

Intraoperative Neuromonitoring Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies 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. 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage 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, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

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Application

This reimbursement policy applies to all Medicare Advantage products and for 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 network 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. The use of either modifier 26 or TC does not apply to codes 95940 or G0453.

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

Questions and Answers

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| 1 | <p>Q: Will IONM services be reimbursed when reported with POS 15 (mobile unit)?</p> <p>A: 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 Medicare Advantage will only allow reimbursement for IONM services when reported with POS 19, 21, 22 and 24.</p> |
| 2 | <p>Q: Are IONM codes with a status "I" allowed when reported in a facility setting?</p> <p>A: No, per CMS guidance the status "I" code is not reimbursable.</p> |

Resources

www.cms.gov

American Medical Association (AMA) Current Procedural Terminology (CPT®)

American Academy of Neurology

CMS Place of Service Codes for Professional Claims

CMS Transmittal 3315

Federal Register VOL 78, No 237

Medicare Claims Processing Manual - Chapter 12 – Physicians/Nonphysician Practitioners: Section 20.4.2

Medicare Claims Processing Manual - Chapter 14 – Ambulatory Surgical Centers: Sections 10.3, 10.4, 60.2

MLN Matters - MM7631

National Correct Coding Initiative Edits – Chapter 11

History

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| 2/1/2024 | Policy Version Change Policy Logo Updated |
| 2/1/2023 | Annual Policy Review Application Section: Updated Resources Section: Updated History Section: Removed entries prior to 2/1/2021 |
| 2/1/2022 | Annual Policy Review Application Section: Updated Resources Section: Updated History Section: Removed entries prior to 2/1/2020 |
| 9/1/2018 | Policy implemented by UnitedHealthcare Medicare Advantage |
| 3/14/2018 | Policy Approved by the Reimbursement Policy Oversight Committee |