SENSORY EVOKED POTENTIALS

▪ Diagnostic Monitoring
▪ Intraoperative Monitoring

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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DESCRIPTION:

When the body is exposed to light, sound or touch, the brain responds by producing certain types of brain waves called evoked potentials (EP) or sensory evoked potentials (SEP). Wires attached to the skin pick up the waves. The brain waves are assessed by a computer and interpreted by a physician.

DIAGNOSTIC MONITORING OF EP:
Diagnostic monitoring of EP can be used to verify the diagnosis of certain neuropathologic states and to provide information for treatment.

INTRAOPERATIVE MONITORING OF EP:
Intraoperative monitoring of EP, also referred to as intraoperative evoked potentials (IEP), can be used during surgical procedures to identify nervous system impairment. Prompt intervention of nervous system impairment may prevent permanent deficits.

BRAINSTEM AUDITORY EVOKED POTENTIALS (BAEP):
BAEP are generated in response to sounds, i.e., auditory clicks, and can determine the functional status of the auditory nerve. BAEP may also be referred to as Brainstem Auditory Evoked Response (BAER) or Auditory Brainstem Response (ABR).

MOTOR EVOKED POTENTIALS (MEP):
MEP are recorded from muscles following direct or transcranial electrical stimulation of the motor cortex or by pulsed magnetic stimulation provided by a coil placed over the head. MEPs, especially when induced by magnetic stimulation, can be affected by anesthesia. The Digitimer electrical cortical stimulator has received FDA premarket approval. Devices for transcranial magnetic stimulation have not yet received FDA approval for this use.

SOMATOSENSORY EVOKED POTENTIALS (SSEP):
SSEP are generated in response to touch. Peripheral nerves (upper and lower extremity nerves) are typically stimulated. Dermatomal somatosensory evoked potentials involve cutaneous stimulation of the spinal cord.

VISUAL EVOKED POTENTIALS (VEP):
VEP are generated in response to light. VEP are used to track visual signals from the retina to the occipital cortex light flashes.

EMG (Electromyography) Monitoring and Nerve Conduction Velocity Measurements:
Electromyogram monitoring and nerve conduction velocity measurements can be performed in the operating room and may be used to assess the status of the peripheral nerves, e.g., to identify the extent of nerve damage prior to nerve grafting or during resection of tumors. In addition, these techniques may be used during procedures around the nerve roots and around peripheral nerves to assess the presence of excessive traction or other impairment. Surgery in the region of cranial nerves can be monitored by electrically stimulating the proximal (brain) end of the nerve and recording via EMG in the facial or neck muscles. Thus monitoring is done in the direction opposite that of sensory-evoked potentials, but the purpose is similar—to verify that the neural pathway is intact.
SENSORY EVOKED POTENTIALS (cont.)

Criteria:

**Diagnostic Monitoring of BAEP:**

- Diagnostic monitoring of BAEP is considered *medically necessary* for **ANY** of the following:
  
  1. Adjunct to EEG in evaluating the irreversibility of coma or brain death
  2. Assess brain stem function recovery after removal of space-occupying lesions that were compressing the brain stem
  3. Diagnose and manage demyelinating or degenerative diseases of the brain stem (e.g., multiple sclerosis, central pontine myelinolysis and olivopontocerebellar degeneration)
  4. Diagnose a brain stem tumor when clinical examination is suspicious and a CT or MRI are nondiagnostic
  5. Diagnose lesions in the auditory system external to the brain stem (e.g., acoustic neuroma)
  6. Evaluate brain stem function in acquired metabolic disorders (e.g., hypoxic encephalopathy)
  7. Evaluate neural maturation in neonates, infants and children less than 5 years of age
  8. Measure the type and extent of hearing impairment in neonates, infants and children less than 5 years of age.
SENSORY EVOKED POTENTIALS (cont.)

Criteria: (cont.)

Diagnostic Monitoring of SSEP:

- Diagnostic monitoring of SSEP is considered medically necessary for ANY of the following:
  1. Assess somatosensory function in an unconscious individual who has sustained traumatic damage to the spinal cord (e.g., vertebral fracture) as documented by radiological exam and who is a candidate for spinal surgery
  2. Diagnose and manage suspected space occupying lesions, demyelinating and degenerative diseases
  3. Diagnose and manage suspected dysfunctions of the peripheral nerves in the somatosensory system not disclosed by radiologic exam with documentation of ALL of the following:
     a. Numbness/tingling OR radiculopathy (pain, muscle weakness, atrophy, depression of deep tendon reflexes or sensory impairment to pin prick, 2 point discrimination or light touch)
     b. Symptoms persisting for greater than 45 days
     c. Failure of medically supervised conservative treatment for 30 days or greater (i.e., rest, analgesics, NSAIDS, physical therapy, spinal manipulation, if appropriate)
     d. Other diagnostic tests (i.e., MRI, CT, vascular studies, lab tests) are not feasible or unable to determine etiology of symptoms.

