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Title	Intraoperative Neurophysiologic Monitoring (IONM) Billing		
Number	CP.PP.426.v1.0		
Last Approval Date	06/11/25	Original Effective Date	10/03/25
Replaces			
Cross Reference	<ul style="list-style-type: none"> • <i>Medical Policy 7.01.562-Intraoperative Neurophysiologic Monitoring</i> • <i>Add-On Codes</i> 		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose/ Application	To define how the Plan recognizes billing/coding for intraoperative neuromonitoring services that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
Policy	<p>Intraoperative neurophysiologic monitoring (IONM) describes a variety of procedures used to monitor the integrity of neural pathways during high-risk neurosurgical, orthopedic, and vascular surgeries. It involves the detection of electrical signals produced by the nervous system in response to sensory or electrical stimuli to provide information about the functional integrity of neuronal structures.</p> <p>Professional oversight utilized in IONM may be provided in two different ways:</p> <ul style="list-style-type: none"> • Monitoring oversight within the Operating Room (OR) (CPT code 95940) • Monitoring oversight remotely outside of the Operating Room (OR) which requires a real-time remote connection (CPT code 95941/HCPCS code G0453) <p>Separate reimbursement for "incident to" services provided by an assisting physician, anesthesiologist or a certified technician for the monitoring physician are not allowed, per AMA CPT Coding Guidelines (refer to Codes and Coding Guidelines section in this policy)</p> <p>Procedure code 95940, 95941 and G0453 are classified as global or "complete" services and do NOT have professional and technical components as determined by Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule. As such, the licensed monitoring physician provides the "complete" or entire service, including the equipment, supplies, technical personnel, and the physician's professional service to the operating surgeon.</p> <p>The interpreting/monitoring physician must be either physically in attendance in the operating suite/room or must be present by means of a "real time" remote mechanism for all monitoring. The "real time" interpreting/monitoring physician must be constantly available to interpret the recording and provide information to the surgeon via a live video of the monitoring with a high quality bi-directional live audio connection</p>

allowing the remote physician to communicate with the operating surgeon at any time. Cell phone or walkie-talkie connections are not adequate.

A certified technician present in the operating room (OR) sets up the monitoring equipment and connections to the patient and the monitoring physician. The certified technician in the OR must be in continuous attendance during the monitoring and communicating directly with the supervising physician and the surgeon.

The services of the certified technician in the OR, all supplies and the equipment in the OR are **not** separately reimbursed as these services are included in the reimbursement for the supervising/monitoring physician or the monitoring company. Reimbursement for certified technician services and equipment may be negotiated directly with the facility.

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 time (whichever is earlier). Only the time spent by the supervising physician monitoring the patient and in constant attendance, either in the OR or from a remote location during the procedure(s) is eligible for reimbursement.

All providers rendering one-on-one care/service to patients must be licensed in the state where the patient is located.

Effective with claim dates of service on and after October 3, 2025, only **one** submission of a monitoring code, that from the monitoring physician, will be reimbursed for a date of service whether billed by providers in the same or different groups, same or different Tax Identification Numbers or on different claims.

Neuromonitoring services/claims must be billed to the Blue Cross Blue Shield (BCBS) plan where the provider rendering the monitoring services is **physically located/present** at the time of service, based on the **office address/location** associated with the NPI of the monitoring physician. The **billing office location** for the monitoring physician cannot be used to determine the BCBS plan where the services should be billed.

Train of four (TOF) monitoring assesses neuromuscular transmission when neuromuscular blocking agents are administered to block musculoskeletal activity, must not be billed separately as it is considered integral to intraoperative monitoring and is not separately reimbursable under unlisted code 95999.

CPT Codes 95940 and 95941

Codes 95940 and 95941 are billed for ongoing monitoring, testing and data interpretation distinct from the performance of specific types of neurophysiologic study(s) performed during a surgical procedure.

- Recording and testing is performed either personally or by a certified technician who is physically present with the patient during the service.
- Supervision is performed either directly in the OR or by a real-time telecommunications connection outside of the OR.

