Massachusetts | Commercial

Commercial Reimbursement Policy	
Subject: **Intraoperative Neuromonitoring**	
Policy Number: **C-24002**	Policy Section: **Medicine**
Last Approval Date: **06/12/2024**	Effective Date: **11/01/2024**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Wellpoint member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Wellpoint will allow reimbursement for Intraoperative Neuromonitoring (IONM) when billed by a professional provider with a place of service 19, 21, 22, or 24 unless provider, state, federal, contracts and/or requirements indicate otherwise.

Wellpoint requires providers to follow the below guidelines when reporting IONM:

- Must be performed in a hospital setting using the place of service where the member is located even if the monitoring physician is located in an office. Monitoring of a patient should use:
    - Off campus-outpatient hospital (19)
    - Hospital site of service (21)
    - Hospital outpatient surgery center (22)
    - Ambulatory surgical center (24)
- IONM codes billed must be billed on a CMS-1500, IONM services billed on a UB-04 will be denied.
- Should not be reported by the surgeon or anesthesiologist performing an operative procedure, it is included in the global package.
- If a provider serves as the Intraoperative Neuromonitoring supervising physician, the supervising physician should report Modifier 26.

Note: The provision of equipment, supplies, and technical personnel for the IONM service is the responsibility of the facility rendering the IONM service.

Related Coding

Description	Coding grid
IONM Coding Guidelines	IONM Coding Guidelines

Policy History

06/12/2024	Initial approval 06/12/2024 and effective11/01/2024

References and Research Materials

This policy has been developed through consideration of the following:

- American Academy of Neurology
- CMS
- Optum EncoderPro 2024

Definitions

Intraoperative Neuromonitoring	Monitoring that 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.
General Reimbursement Policy Definitions	

Related Policies and Materials

Modifier 26 and TC - Professional
Place of Service - Professional

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.