Dysfunctions include, but are not limited to:

- Carpal tunnel syndrome
- Peripheral neuropathy
- Radiculopathy

Diagnostic Monitoring of VEP:

- Diagnostic monitoring of VEP is considered medically necessary for ANY of the following:
  1. Diagnose and manage multiple sclerosis (includes assessment during both the acute and chronic phases)
  2. Localize the basis for visual field defects which occur in the absence of structural lesions, acquired metabolic (cerebral anoxia) or infectious disease
  3. Evaluate neural maturation in neonates, infants and children less than 5 years of age.
SENSORY EVOKED POTENTIALS (cont.)

Criteria: (cont.)

Diagnostic Monitoring of BAEP, SSEP, VEP:

➢ Diagnostic monitoring of BAEP, SSEP or VEP for all other indications not previously listed is considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Examples include, but are not limited to:

▪ Assessment of Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD) disorders
▪ Assessment of Autism spectrum disorders
▪ Recording SSEP without an EEG in an unconscious individual with head injuries to assess the status of the somatosensory system
▪ Determining conceptional or gestational age in preterm infants

Intraoperative Monitoring of BAEP, MEP, SSEP:

➢ Intraoperative monitoring of BAEP, MEP using transcranial electrical stimulation and SSEP is considered medically necessary for ANY of the following:

1. Intracranial surgeries, including but not limited to:
   ▪ Brain, brainstem
   ▪ Carotid endarterectomy
   ▪ Cranial nerves (e.g., acoustic neuroma)

2. Spinal cord or neck surgeries when there is a risk of additional nerve root or spinal cord injury, e.g., mechanical trauma from instrumentations (not routine lumbar or cervical root decompression)
3. Vascular surgeries when there is risk of hemorrhage
4. Insertion and removal of hardware (e.g. rods, plates)
SENSORY EVOKED POTENTIALS (cont.)

Criteria: (cont.)

Intraoperative Monitoring of BAEP, MEP, SSEP: (cont.)

- Intraoperative monitoring of BAEP, MEP and SSEP for all other indications not previously listed is considered experimental or investigational based upon:
  
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Examples include, but are not limited to:

- Baseline pre-operative evaluation
- Routine lumbosacral back surgery

- Intraoperative monitoring of MEP using transcranial magnetic stimulation is considered experimental or investigational based upon:

  1. Lack of final approval from the Food and Drug Administration, and
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  3. Insufficient evidence to support improvement of the net health outcome, and
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  5. Insufficient evidence to support improvement outside the investigational setting.

Intraoperative Monitoring of VEP:

- Intraoperative monitoring of VEP is considered experimental or investigational based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.
SENSORY EVOKED POTENTIALS (cont.)

Criteria: (cont.)

Intraoperative EMG and Nerve Conduction Monitoring:

- Intraoperative EMG and nerve conduction velocity monitoring during surgery on the peripheral nerves is considered *not medically necessary*.

Intraoperative Recurrent Laryngeal Nerve Monitoring:

- Intraoperative neurophysiologic monitoring of the recurrent laryngeal nerve is considered *medically necessary* with documentation of ONE of the following:

  1. High risk thyroid or parathyroid surgery, including:
     - Total thyroidectomy
     - Repeat thyroid or parathyroid surgery
     - Surgery for cancer
     - Thyrotoxicosis
     - Retrosternal or giant goiter
     - Thyroiditis

  2. Anterior cervical spine surgery associated with ANY of the following increased risk situations:
     - Prior anterior cervical surgery, particularly revision anterior cervical discectomy and fusion, revision surgery through a scarred surgical field, reoperation for pseudoarthrosis or revision for failed fusion
     - Multilevel anterior cervical discectomy and fusion
     - Preexisting recurrent laryngeal nerve pathology, when there is residual function of the recurrent laryngeal nerve

- Intraoperative neurophysiologic monitoring of the recurrent laryngeal nerve during anterior cervical spine surgery not meeting the criteria above or during esophageal surgeries is considered *experimental or investigational* based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.
SENSORY EVOKED POTENTIALS (cont.)

Resources:

Literature reviewed 05/01/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


6. InterQual® Care Planning PA. Electromyography (EMG) and Nerve Conduction Studies (NCS).


SENSORY EVOKED POTENTIALS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’ é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit’éego bina’ídilkidgo éi doodago Háída bíjá aniyeedígíí t’áadoo le’é yina’ídilkidgo bee’haaz’ánnii hólo díí t’áá hazaad’ehí’háká a’doowolgo bee ha’zh’a doo báq Churchill ilínígódíí. Ata’ halné’ígíí kojí’ bích’í’ hodiilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch việt, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لدى شخص تسامحك أسماء بخصوص Blue Cross Blue Shield of Arizona لم تخبئها من دون اية تكلفة، للتحدث مع مترجم التصل ب 877-475-4799.
SENSORY EVOKED POTENTIALS (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinitiyanan, ay maga mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, magkarapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makeasap ang isang tagasal, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方で、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をお願いする場合、877-475-4799までお電話ください。

Farsi:

اگر شما یا یکی از شماها به اکنون می‌خواهید، سوالاتی در مورد اطلاعاتی که در زبان خود را به طور رایگان دریافت نمایید 877-475-4799-475-4799

Assyrian:

Blue Cross Blue Shield of Arizona ناسیونال

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือยังมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ได้รับความช่วยเหลือและข้อมูลภาษา ของเคียงโดยไม่เสียค่า ที่หมายเลข โทร 877-475-4799.