- The monitoring physician is solely dedicated to performing the monitoring and is available to intervene at all times during the surgical procedure as needed.
- These codes are reported **based on the time spent monitoring only and not on the number of tests performed/rendered**. Set up time, time to record and interpret baseline studies and removal of electrodes at the end of the procedure are NOT included in the monitoring time.
- CPT code 95940 is reported for each 15 minutes of monitoring conducted within the OR. Less than 7.5 minutes cannot be billed as a separate unit of time. This code is used for monitoring only **ONE** member in the OR suite.
- CPT code 95941 is reported for each one hour of monitoring conducted from a remote or nearby location, outside of the OR, for one or more operative sessions. Less than 30 minutes cannot be billed as a separate unit of time.
- Modifiers 26 and TC do NOT apply to either code 95940 or 95941.
- CPT code 95941 billed by the monitoring physician who is located outside of the OR includes the reimbursement of the certified technician services inside the OR and is therefore cannot be billed separately with code 95940.

HCPCS code G0453

HCPCS code G0453 is reported for undivided attention by a monitoring physician from outside the OR (remote or nearby) to a single member and not for simultaneous monitoring of more than one member.

- This code is billed for each 15 minutes of continuous monitoring of the member with an additional 15-minute increment of time.
- Code G0453 cannot be billed for 7 minutes or less.
- This code is billed for monitoring only and NOT for the number of baseline tests rendered.
- Modifiers 26 and TC do not apply to code G0453 and will be denied if submitted.

Place of Service (POS) Codes

The Place of Service code (POS) represents the location of the member where the neuromonitoring services are being rendered. The appropriate POS codes for neuromonitoring include the following:

- 19 – Off Campus-Outpatient Hospital
- 21 – Inpatient Hospital
- 22 – On Campus-Outpatient Hospital
- 24 – Ambulatory Surgical Center

CPT Codebook Guidelines:

- Recording and testing are performed either personally or by a certified technologist /certified technician who is physically present with the patient during the service. Supervision is performed either in the operating room or by real-time connection outside the operating room.
- 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).

	<ul style="list-style-type: none"> • For any given period of time spent providing these services, the service receives full attention and, therefore, other clinical activities beyond providing and interpreting of monitoring cannot be provided during the same period of time. • Codes 95940, 95941 include only the ongoing neurophysiologic monitoring time distinct from performance of specific type(s) of baseline neurophysiologic study(s), or other services such as intraoperative functional cortical or subcortical mapping. • Codes 95940 and 95941 are reported based upon the time spent monitoring only, and not the number of baseline tests performed, or parameters monitored. The time spent performing or interpreting the baseline neurophysiologic study(ies) should not be counted as intraoperative monitoring but represents separately reportable procedures. • Time spent monitoring (95940, 95941) excludes time to set up, record, and interpret the baseline studies, and to remove electrodes at the end of the procedure. To report time spent waiting on standby for a case to start, use 99360-<i>Standby service, requiring prolonged attendance, each 30 minutes (e.g., operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)</i>. • For procedures that last beyond midnight, report services using the day on which the monitoring began and using the total time monitored. <p><u>Documentation of the Monitoring Session</u></p> <p>An Event/Chat log documentation of the event and what occurred during the monitoring session must be permanently saved to the member’s medical record. Documentation may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • the order from the operating surgeon requesting the monitoring service by a licensed physician other than a member of the surgical team • the audio/video connection established during the session which identifies the type of audio/video connection • start and stop times of the service(s) provided • description of what was communicated during the monitoring service, who communicated the information, how it was communicated and any other information communicated during the monitoring session • name of the certified technologist/certified technician and their credentials
<p>Codes and Coding Guidelines</p>	<p>The IONM codes referenced in this policy are all “add-on” codes and must be submitted with an appropriate primary procedure code in order to be reimbursed:</p> <ul style="list-style-type: none"> • +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) • +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) <p>(+ = Add-on code; must be billed with an appropriate primary procedure code in order to be reimbursed; refer to the parenthetical note in the CPT Codebook after each of the above codes for a listing of appropriate primary procedure codes)</p>

Violations of Policy	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined at Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
Exceptions	
Laws, Regulations & Standards	
References and Resources	<ul style="list-style-type: none"> • AMA CPT Assistant, August 2017, Volume 27, Issue 8: Coding Correction: Reporting Codes 95940 and 95941 • AMA CPT Assistant, October 2020, Volume 30, Issue 10, “Frequently Asked Questions” • American Academy of Neurology, “Principles of Coding for Intraoperative Neurophysiologic Monitoring (IOM) and Testing”, August 2028 • National Correct Coding Initiative (NCCI) Manual, 2025, Chapter 11, Section L.5 and L.6 • American Medical Association (AMA) Current Procedural Terminology (CPT) Codebook • American Clinical Neurophysiology Society, October 2009, “Guideline 11A: Recommended Standards for Neurophysiologic Intraoperative Monitoring Principles”