Intraoperative monitoring (IOM) of electromyographic (EMG) responses during spinal surgery

These services may or may not be covered by all HealthPartners plans. Please see your plan documents for your own coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is not required for intraoperative monitoring (IOM) of electromyographic (EMG) responses during spinal surgery.

Coverage

Intraoperative monitoring (IOM) of electromyographic (EMG) responses during surgery is generally covered subject to the indications listed below and per your plan documents.

Indications that are covered

Intraoperative monitoring (IOM) of electromyographic responses is covered when ALL of the following conditions are met:

1. There is significant risk of nerve or spinal cord injury during a surgical procedure, including but not limited to the following:
   A. monitoring of nerve root function during spinal procedures (e.g., pedicle screw placement, mechanical spinal distraction)
   B. brachial or lumbar plexus surgery
   C. the planned surgery poses a potential risk of significant damage to an essential nervous system structure

2. IOM is performed by either a licensed physician trained in clinical neurophysiology (e.g., neurologist, physiatrist) or a trained technologist who is practicing within the scope of his/her license/certification as defined by state law or appropriate authorities and is working under the direct supervision of a physician trained in neurophysiology.

3. IOM is interpreted by a licensed physician trained in clinical neurophysiology, other than the operating surgeon, who is either physically in attendance in the operating suite or present by means of a real-time remote mechanism for all electroneurodiagnostic (END) monitoring situations and is immediately available to interpret the recording and advise the surgeon.

4. Monitoring is conducted and interpreted real-time (either on-site or at a remote location) and continuously communicated to the surgical team.

Indications that are not covered

IOM is not covered unless criteria outlined above are met.

Definitions

Electromyography (EMG) is the clinical study of the electrical activity of muscle fibers individually and collectively. This electrical activity can be recorded via surface of needle electrodes, the latter being used far more commonly in the clinical setting. The electrical activity is evaluated during needle insertion, during periods of rest (spontaneous activity), and during periods of voluntary muscle contraction.

Intra-operative monitoring (IOM) - Spinal surgery is associated with a risk of injury to the spinal cord. Methods to intra-operatively monitor spinal function have been employed to minimize such risks. These neurophysiological techniques include:

- somatosensory evoked potentials
- dermatosensory evoked potentials
- a motor evoked potentials
- continuous, free-running monitoring of EMG activity and stimulus-triggered EMG activity from anatomically appropriate muscles done to detect injury to nerve roots during surgery.

The main objective of intra-operative neurophysiological monitoring of spinal cord or nerve root function is to identify
induced neurophysiological alterations so that they can be detected as they occur and corrected during surgery; thus avoiding post-surgical complications such as myelopathy or radiculopathy, as well as permanent injury.

Codes

If available, codes for a procedure, device or diagnosis are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all inclusive.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>95860</td>
<td>Needle electromyography; 1 extremity with or without related paraspinal areas</td>
</tr>
<tr>
<td>95861</td>
<td>Needle electromyography; 2 extremities with or without related paraspinal areas</td>
</tr>
<tr>
<td>95863</td>
<td>Needle electromyography; 3 extremities with or without related paraspinal areas</td>
</tr>
<tr>
<td>95864</td>
<td>Needle electromyography; 4 extremities with or without related paraspinal areas</td>
</tr>
<tr>
<td>95866</td>
<td>Needle electromyography; hemidiaphragm</td>
</tr>
<tr>
<td>95869</td>
<td>Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)</td>
</tr>
<tr>
<td>95870</td>
<td>Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters</td>
</tr>
<tr>
<td>95872</td>
<td>Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied</td>
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<tr>
<td>95940</td>
<td>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)</td>
</tr>
<tr>
<td>95941</td>
<td>Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)</td>
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</table>

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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

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