

UPDATE: L32065 - INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING

February 13, 2014--Novitas has issued revised local coverage determination for intraoperative neurophysiological testing (L32605). In spite of the comments submitted by TNS to the contrary, the proposed revisions to DL32605 passed virtually unchanged. The greatest impact of the new LCD will be the restriction placed upon supervising physicians allowing them to monitor only one case at a time.

As noted in the TNS comments submitted to Novitas last November, the ramifications for physicians and their Medicare patients will be far-reaching. Patient safety will be compromised as this critical procedure will become economically unfeasible and inevitably unavailable to the Medicare population.

CPT code 95941 (monitoring for more than one case) is no longer valid as CMS does not allow a physician to monitor more than one case at a time. 95940 should be used for “continuous intraoperative neurophysiology monitoring in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)”. G0453 should be used for “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)”. The final determination contains a list of diagnosis codes with which intraoperative neurophysiological testing may be used. This list contains diagnosis codes related to the thyroid which were not included in the original LCD revisions. [The list can be found here.](#)

-Kristi Berrier, TNS Medical Economics Advisor