

Title: Intraoperative Neurophysiological Monitoring Services (IONM)	Division: Medical Management Department: Utilization Management
Approval Date: 8/26/25	LOB: Essential, HIV SNP, HARP, Medicare, UltraCare, Exchange, CHP, Essential, MetroPlus Gold, MetroPlus GoldCare
Effective Date: 8/26/25	Policy Number: UM-MP 352
Review Date: 7/21/26	Cross Reference Number:
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1. POLICY DESCRIPTION:

This policy describes the conditions under which MetroPlusHealth will cover Intraoperative Neurophysiological Monitoring Services (IONM) when the monitoring is not provided by a member of the operating team.

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:

Intraoperative Neurophysiological Monitoring (IONM): Uses recordings of the nervous system's electrical response to the stimulation of specific neural pathways (e.g., visual, motor, auditory, general sensory evoked response studies) to obtain information on the functional integrity of pathways within the nervous system during an operative procedure. This information can assist in diagnosis of a pathological process, monitor response to therapies, identify anatomical distribution of a disease process or identify neurologic compromise.

4. POLICY:

- A. Intraoperative neurophysiological monitoring (IONM) requires preauthorization and must be requested by the operating surgeon. The monitoring must be performed by a physician, other than the operating surgeon, the technical/surgical assistant; or the anesthesiologist rendering the anesthesia. Professional oversight of IONM may be provided in two different ways:
 - a. Monitoring oversight within the O.R. (95940). This code 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.
 - b. Monitoring oversight remotely from outside the operating room. (G0453) which requires real-time remote connection. This code is not used for automated monitoring devices that do not require continuous attendance by a professional qualified to interpret the testing and monitoring. 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). This code is reported based on the time spent for monitoring only, and not for the number of baseline tests that are

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rendered, or the parameters monitored. HCPCS G0453 is not on the Medicaid Fee Schedule and is not covered by the MetroPlusHealth Medicaid Plans, including the Essential Plan. Consistent with CMS, MetroPlusHealth are will not reimburse CPT 95941.

- B. When monitoring is performed from a remote site, a trained technician must be in continuous attendance in the operating room, with either the physical or electronic capacity for real-time communication with the supervising physician. The specifically trained technician must be in continuous attendance in the operating room, recording and monitoring a single surgical case, with either the physical or electronic capacity for real-time communication with the supervising neurologist or other physician trained in neurophysiology.
 - a. Technical criteria (mandatory) include that at least 8 recording channels be available (16 if EEG is monitored) for all intraoperative neurophysiological monitoring. The remotely supervising physician must have the ability to watch the tracings as they are obtained in real-time in the operating room, as well as the baseline electrophysiological test and the monitoring tracings from earlier in the case.
- C. IONM is only covered for procedures performed in the hospital setting,
- D. Intraoperative testing may be indicated with the following types of surgery:
 - 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 Ménière'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

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6. Protection of spinal cord where work is performed in close proximity to cord as in the removal of old hardware or where there have been numerous interventions
 7. Spinal instrumentation requiring pedicle screws or distraction
 8. Decompressive procedures on the spinal cord or cauda equina carried out for myelopathy or claudication where function of spinal cord or spinal nerves is at risk
 9. Resection of:
 - a. Spinal cord tumors
 - b. Neuromas of peripheral nerves or brachial plexus, when there is risk to major sensory or motor nerves
 10. Surgery for:
 - a. intracranial AV malformations
 - b. arteriovenous malformation of spinal cord
 - c. surgery for intractable movement disorders
 - d. cerebral vascular aneurysms
 11. Arteriography, during which there is a test occlusion of the carotid artery
 12. Circulatory arrest with hypothermia
 13. Distal aortic procedures, where there is risk of ischemia to spinal cord
 14. Leg lengthening procedures, where there is traction on sciatic nerve or other nerve trunks
 15. Basil ganglia movement disorders
 16. Surgery as a result of traumatic injury to spinal cord/brain
 17. Deep brain stimulation
- E. 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 the Event Log of what occurred during monitoring of the patient, such as:
- a. The operating surgeon (ordering physician) requesting an IONM service by a licensed physician, separate from the surgical team;
 - b. An audio and video connection was established in accordance with requirements outlined above
 - c. The monitoring physician completed a baseline review verbally with the surgeon using the audio connection;
 - d. The monitoring physician communicated any events to the surgeon verbally using the audio connection;
 - e. The monitoring physician completed a closing review verbally with the surgeon;
 - f. The professional component of monitoring and test interpretation;
 - g. Start and stop times of the services provided;

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- h. What was communicated during the service, who was it communicated by, how it was
- i. communicated and any other information during the monitoring;
- j. Electronic signature and date of IONM physician;
- k. Name of technologist and their credentials.

5. 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.

Examples of procedures for which there is insufficient evidence to establish net benefit of IONM include, but are not limited to, the following:

- Lumbar or cervical laminectomies and fusions
- Spinal cord stimulator implantation
- Thyroid or parathyroid surgery
- Cochlear implantation
- Vagal nerve stimulator implantation
- Spinal injections
- Hip replacement
- Parotid gland surgery

Intraoperative monitoring of visual evoked potentials is experimental and investigational for all indications.

Intraoperative monitoring of motor evoked potentials using transcranial magnetic stimulation is experimental and investigational for all indications.

Nerve conduction studies for intraoperative monitoring purposes are considered experimental and investigational for all indications.

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. Therefore, the use of either modifier 26 or TC does not apply to IONM codes 95940 or G0453.

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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.

6. APPLICABLE PROCEDURE CODES:

CPT/HCPCS	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).
95938	Short-latency somatosensory evoked potential study.
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs.
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery).
95999	Unlisted neurological or neuromuscular diagnostic 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). Not covered for the Medicaid LOBs, including the Essential Plan.

7. EXCLUDED PROCEDURE CODES:

CPT	Description
95941	Continuous intraoperative neurophysiology monitoring from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operation room, per hour. (List separately in addition to code for primary procedure)

8. APPLICABLE DIAGNOSIS CODES:

CODE	Description
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9. REFERENCES:

Medicare LCD - Intraoperative Neurophysiological Testing (L34623), Revision Effective Date 01/01/2026

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34623&ver=38&>

Medicare Memo -Billing Medicare for Remote Intraoperative Neurophysiology Monitoring (HCPCS Code G0453)

<https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/faq-remote-ionm.pdf>

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)

REVISION LOG:

REVISIONS	DATE
Creation date	8/26/25
Annual Review	7/21/26

Approved:

Date:

Approved:

Date:

Sanjiv Shah, MD
Chief Medical Officer

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Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.