

Subject:	Somatosensory Evoked Potentials/Responses (SEPs/SERs)		
Policy Number:	PO-RE-143v1		
Effective Date:	07/01/2025	Last Approval Date:	05/19/2025

I. Policy Description

This reimbursement policy outlines the guidelines for the coverage and reimbursement of Somatosensory Evoked Potentials (SEPs) and Somatosensory Evoked Responses (SERs) as per the Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination (LCD) L34975 and Local Coverage Article A56773 for Jurisdictions H and L. SEPs/SERs are neurophysiological tests that evaluate the functional integrity of the sensory pathways from the peripheral nerves through the spinal cord to the brain. This policy aims to ensure that providers are aware of the necessary documentation, coding requirements, and billing procedures to facilitate appropriate reimbursement.

The information below applies to the following lines of business:

- Child Health Plus (CHP)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Essential Plan (EP)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO
- Qualified Health Plan (QHP)

Reimbursement Guide

1. Covered Procedure
Somatosensory Evoked Potentials/Responses (SEPs/SERs) are covered for patients who meet the specified criteria as denoted by the approved diagnosis codes.
2. Diagnosis Codes
Examples of approved diagnosis codes for SEPs/SERs would include but are not limited to the following:
Cervical disc disorder:
 - M50.0 - M50.03
 - M50.11 - M50.123

- Herpes viral encephalitis:
 - B00.4
- Malignant neoplasm of spinal cord:
 - C72 - C72.9
- Multiple sclerosis:
 - G35
- Rubella encephalitis:
 - B06.01

3. Documentation Requirements

Providers must ensure that all claims include:

- The appropriate diagnosis code(s) from the approved list.
- Detailed clinical documentation supporting the necessity of the SEP/SER procedure.
- Relevant patient history and examination findings justifying the use of SEPs/SERs.

Adjudication and Appeal Process

1. Reimbursement for SEP/SER services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

II. Applicable Codes

Code	Description	Comment
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	
95927	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	
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	
95938	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	
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	

III. Definitions

Term	Meaning
SEPs	Somatosensory Evoked Potentials
SERs	Somatosensory Evoked Responses

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

[LCD - Neurophysiology Evoked Potentials \(NEPs\) \(L34975\)](#)

[Article - Billing and Coding: Neurophysiology Evoked Potentials \(NEPs\) \(A56773\)](#)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.