

## Intraoperative Neuromonitoring Policy, Professional

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. 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, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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### Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

### Policy

#### Overview

This policy addresses the reimbursement of Intraoperative Neuromonitoring (IONM) services.

#### Reimbursement Guidelines

Per the American Medical Association, 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. According to The Centers for Medicare and Medicaid Services (CMS), Intraoperative neurophysiology testing (HCPCS/CPT codes 95940 and G0453) should not be reported by the physician performing an operative or anesthesia procedure since it is included in the global package.

**Place of Service**

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

**Reporting of Modifiers**

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.

The technical component (modifier TC) of study codes reported with IONM services (95940 and G0453) in POS 24 on the same DOS will be denied.

The technical component (modifier TC) of study codes reported with IONM services (95940 and G0453) in a non-facility POS on the same DOS will be denied.

The professional component (modifier 26) of study codes reported with IONM services (95940 and G0453) in a non-facility POS on the same DOS will be denied.

Study codes without a TC or 26 modifier reported with IONM services (95940 and G0453) in any POS on the same DOS will be denied.

**Study Codes:**

92585	95865	95907	95913	95930
95822	95866	95908	95925	95933
95860	95867	95909	95926	95937
95861	95868	95910	95927	95938
95863	95869	95911	95928	95939
95864	95870	95912	95929	

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> Will IONM services be reimbursed when reported with POS 15 (mobile unit)?</p> <p><b>A:</b> No. Services furnished in a mobile unit are often provided to serve an entity for which another POS code exists. When this is the case, the POS for that entity should be reported. UnitedHealthcare will only allow reimbursement for IONM services when reported with POS 19, 21, 22 and 24.</p>
<b>2</b>	<p><b>Q:</b> Why isn't IONM code 95941 addressed in this policy?</p> <p><b>A:</b> Consistent with CMS guidance, status "I" codes are not reimbursable. Code 95941 is considered invalid for reimbursement purposes. For more information please review other reimbursement policies, including but not limited to the Replacement Codes Policy.</p>

**Resources**

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

American Academy of Neurology

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<b>History</b>	
<b>5/22/2020</b>	Policy Version Change Code Description Section Removed
<b>5/1/2020</b>	Policy Version Change Updated Reimbursement Guidelines: Reporting of TC/26 Modifiers
<b>2/17/2020</b>	Policy Version Change Updated Reimbursement Guidelines: Denial of TC component in POS 24
<b>5/28/2019</b>	Policy Version Change Title section: Removed Annual Approval information & moved policy # to the header Updated Reimbursement Guidelines: Removed 95941 Questions and Answers: Revised #2
<b>2/1/2019</b>	Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header
<b>1/1/2019 – 2/28/2019</b>	Policy Version Change Application: Removed pathway to policies for other lines of business Questions and Answers Section: Added Question #2
<b>9/1/2018 – 12/31/2018</b>	Policy implemented by UnitedHealthcare Employer and Individual
<b>3/14/2018</b>	Policy Approved by the Reimbursement Policy Oversight Committee