Intraoperative Neurophysiologic Monitoring

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<tr>
<th>Type:</th>
<th>Policy Specific Section:</th>
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<tr>
<td>Medical Necessity and Investigational / Experimental</td>
<td>Surgery</td>
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<th>Original Policy Date:</th>
<th>Effective Date:</th>
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<tr>
<td>September 27, 2013</td>
<td>March 7, 2014</td>
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Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Intraoperative neurophysiologic monitoring (IONM) describes a variety of procedures that have been 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.

Policy

Intraoperative neurophysiologic monitoring, which includes somatosensory-evoked potentials, motor-evoked potentials using transcranial electrical stimulation, brainstem auditory-evoked potentials, electromyogram (EMG) of cranial nerves, electroencephalogram (EEG), and electrocorticography (ECoG), may be considered medically necessary during any of the following procedures:

- Spinal
- Intracranial
- Vascular
- Epilepsy ablation

Intraoperative neurophysiologic monitoring may be considered medically necessary for protection of the spinal cord where work is performed in close proximity to the cord, as in the placement or removal of old hardware or where there have been numerous interventions.

Use of intraoperative neurophysiologic monitoring is considered investigational for either of the following:

- Surgery for acoustic neuroma congenital auricular lesions or cranial based lesions
- Visual-evoked potentials

Due to the lack of the U.S. Food and Drug Administration (FDA) approval, intraoperative neurophysiologic monitoring of motor-evoked potentials using transcranial magnetic stimulation is considered investigational.

Intraoperative neurophysiologic monitoring is considered not medically necessary during any of the following procedures:

- Microvascular decompression of the facial nerve for hemifacial spasm
- Surgical excision of neuromas of the facial nerve
- Surgery on the peripheral nerves

Note: These policy statements refer only to use of these techniques as part of intraoperative monitoring. Other clinical applications of these techniques, such as visual-evoked potentials and EMG, are not considered in this policy.

Intraoperative neurophysiologic monitoring should only be used for those procedures in which there is medical proven value and should not be used as a substitute for more appropriate intraoperative monitoring.
Policy Guideline

Constant communication between surgeon, neurophysiologist, and anesthetist are required for safe and effective intraoperative neurophysiologic monitoring.

Coding

There are specific CPT codes for this service:

- **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)

Coding for intraoperative monitoring uses time-based codes; they are not based on the number (single vs. multiple) of modalities used.

Note: Codes 95040 and 95941 would be reported in conjunction with the code(s) for the testing performed. For example, 95940 or 95941 reported with any of the following CPT procedure codes (not an inclusive list):

- **95285**: Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
- **95822**: Electroencephalogram (EEG); recording in coma or sleep only
- **95860-95870**: Needle electromyography code range
- **95867-95868**: Needle electromyography of cranial nerve supplied muscle(s) code range
- **95900-95913**: Nerve conduction study code range
- **95925-95927**: Somatosensory-evoked potentials code range
- **95925-95927 and 95938**: Somatosensory-evoked potential study code range
- **95928-95929 and 95939**: Central motor evoked potential study (transcranial motor stimulation) range
- **95930**: Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
- **95933**: Orbicularis oculi (blink) reflex, by electrodiagnostic testing
- **95937**: Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
- **95955**: Electroencephalogram (EEG) during non-intracranial surgery (e.g., carotid surgery)

The Centers for Medicare and Medicaid Services (CMS) also established a HCPCS code for this type of monitoring:

- **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)
Documentation Required for Clinical Review

- History and physical and/or consultation notes including:
  - Reason for monitoring
- Operative report, including the following:
  - The type of procedure that required monitoring
  - Intraoperative neurophysiologic monitoring report indicating constant communication between surgeon, neurophysiologist, and anesthetist

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.