

INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING (IONM)

Policy # 56

Implementation Date: 1/1/09

Review Dates: 6/6/24

Revision Dates: 1/1/11, 8/21/13, 9/16/14, 6/19/24, 10/3/24

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Intraoperative neurophysiological monitoring (IONM) describes a variety of procedures that are used to monitor the integrity of the cranial and/or peripheral nerves during high-risk neurological, orthopedic, ENT, ophthalmologic, cardiothoracic, or vascular surgery. These procedures monitor nerve or muscle function by stimulating a nerve or a group of nerves by placement of a recording needle into a muscle. This monitoring can identify new neurologic impairment, identify, or separate nervous system structures (e.g., around or in a tumor), and can demonstrate which tracts or nerves are still functional.

Intraoperative neurophysiological testing responses are monitored, recorded, and reported to the surgeon during surgical procedures providing either reassurance that nerve function is intact or alerting of eminent or potential damage to neurological structures in the operative field.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

The following criteria must be met in order to bill for these services:

- Intraoperative tests and monitoring must be requested by the operating surgeon.
- Select Health will not reimburse intraoperative neurophysiologic baseline tests/study(s) or monitoring if reported by the surgeon, assistant surgeon, or anesthesiologist directly involved in the performance of operative procedures.
- Select Health will reimburse intraoperative neurophysiologic baseline testing/study(s) (i.e., 92585, 95822, 95860-95870, 95907-95913, 95925, 95926, 95927, 95928, 95929, 95930-95937, 95938, 95939) when medically necessary, and when done by a technologist who has been credentialed by the American Board of Neurophysiologic Monitoring (ABNM) or by the American Board of Registration of Electrodiagnostic Technologists (ABRET). Additionally, if provided for a covered surgical procedure, the monitoring technologist must have either physical or real-time communication with the supervising/monitoring/physician.
- The monitoring technologist may bill separately from the facility.
- The clinicians must have immediate physical or real-time communication with the operating room and must have the ability to watch the tracings as they are obtained, as well as have access to baseline electrophysiological tests.
- Intraoperative monitoring (95940 and 95941) includes only the ongoing electrophysiologic monitoring time distinct from the performance of the specific type(s) of baseline electrophysiologic studies. The time spent performing and/or interpreting baseline electrophysiologic studies should not be counted in the intraoperative monitoring time.
- Technical Criteria: It is mandatory that at least 8 recording channels (16 if EEG is monitored) be available for all intraoperative neurophysiologic monitoring. The equipment utilized must also provide for all of the monitoring modalities that may be applied with code 95940 or 95941. If the

technician is credentialed by ABNM, they do not have to be licensed in the specific state the surgery is taking place, as the IONM tech is normally providing the monitoring services out of state.

- Professional Criteria: A signed, separate report from the monitoring and interpreting physician is required for payment of this service.

Documentation:

Each of these studies/procedures should be separately documented as a standalone service in accordance with Select Health Medical Documentation Policy.

- For the specific baseline studies:
 - The documentation specific to the professional component (i.e., interpretation(s)) for each study should include the following:
 - o Patient's full legal name;
 - o Date of the service;
 - o Name of physician/clinician performing the service;
 - o Name of the requesting physician/clinician;
 - o The indication for the service;
 - o The interpretation and/or findings and recommendations (if applicable);
 - o The report should be legibly signed and dated by the physician/clinician performing and submitting the claim.
 - The documentation specific to the technical component for each study should identify the name of the technologist in the operating room, the name of the specific procedure, the preparation, location(s), and process necessary for the placement of the needles, as well as the patient outcome. This document should be part of the patient hospital medical record and available for medical review if necessary. It should also be part of the IOM supervising physician patient record.
- For codes 95940 and 95941, the documentation should be clearly identifiable in the patient hospital medical record, as well as the IOM supervising physician patient record; it should not be part of the patient anesthesia record.

This document should include, at a minimum, the names of the specific baseline study(s) provided, the surgical procedure for which this monitoring is related, and the start/stop time of the monitoring. This monitoring time should not include any of the time spent providing the baseline study(s) and should reflect no more than the start/stop time of the surgical procedure itself. A separate, signed report from the physician or interpreting provider is required for payment.

Modifier(s) TC and 26 do not apply to CPT code 95941 or G0453.

According to the CPT assistant article from February 2016, "Train-of-four monitoring is bundled with the intraoperative neuromonitoring of electromyography (EMG) or motor evoked potentials (MEP) and, therefore, is not separately reportable."

SELECT HEALTH MEDICARE (CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For this policy, specifically, there are no CMS criteria available; therefore, the Select Health Commercial policy or InterQual criteria apply. Select Health applies these requirements after careful review of the evidence that supports the clinical benefits outweigh the clinical risks. For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Applicable Codes

Code	Description
95940	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)
95941	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)

95940 or 95941 are appropriate when billed in conjunction with any of the following studies:

92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report
95822	Electroencephalogram (EEG); recording in coma or sleep only
95860	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	Needle electromyography; 2 extremities with or without related paraspinal areas
95863	Needle electromyography; 3 extremities with or without related paraspinal areas
95864	Needle electromyography; 4 extremities with or without related paraspinal areas
95865	Needle electromyography; larynx
95866	Needle electromyography; hemidiaphragm
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868	Needle electromyography; cranial nerve supplied muscles; bilateral
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870	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
95907	Nerve conduction studies; 1-2 studies
95908	Nerve conduction studies; 3-4 studies
95909	Nerve conduction studies; 5-6 studies
95910	Nerve conduction studies; 7-8 studies
95911	Nerve conduction studies; 9-10 studies
95912	Nerve conduction studies; 11-12 studies
95913	Nerve conduction studies; 13 or more studies
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
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
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

95999	Unlisted neurological or neuromuscular diagnostic procedure
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)

Sources

1. CPT® Assistant. (2013, May 1). Intraoperative Neurophysiology Monitoring (95940 and 95941). pp. 8–10. Retrieved September 15, 2014.
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3. Current Procedural Terminology (CPT®), (2024) – American Medical Association
4. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epr/physicianDoc/pdf/i9v1/i9_guidelines.pdf
5. *Medicine Evaluation and Management Services CPT Codes 90000-99999*, National Correct Coding Initiative Policy Manual for Medicare Services, Centers for Medicare and Medicaid Services (CMS), Chapter 11, 2014.
6. Utah Department of Health. (2014, July 1). PHYSICIAN SERVICES. (Section 2) Retrieved August 27, 2014, from <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20And%20Anesthesiology/SECTION%202%20-%20Physician%20Services/Physician7-14.pdf>

Revision History

Revision Date	Summary of Changes
6/19/24	For Commercial Plan Policy, added the following guidelines: Modifier(s) TC and 26 do not apply to CPT code 95941 or G0453. According to the CPT assistant article from February 2016, “Train-of-four monitoring is bundled with the intraoperative neuromonitoring of electromyography (EMG) or motor evoked potentials (MEP) and, therefore, is not separately reportable.”
10/3/24	For Commercial Plan Policy, added the following guidelines: “The monitoring technologist may bill separately from the facility.”; and “If the technician is credentialed by ABNM, they do not have to be licensed in the specific state the surgery is taking place, as the IONM tech is normally providing the monitoring services out of state.”

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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