



ND

Medical Policies



Policy Number:	G-48		
Policy Name:	Cerebral Oxygenation Monitoring using Near Infrared Spectroscopy (NIRS)		
Policy Type:	Medical	Policy Subtype:	Miscellaneous
Effective Date:	09-15-2025		

Description

Cerebral oxygenation monitoring utilizes near-infrared spectroscopy (NIRS) a non-invasive technology capable of continuously obtaining data related to cerebral blood flow and specifically hemoglobin oxygen saturation. This data is used to estimate the oxygen O₂ saturation of the cerebral tissue.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Cerebral Oxygenation Monitoring using Near Infrared Spectroscopy (NIRS) is considered experimental/investigational, as published data are inadequate to prove the safety and efficacy of this procedure.

Procedure Code

94799

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

94799	UNLISTED PULMONARY SERVICE/PROCEDURE	Commercial
94799	UNLISTED PULMONARY SERVICE/PROCEDURE	Medicaid Expansion

References

1. Hayes Inc, Cerebral Oximetry in Pediatric Patients Clinical Research Response May 22, 2018. Accessed October 31,
2. Zheng Guan, Jing-Jie Liu, Hui Yuan, Yan-Feng Gao. Positive Correlation Between Regional Cerebral Oxygen Saturation and Mixed Venous Oxygen Saturation During Off-Pump Coronary Artery Bypass Surgery. *Respiratory Care*. 2018;63(8):988.
3. Yu Y, Zhang K, Zhang L, Zong H, Meng L, Han R. *Cerebral near-infrared spectroscopy (NIRS) for perioperative monitoring of brain oxygenation in children and adults*. Cochrane Database of Systematic Reviews. 2018;1:CD010947.

ND Committee Review

- Internal Medical Policy Committee 5-19-2020 Annual Review *Effective July 6, 2020*
- Internal Medical Policy Committee 5-20-2021 Annual Review *Effective July 5, 2021*
- Internal Medical Policy Committee 5-24-2022 Annual Review-no changes in criteria *Effective July 4, 2022*
- Internal Medical Policy Committee 5-23-2023 Annual Review-no changes in criteria *Effective July 3, 2023*
- Internal Medical Policy Committee 5-14-2024 Annual Review-no changes in criteria *Effective July 1, 2024*
- *Added* Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.