

Reimbursement Policy:

Intraoperative Neurophysiology Monitoring Services (IONM)

(Commercial, Medicare and Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20210009	3/01/2022	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

Intraoperative monitoring (IOM) is an umbrella term used to describe a variety of electrodiagnostic tests used to monitor the integrity of neural pathways during surgical procedures when there may be risk of damage to the brain, spinal cord or nerve.

Intraoperative Neuromonitoring (IONM) is the use of electrophysiological methods to monitor the functional integrity of certain neural structures during surgery. The purpose of IONM is to reduce the risk of damage to the patient’s nervous system and to provide functional guidance to the surgeon and anesthesiologist. IONM codes are reported based upon the time spent monitoring only, and not the number of baseline tests performed or parameters monitored. In addition, time spent monitoring excludes time to set up, record, and interpret the baseline studies, and to remove electrodes at the end of the procedure. Time spent performing or interpreting the baseline neurophysiologic study(ies) should not be counted as intraoperative monitoring, as it represents separately reportable procedures.

Policy Statement:

This policy describes Emblem/ConnectiCare reimbursement process for continuous intraoperative neurophysiological monitoring (IONM) add-on CPT codes 95940 and 95941 and G0453. Emblem/ConnectiCare align with The Centers for Medicare and Medicaid Services (CMS) CY 2013 final rule which states that HCPCS code G0453 can be billed only for undivided attention by a monitoring physician to a single patient, and not for simultaneous attention by the monitoring physician to more than one patient. In accordance with CMS guidelines, CPT 95941 is not reimbursed, providers should instead submit claims using G0453 as per the criteria outlined in this policy.

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Coding Guidelines:

Codes that may be utilized when professional oversight is employed for IONM. Professional oversight of IONM may be provided in two different ways:

1. Monitoring oversight within the O.R. (95940)
2. Monitoring oversight remotely from outside the O.R. (95941, G0453) which requires real-time remote connection

The separate reimbursement for “incident to” care services provided by an assisting physician or technician for the monitoring physician is not allowed. This is accordance with the AMA CPT Coding guidelines, as noted in the May 2013 CPT Assistant article which states, “The monitoring time of the two codes are (sic) mutually exclusive.” Therefore, CPT codes 95940 and G0453 may not be reported together for the same overlapping time of a monitoring session.

While CPT codes 95940 and G0453 may be reported for sequential non-overlapping time periods, such as when the provider begins monitoring in the operating room and then moves outside the operating room for remote monitoring, these codes may not be reported for concurrent time periods. That is, the monitoring physician cannot be both inside and outside the operating room at the same time.

CPT code 95940 is not used to report the services of a technician who may be inside the operating room while the provider is performing remote monitoring activities outside the operating room.

Do not report these CPT/HCPCS codes 95940/G0453 for automated monitoring devices that do not require continuous attendance by a professional qualified to interpret the testing and monitoring.

Billing Requirements:

EmblemHealth/ConnectiCare may reimburse service(s) for intraoperative monitoring (CPT/HCPCS 95940 or G0453) when the following criteria are met:

- Must be provided to the operating surgeon (ordering physician) by a licensed physician separate from the surgical team (operating surgeon, assistant surgeons, and/or anesthesiologists); *and*
- Must have the interpreting physician physically in attendance in the operating suite; *or*
- Must have the interpreting physician present by means of a real-time remote mechanism for all electro neurodiagnostic (END) monitoring situations with the following stipulations:
 - The interpreting physician is constantly available to interpret the recording and advise the surgeon; *and*
 - There is live video representation of the END monitoring (identical to the information seen by the technician) with a high-quality bi-directional live audio connection that allows the remote interpreting physician to converse with the operating surgeon at any time. (Cell phone connection or cellular walkie-talkie is not considered adequate. Additionally, “live” means contemporaneous monitoring by the physician during the surgery. Review of a CD or other documentation post-operatively does not constitute “live monitoring”.)

