

Reimbursement Policy

Policy Number: RP032

Policy Title: Intraoperative Neurophysiology
Monitoring (IONM) Policy

Approval Date: Sept. 30, 2026

Effective Date: Oct. 9, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

This policy addresses billing and coding for intraoperative neuromonitoring services, including evoked potentials. This policy is not intended to impact care decisions or medical practice.

Intraoperative neurophysiologic monitoring (IONM) - Describes a variety of procedures 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.

The principal goal of IONM is the identification of nervous system impairment on the assumption that prompt intervention will prevent permanent deficits. Correctable factors at surgery include circulatory disturbance, excess compression from retraction, bony structures, hematomas, or mechanical stretching. The technology is continuously evolving with refinements in equipment and analytic techniques, including recording, with several patients monitored under the supervision of a physician who is outside the operating room.

Intraoperative neurophysiologic monitoring may include, but is not limited to:

- Somatosensory-Evoked Potentials (SSEP)
- Motor-Evoked Potentials (MEP) (using transcranial electrical stimulation)
- Brainstem Auditory-Evoked Potentials (BAEP)
- Electromyogram Monitoring (EMG) of cranial nerves
- Electroencephalogram Monitoring (EEG)
- Electrocorticography (EcoG)

Evoked potentials (EP) - Are responses (electrical signals) produced by the nervous system in response to a stimulus. These types of monitoring help diagnose nerve disorders, determine the location of the site of nerve damage, and help evaluate the member's condition after treatment or during surgery.

Reimbursement Information

The Plan reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement.

Supervision Requirements and Provider Responsibilities

Supervision requirements and provider responsibilities for each procedure vary and must

be met by the appropriate provider type. The responsibilities of an IONM provider may include, but are not limited to:

- Have readily available data that is essential for evaluation of the member
- Evaluate and interpret baseline signals and request any changes in the monitoring procedures of the member that are required
- Interpret all changes from baseline recordings in real-time
- In real-time, will evaluate data and recommend or suggest the anatomical areas of the injury in the context of the surgical procedure when possible.

Documentation

Documentation should be captured in the event/chat log during monitoring of the member to determine the appropriate reimbursement. Documentation can include, but is not limited to:

- Event/Chat log documentation of what occurred during monitoring of the member, such as:
 - The operating surgeon (ordering physician) requesting an IONM service by a licensed physician, separate from the surgical team
 - The audio and video (screen sharing) connection established that includes the specific type of audio and video (screen sharing) connection
 - The monitoring physician completed a baseline review verbally with the surgeon using the audio connection
 - The monitoring physician communicated any events to the surgeon verbally using the audio connection
 - The monitoring physician completed a closing review verbally with the surgeon
 - The professional component of monitoring and test interpretation
 - Start and stop times of the services provided
 - What was communicated during the service, who was it communicated by, how it was communicated and any other information during the monitoring
 - Name of technologist and their credentials

Separately Reimbursable Services for IONM - Billing Requirements

Eligibility for coverage as separately reimbursable service(s) for intraoperative monitoring must meet the following criteria:

- Must be provided to the operating surgeon (ordering physician) by a licensed physician separate from the surgical team (operating surgeon, assistant surgeons, and/or anesthesiologists); and
- Must have the interpreting physician physically in attendance in the operating suite; or

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- Must have the interpreting physician be present by means of a real-time remote mechanism for all Electroneurodiagnostic (END) monitoring situations with the following stipulations:
 - The interpreting physician is constantly available to interpret the recording and advise the surgeon; and
 - There is live video (screen sharing) representation of the END monitoring (identical to the information seen by the technician) with a high-quality bi-directional live audio connection that allows the remote interpreting physician to converse with the operating surgeon at any time.
 - Cell phone connection or cellular walkie-talkie is not considered adequate.
 - Additionally, “live” means contemporaneous monitoring by the physician during the surgery. Review of a CD or other documentation post-operatively does not constitute “live monitoring”.)

The services of the technician in the room and the monitoring equipment are not separately payable from the reimbursement to the monitoring physician (or the monitoring company). Reimbursement for technician services and equipment may be negotiated directly with the facility.

CPT Codes +95940 & +95941

Intraoperative neurophysiology CPT add-on codes 95940 and 95941 are used for ongoing neurophysiologic monitoring, testing, and data interpretation distinct from performance of specific type(s) of baseline neurophysiologic study(s) performed during surgical procedures to a single member. Additional requirements:

- Professional provider services are included in the procedure’s primary service when services are rendered by the surgeon or anesthesiologist and should not be reported separately.
- Recording and testing is performed personally or by a technologist who is physically present with the member during the service.
- Supervision is performed either in the operating room or by real-time connection outside the operating room.
- The monitoring professional must devote full attention exclusively to intraoperative neurophysiologic monitoring activities and be available to intervene at all times during the service as necessary, for the reported time period(s).
 - These codes are reported based on the time spent for monitoring only, and not for the number of baseline tests that are rendered, or the parameters monitored.
 - The time spent monitoring excludes time to set up, record and interpret the baseline study, and to remove electrodes at the end of the procedure.

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- Report CPT add-on code 95940 for each 15-minute increment that the monitoring is done from within the operating room in a one-on-one setting. This code should not be used if more than one member is monitored or if the services were rendered remotely. This code cannot be billed for seven minutes or less.
 - Report CPT add-on code 95941 for each hour of monitoring done from a remote or nearby location for one or more overlapping operative sessions. This code cannot be billed for 30 minutes or less.
 - Units for these codes must reflect the total duration of one-on-one monitoring even if that time is not in a single continuous block.
 - Modifiers TC and 26 do not apply to CPT add-on codes 95940 and 95941.
 - IONM may not be billed by the physician performing an operative or anesthesia procedure as this is included in the global surgical package.
 - This includes, but is not limited to, the neurophysiology testing CPT 90000 series codes for intraoperative neurophysiology testing

HCPCS Code G0453

HCPCS code G0453 should be billed only for undivided attention by a monitoring provider to a single member and **not** for simultaneous attention by the monitoring provider to more than one member. This code can be billed in multiple units to account for the cumulative time spent exclusively monitoring a single member.

HCPCS code G0453 can be billed for 15 minutes of continuous monitoring of the member, followed by an additional 15 minutes later in the same members procedure, which is equal to a total of 30 minutes, or two units. Additional requirements are:

- G0453 may not be billed for seven minutes or less.
- G0453 is reported based on the time spent for monitoring only, and not for the number of baseline tests that are rendered, or the parameters monitored.
- Units for G0453 must be billed for time spent for one-on-one monitoring to a single member. Units for this code must reflect the total duration of one-on-one monitoring even if that time is not in a single continuous block.
- Modifiers TC and 26 do not apply to HCPCS code G0453.
- IONM may not be billed by the physician performing an operative or anesthesia procedure as this is included in the global surgical package.

Coding Tips

- Baseline studies should not be billed more than one time per operative session.
- IONM monitoring time is counted from the incision time or the time when the baseline interpretation is communicated to the surgeon by the monitoring physician (whichever

is later) to the closing time or monitoring end (whichever is earlier).

- Monitoring does not extend through emergence from anesthesia nor patient transport.
- Modifier 26 must be appended for the professional component of monitoring and test interpretation **only**.
- The technical component is the responsibility of the facility.
- Documentation must support appropriate separately reimbursable IONM services for eligible reimbursement.
- Additional timed codes, such as 95961, may not be billed. A more appropriate code that does not require time, such as 95822, should be billed.
- The Place of Service (POS) billed should be the location of the member
- IONM services should be billed to the BCBS Plan where the provider rendering the IONM services is physically located/present at the time of service. The provider's billing office address does **not** determine the BCBS plan where services should be billed.
- Train-of-Four (TOF) monitoring should not be separately billed as it is considered integral to intraoperative monitoring and/or the administration of anesthesia and is primarily done to prevent or avoid permanent neurological injury.
 - TOF monitoring or any type of neuromuscular blockade testing, is not separately reimbursed.

Additional Resources

Reimbursement Policy (formerly known as Clinical Payment and Coding Policy)

RP023 Modifier Reference Policy

RP029 Medical Record Documentation

Medical Policy

MED205.011 Intraoperative Neurophysiologic Monitoring (IONM)

References

American Academy of Neurology. [Principles of Coding for Intraoperative Neurophysiologic Monitoring \(IOM\) and Testing: Model Coverage Policy](#). Updated July 31, 2018. Accessed July 14, 2026.

Centers for Medicaid and Medicare Services (CMS), [Billing Medicare for Remote Intraoperative Neurophysiology Monitoring \(HCPCS Code G0453\)](#). Accessed June 2, 2026.

Centers for Medicare & Medicaid Services (2026). [Healthcare Common Procedure Coding System \(HCPCS\)](#). Accessed June 2, 2026.

Centers for Medicare & Medicaid Services (2026). [Medicare National Correct Coding Initiative Policy Manual](#), Chapter I, Section R, effective Jan. 1, 2026. Accessed June 2, 2026.

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Policy History

Approval Date	Description
7/20/2021	New policy
7/30/2021	Added billing example
04/22/2022	Annual Review
09/05/2023	Annual Review
09/24/2024	Annual Review
10/28/2025	Annual Review; