the peripheral nervous system
G95.0  Syringomyelia and syringobulbia
G95.20-G95.29 Other and unspecified cord compression
G95.9  Disease of spinal cord, unspecified
M05.50-M05.59 Rheumatoid polyneuropathy with rheumatoid arthritis
M34.83 Systemic sclerosis with polyneuropathy
M47.01-M47.029 Anterior spinal and vertebral artery compression syndromes
M47.11-M47.13 Other spondylosis with myelopathy
M48.01-M48.03 Spinal stenosis
M48.061 - M48.07 Spinal stenosis, lumbar region without neurogenic claudication - Spinal stenosis, lumbosacral region
M99.20-M99.21 Subluxation stenosis of neural canal
M99.23 Subluxation stenosis of neural canal of lumbar region
M99.30-M99.31 Osseous stenosis of neural canal
M99.33 Osseous stenosis of neural canal of lumbar region
M99.40-M99.41 Connective tissue stenosis of neural canal
M99.43 Connective tissue stenosis of neural canal of lumbar region
M99.50-M99.51 Intervertebral disc stenosis of neural canal
M99.53 Intervertebral disc stenosis of neural canal of lumbar region
M99.60-M99.61 Osseous and subluxation stenosis of intervertebral foramina
M99.63 Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.70-M99.71 Connective tissue and disc stenosis of intervertebral foramina
M99.73 Connective tissue and disc stenosis of intervertebral foramina of lumbar region
R40.20-R40.2124 Coma
R40.2210-R40.2224 Coma scale, best verbal response
R40.2310-R40.2324 Coma scale, best motor response
R40.2340-R40.2344 Coma scale, best motor response, flexion withdrawal
S12.000A - S12.001S Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture - Unspecified nondisplaced fracture of first cervical vertebra, sequela
S14.101A - S14.109S Unspecified injury at C1 level of cervical spinal cord, initial encounter - Unspecified injury at unspecified level of cervical spinal cord, sequela
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S24.101A - S24.109S  Unspecified injury at T1 level of thoracic spinal cord, initial encounter - Unspecified injury at unspecified level of thoracic spinal cord, sequela
S24.131A - S24.139S  Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter - Anterior cord syndrome at unspecified level of thoracic spinal cord, sequela
S24.151A - S24.159S  Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter - Other incomplete lesion at unspecified level of thoracic spinal cord, sequela
S34.101A - S34.109S  Unspecified injury to L1 level of lumbar spinal cord, initial encounter - Unspecified injury to unspecified level of lumbar spinal cord, sequela
S34.139A - S34.139S  Unspecified injury to sacral spinal cord, initial encounter - Unspecified injury to sacral spinal

Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

Medical record documentation maintained by the performing physician must clearly indicate the medical necessity of the service being billed. There should be evidence in the medical record that the test results were noted and influenced or contributed to the patient’s course of treatment. In addition, documentation that the service was performed must be included in the patient’s medical record. This documentation should include a hard copy computer generated recording of the test results along with the physician’s interpretation. The physician’s SEP report should note which nerves were tested, latencies at various testing points, and an evaluation of whether the resulting values are normal or abnormal. This information is normally found in the office/progress notes, hospital records, and/or procedure notes.

If the provider of somatosensory testing is other than the ordering/referring physician/nonphysician practitioner, the provider of the service must maintain a copy of the test results and interpretation, along with copies of the ordering/referring physician/nonphysician practitioner’s order for the studies.

Documentation should support the criteria for coverage as set forth in the “Indications and Limitations of Coverage and/or Medical Necessity” section of the policy.

SEP studies are covered when performed by providers of neurology services or other providers who have specialized training and expertise in performing and interpreting this test. Such training should include adequate educational experience in the following:

- The influences of stimulus parameters and other experimental variables on the responses that are recorded.
- Existing knowledge of the anatomic structures and neurophysiologic events underlying the generation of evoked potentials.
- The clinical significance and pathologic correlates of dysfunctional neural pathways demonstrated by evoked potentials alterations.
- Relevant normative data and statistics.

Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty. If this skill has been acquired as continuing medical education, the courses must be comprehensive, offered or sponsored or endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States, and designated by the American Medical Association (AMA) as Category 1 Credit.
Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

SEP studies are appropriate only when a detailed clinical history and neurologic examination and imaging studies, and EMG/Nerve Conduction studies have failed to provide adequate information for a specific treatment plan.

Sources of Information and Basis for Decision

First Coast Service Options, Inc. reference LCD number – L29394


Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

N/A

Revision History

Revision History Number: R2

Revision Number: 2
Publication: September 2017 Connection
LCR B2017-011

Explanation of Revision: Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Changed ICD-10-CM diagnosis code range M48.06-M48.07 to M48.061-M48.07. Deleted ICD-10-CM diagnosis code M48.06. The effective date of this revision is based on date of service.

Revision History Number: R1

Revision Number: 1
Publication: December 2015 Connection
Explanation of revision: This LCD was revised to include ICD-10 code range M48.06-M48.07 in the “ICD-10 Codes that Support Medical Necessity” section of the LCD. The effective date of this revision is for claims processed on or after 12/02/2015, for dates of service on or after 10/01/15.

Revision Number: Original
Publication: April 2014 Connection

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

Coding Guidelines

Document formatted: 09/07/2017 (RC/RA/dc)