Coding Policy

Intraoperative Neurophysiology

CODING POLICY NUMBER: 89

Effective Date: 1/1/2025

Last Review Date: 1/2025

Next Annual Review: 2026

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies"). **The full Company portfolio of current coding policies is available online and can be accessed here.**

POLICY APPLICATION

☒ Providence Health Plan Participating Providers ☒ Non-Participating Practitioners

☒ Commercial ☒ Medicaid/Oregon Health Plan ☒ Medicare

POLICY STATEMENT

I. Company pays physicians' charges for intraoperative neurophysiology monitoring subject to CPT and CMS coding and billing guidelines, National Correct Coding Initiative edits, and Providence Health Plan clinical edits. The technical component of remote intraoperative neurophysiology monitoring is included in payment to the facility and may not be reported separately. Company follows CMS's policy outlined in LCD ID L34623, which states that intraoperative neurophysiology monitoring is covered only for procedures performed in a hospital setting (location codes 21, 22, or 24).

PROCEDURE

GENERAL

HCPCS code G0453 may be reported for remote intraoperative neurophysiology monitoring by a physician other than the surgeon or the anesthesiologist. CPT code 95940 may be reported for intraoperative neurophysiology monitoring by a physician other than the surgeon or the anesthesiologist. Company does not accept CPT code 95941.

> **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)
>
> **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)

CPT instructions for timed codes indicate that a unit of time is attained when the mid-point is passed. Company recognizes this CPT guidance for HCPCS code G0453 and CPT code 95940. Physicians may bill for one unit of G0453 or 95940 if at least 8 minutes of service is provided, as long as no more than 4 units of G0453 or 95940 is billed for each 60 minutes.

For HCPCS code G0453, the physician's attention does not have to be continuous for a 15-minute block of time; the physician may add up any non-continuous time directed at one patient to determine how many units of G0453 may be billed. The physician may bill only for the time spent in "real-time" contact with the technician. The physician must complete a record of this service, to include the specific times spent in contact with the technician, the significant findings, and the advice given.

The site of service for both remote intraoperative monitoring (HCPCS code G0453) and monitoring in the operating room (CPT code 95940) must represent the patient's location, either 21 (inpatient hospital), 22 (outpatient hospital), or 24 (ambulatory surgery center). HCPCS code G0453 and CPT code 95940 are not covered for procedures performed in any other location.

Intraoperative neurophysiology monitoring (HCPCS code G0453 and CPT code 95940) are add-on codes to be filed in addition to the primary procedures for sensory evoked potential (SEP) testing, codes 92653, 95822, 95860-95870, 95907-95913, 95925, 95926, 95927, 95928, 95929, 95930-95937, 95938, and 95939.

NOTE: It is not appropriate to bill separately for train-of-four (TOF) monitoring. The AMA has clearly stated that CPT code 95937 is not appropriate for this procedure, nor may TOF monitoring be billed with an unlisted code. Providers are referred to AMA guidance published in CPT Assistant, February, 2016, which states, "A peripheral nerve stimulator, also known as a train-of-four monitor, is used to assess neuromuscular transmission when neuromuscular blocking agents are given to block musculoskeletal activity. By assessing the depth of neuromuscular blockade, peripheral nerve stimulation can ensure proper medication dosing and, thus, decrease the incidence of side effects. Train-of-four monitoring is

bundled with the intraoperative neuromonitoring of electromyography (EMG) or motor evoked potentials (MEP) and, therefore, is not separately reportable."

REFERENCES

1. National Correct Coding Initiative (NCCI) Policy Guidelines
2. National Correct Coding Initiative (NCCI) Edits
3. Current Procedural Terminology (CPT)
4. Providence Health Plan Clinical Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
4/2013	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.