

	<i>Intraoperative Neurophysiology Monitoring (IONM) Services</i>	
	Policy Number: POL-PP-260	Original Creation Date: 10/1/2025
	Version Number: 002	Version Effective Date: 11/1/2025
	Policy Status: Active	Next Review Date: 11/1/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

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.

Policy

95940

CPT Code 95940 is reported per 15 minutes of service and is used to report only the portion of time the monitoring professional was physically present in the operating room providing one-on-one patient monitoring, and no other cases may be monitored at the same time.

Time spent in the operating room is cumulative. To determine units of service of 95940, use the total minutes monitoring in the operating room one-on-one. Monitoring may begin prior to incision (e.g., when positioning on the table is a time of risk).

95941

CPT code 95941 is reported per hour and is used to describe continuous intraoperative neurophysiology monitoring performed outside the operating room (remote or nearby) or when monitoring more than one case within the OR. It is an add-on code, meaning it is billed in addition to the code for the primary surgical procedure (see example below under G0453).

When monitoring more than one procedure, there must be the immediate ability to transfer patient monitoring to another monitoring professional during the surgical procedure should that individual's exclusive attention be required for another procedure.

G0453

HCPCS code G0453 is reported per 15 minutes and is used for the continuous intraoperative neurophysiology monitoring conducted outside the operating room. This monitoring is performed per patient and requires the monitoring professional's exclusive attention to that patient. Total time can be added up to determine the number of units to be billed.

G0453 should always be listed in addition to the primary procedure code for the surgical procedure itself. For example, if facial nerve monitoring is done during a parotidectomy, the G0453 code is linked to the EMG CPT code (95867) and not the parotidectomy CPT code.

Guidelines

Time spent performing or interpreting the baseline neurophysiologic study should not be counted as intraoperative monitoring, as it represents separately reportable procedures

Recording and testing are performed either personally or by a technologist 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). 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.

The American Academy of Neurology states IONM services should be performed in Place of Service (POS) 19, 21, 22 or 24. Therefore, Blue KC will only reimburse 95941 and G0453 services when reported with POS 19, 21, 22 and 24.

Coding	
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)
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)
G0435	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)

References and Resources

This policy has been developed through consideration of the following:

American Medical Association, Current Procedural terminology and association publications and services
Centers for Medicare and Medicaid Services
American Academy of Neurology

Related Documents

N/A

Revision History

Version	Date	Summary of Revisions
001	11/01/2025	Initial version
002	11/01/2025	Code error corrected