Note, the services of the technician in the room and the monitoring equipment are not separately payable from the reimbursement to the monitoring physician (or the monitoring company)
- The monitoring professional must be solely dedicated to performing the intraoperative neurophysiologic monitoring and must be available to intervene at all times during the service as necessary, for the reported time period(s). These codes are reported based on the time spent for monitoring only, and not

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for the number of baseline tests that are rendered, or the parameters monitored.

- IONM monitoring time is counted from the incision time or the time when the baseline interpretation is communicated to the surgeon by the monitoring physician (whichever is later) to the closing time or monitoring end (whichever is earlier).
- The time spent monitoring excludes time to set up, record and interpret the baseline study, and to remove electrodes at the end of the procedure.
- The use of either modifier 26 or TC does not apply to IONM codes 95940 or G0453. The IONM codes are add on codes therefore modifier overrides are not allowed and the claims will be denied.
- Intraoperative neurophysiology monitoring may not be billed by the physician performing an operative or anesthesia procedure as this is included in the global surgical package. (Note, this includes, but not limited to, the neurophysiology testing CPT codes 90000 series for intraoperative neurophysiology testing (e.g., 92585, 95822-95870, 95907-95913, 95925-95929, 95930-95939).
- Baseline studies (e.g., EMGs, NCVs), should not be billed more than one time per operative session.
- Time spent after the procedure performing or interpreting neurophysiologic studies should not be counted as IONM, but reported as a separate procedure.
- For procedures that last beyond midnight, report services using the day on which the monitoring began and using the total time monitored.

CPT 95940:

- Report CPT code 95940 for each set of 15-minutes that the monitoring is done from within the operating room in a one-on-one setting. This code should not be used if more than 1 member is monitored or if the services were rendered remotely
- Units for IONM code 95940 must be billed for time spent for one-on-one monitoring to a single member. Units for these codes must reflect the total duration of one-on-one monitoring even if that time is not in a single continuous block.
- Billed in whole units and should be rounded to the next unit if at least 8 minutes of service is provided.

HCPCS G0453:

- As per CMS guidelines, G0453 must be billed only for undivided attention by a monitoring physician to a single patient, and not for simultaneous attention by the monitoring physician to more than one patient
- HCPCS code G0453 is billed in whole units and should be rounded up to the next unit if at least 8 minutes of service is provided, not to exceed 4 units per hour.
- The monitoring professional may add up non-continuous time directed at one patient to determine how many units may be billed.

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- G0453 is not covered by our EmblemHealth Medicaid plans

Examples for billing G0453:

1. A physician has been monitoring a single patient (“patient A”) for five minutes when they are called away to focus on another medical issue after determining that the procedure can safely continue without monitoring or when the physician turns over the monitoring to another physician. When the physician returns to resume the monitoring of “patient A” and exclusively monitors the same patient for an additional five minutes, the monitoring physician may sum the first five-minute time block and the second five-minute time block for a total of 10 minutes of monitoring for the single session. In this case, payment will be made for the full 15-minute service because the physician exclusively monitored a single patient for more than 50% (8 minutes) of the 15-minute unit for billing.
2. A physician begins monitoring a single patient (patient A). After seven minutes of exclusive one-on-one monitoring of “patient A”, the operating room pauses and the monitoring physician leaves their monitoring station for a short time. Soon the procedure resumes and the monitoring physician returns to monitor the same patient (patient A). During this subsequent monitoring period, an additional 20 minutes of continuous and exclusive monitoring with the same patient occurs. In this situation, the physician may sum the first seven-minute block of time with the second 20-minute block of time for a total of 27 minutes of monitoring. Twenty-seven minutes of total time translates into payment for two units of service for HCPCS code G0453 (15-minutes plus 12-minutes).

Note: that the first unit of 15 minutes of monitoring must be fulfilled completely before the second unit of 15 minutes can begin to be counted. For these time blocks to be summed, they must have occurred in the same single session of service, as opposed to two different sessions of the same service with a full stop in between the sessions. Also, the physician’s attention does not have to be continuous for a 15-minute block of time to be billed. The physician may add up any non-continuous time directed at one patient during a single session of the same service to determine how many units of HCPCS code G0453 may be billed.

3. A physician begins monitoring a single patient (patient A), but is interrupted and called away after 10 minutes of exclusive patient monitoring. The interruption is a request for the physician to begin monitoring another patient (patient B) in a second operating suite. The physician then simultaneously monitors both patients (A & B) in two operating suites for a total of 20 minutes. For payment for the services of HCPCS code G0453, the physician may bill one unit of service for the 10 minutes of exclusive monitoring of “patient A”. For the additional 20 minutes of simultaneous monitoring of the two patients (A & B), no payment will be made because the physician did not provide exclusive attention to either “patient A or B”.

If two patients are being monitored during the same time span, a physician must document and differentiate between the exclusive, continuous minutes of time spent monitoring each patient when billing using HCPCS code G0453.

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Supervision and Provider Responsibilities:

Supervision requirements and provider responsibilities for each procedure vary and must be met by the appropriate provider type. The responsibilities of an IONM provider may include, but are not limited to:

1. Have readily available data that is essential for evaluation of the patient;
2. Evaluate and interpret baseline signals and request any changes in the monitoring procedures of the patient that are required;
3. Interpret all changes from baseline recordings in real time;
4. In real time, will evaluate data and recommend or suggest the anatomical areas of the injury in the context of the surgical procedure when possible.

Documentation Requirements:

Documentation should be submitted in the event log during monitoring of the patient to determine the appropriate reimbursement. Documentation can include, but is not limited to:

- Event log of what occurred during monitoring of the patient, such as:
 - The operating surgeon (ordering physician) requesting an IONM service by a licensed physician, separate from the surgical team;
 - An audio and video connection was established in accordance with requirements outlined above
 - The monitoring physician completed a baseline review verbally with the surgeon using the audio connection;
 - The monitoring physician communicated any events to the surgeon verbally using the audio connection;
 - The monitoring physician completed a closing review verbally with the surgeon;
 - The professional component of monitoring and test interpretation;
 - Start and stop times of the services provided;
 - What was communicated during the service, who was it communicated by, how it was communicated and any other information during the monitoring;
 - Electronic signature and date of IONM physician;
 - Name of technologist and their credentials.

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Place of Service (POS):

CMS and The American Academy of Neurology state IONM services should be performed in Place of Service (POS) 19, 21, 22 or 24. Therefore, EmblemHealth/ConnectiCare will only reimburse 95940 and G0453 services when reported in POS 19, 21, 22 and 24.

Applicable Place of Service (POS) Codes:

POS Code	Description
19	Off Campus-Outpatient Hospital
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
24	Ambulatory Surgical Center

Applicable CPT Codes:

The following CPT Codes are reimbursed when coding guidelines described in this policy are met:

CPT 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)
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) *Note: G0453 is never covered by Medicaid Plans

Limitations/Exclusions:

- Intraoperative monitoring is not medically necessary in situations where historical data and current practices reveal no potential for damage to neural integrity during surgery. Monitoring under these circumstances will exceed the patient's medical need (Social Security Act (Title XVIII); Medicare Benefit Policy Manual).
- Consistent with CMS, EmblemHealth/ConnectiCare will not reimburse CPT 95941
- HCPCS G0453 is not on the Medicaid FS and is not covered by our EmblemHealth Medicaid plans

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References:

1. AAN Principles of Coding for Intraoperative Neurophysiologic Monitoring Feb 2018 (https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/billing-and-coding/model-coverage-policies/18iommodelpolicy_tr.pdf)
2. AANEM Position Statement on Electrodiagnostic Medicine (www.aanem.org/getmedia/884f5b94-a0be-447e-bdae-20d52aaf8299/Recommended-Policy-for-Electrodiagnostic-Medicine.pdf)
3. Centers for Medicaid and Medicare Services (CMS), Billing Medicare for Remote Intraoperative Neurophysiology Monitoring (HCPCS Code G0453) <https://www.cms.gov/medicare/medicare-fee-for-servicepayment/physicianfeesched/downloads/faq-remote-ionm.pdf>

Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	9/2021	<ul style="list-style-type: none"> • Updated policy criteria to align with CMS guidelines • Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number