



Intraoperative Neurophysiological Monitoring

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Intraoperative neurophysiological monitoring (IONM) and testing are medical procedures that allow monitoring of neurophysiologic signals during a surgical procedure. The purpose of Intraoperative neurophysiological monitoring is to reduce the risk of damage to the patient's nervous system and to provide functional guidance to the surgeon and anesthesiologist.

Intraoperative neurophysiological monitoring includes evoked potential (EP) testing (also called evoked response testing) which refers to measurements of nerve function following artificial sensory stimuli as recorded by electroencephalogram (EEG) electrodes. Peripheral, subcortical, or cortical regions may be examined with EPs depending on placement of electrodes and type of stimulus applied. EP testing includes the following studies:

- Central auditory testing (also called brainstem auditory-evoked potentials (BAEP))
- Sensory evoked potential (SEP) testing (include somatosensory-evoked potentials (SSEP))
- Central motor evoked potential study (transcranial motor stimulation)
- Motor-evoked potentials
- Evoked response audiometry (ERA)
- Visual evoked potential (VEP)

Criteria

Commercial

Prior authorization is required

Intraoperative neurophysiological monitoring (IONM) must be requested by the operating surgeon, and the monitoring must be performed by a physician other than the operating surgeon, the technical/surgical assistant, or the anesthesiologist rendering the anesthesia.

PacificSource may consider Intraoperative neurophysiological monitoring to be medically necessary for any of the following procedures:

1. Surgery of the aortic arch, its branch vessels, or thoracic aorta, including internal carotid artery surgery, when there is risk of cerebral ischemia
2. Resection of epileptogenic brain tissue or tumor
3. Resection of brain tissue close to the primary motor cortex and requiring brain mapping
4. Protection of cranial nerves:
 - a. tumors that are optic, trigeminal, facial, auditory nerves
 - b. cavernous sinus tumors
 - c. oval or round window graft
 - d. endolymphatic shunt for Meniere's disease
 - e. vestibular section for vertigo
 - f. microvascular decompression of cranial nerves
5. Correction of scoliosis or deformity of spinal cord involving traction on the cord
6. Anterior cervical spine surgery associated with any of the following increased risk situations:
 - a. prior anterior cervical surgery, particularly revision anterior cervical discectomy and fusion, revision surgery through a scarred surgical field, reoperation for pseudarthrosis or revision for failed fusion
 - b. multilevel anterior cervical discectomy and fusion
 - c. time consuming anterior cervical discectomy and fusion (e.g., tumor)
7. Resection of:
 - a. Spinal cord tumors
 - b. Neuromas of peripheral nerves or brachial plexus, when there is risk to major sensory or motor nerves
8. Surgery for:
 - a. intracranial arteriovenous malformations
 - b. arteriovenous malformation of spinal cord
 - c. surgery for intractable movement disorders
 - d. cerebral vascular aneurysms
9. Arteriography, during which there is a test occlusion of the carotid artery

10. Circulatory arrest with hypothermia
11. Distal aortic procedures, where there is risk of ischemia to spinal cord
12. Leg lengthening procedures, where there is traction on sciatic nerve or other nerve trunks
13. Basal ganglia movement disorders
14. Surgery as a result of traumatic injury to spinal cord/brain
15. Deep brain stimulation

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) Prioritized List of Health Services, Diagnostic Procedure Codes Group 1119, Oregon Administrative Rules (OAR) 410-120-1200 and 410-141-3820 to 3830 for coverage of Intraoperative Neurophysiological Monitoring (IONM).

PacificSource Community Solutions considers CPT codes 95928 and 95929 interventions that have insufficient evidence of effectiveness per Guideline Note 173 of the OHP Prioritized List of Health Services.

Medicare

PacificSource Medicare follows National Coverage Determinations (NCD) Evoked Response Tests 160.10

Reimbursement Criteria

Facility: Intraoperative neurophysiological testing (HCPCS/CPT Codes 95940 and G0453), supplies, and technician services cannot be billed by the facility since it is included in the more comprehensive surgical procedure. The use of either modifier 26 or TC does not apply to codes 95940 and G0453.

Provider:

- Intraoperative neurophysiological monitoring must be performed by a physician, MD or DO who is trained in clinical neurophysiology (e.g., neurologist, physiatrist). The provider must be solely dedicated to monitoring the neurophysiological tests (either on-site or at a remote location), and available to intervene if necessary.
- The monitoring physician cannot bill for the professional component of monitoring performed by O.R. technicians, nurses, or other professionals employed by the hospital.
- The monitoring physician cannot bill for the technical component of intraoperative neurophysiological monitoring performed by O.R. technicians, nurses, or other professionals whether employed by the hospital, physician, or an intraoperative neurophysiological monitoring vendor.
 - Claim must be supported by attached documentation.
- The monitoring physician services are billed with codes 95940 and 95941, and include supervision, interpretation, analysis, and a detailed signed written report of the results.
- The primary physician/surgeon cannot bill for intraoperative neurophysiological monitoring as it is included in the global package.

- Due to the nature of (associated procedures, not IOMN) services and the potential for significant morbidity, intraoperative neurophysiological monitoring will only be reimbursed for inpatient or outpatient hospital setting procedures.
- Incident-to billing is not allowed.

Modifiers

- CPTs 95940 and 95941 are add-on codes and therefore not eligible for modifiers.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 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
- 95937 Neuromuscular Junction Test, Each Nerve, Any One 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); Upper And Lower Limbs
- 95940 Continuous Intraop Neurophysiology Monitoring in the operating Room, One On One Requiring Personal Attendance, each 15 Min
- 95941 Continuous intraoperative neurophysiological monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour
- 95999 Unlisted Neurological/Neuromuscular Diagnosis procedure
- G0453 Continuous intraoperative neurophysiological monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

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Appendix

Policy Number:

Effective: 11/1/2020

Next review: 12/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services, Claims, Provider Network

Applicable regulation(s): CMS Article A57604 and Local Coverage Determinations (LCD) L34623; Oregon Health Plan (OHP) Prioritized List of Health Services Diagnostic Procedure Codes Group 1119; Guideline Note 173 of the OHP Prioritized List of Health Services; Oregon Administrative Rules (OAR) 410-120-1200 and 410-141-3820 to 3830.

Commercial Ops: 12/2023

Government Ops: 12/2023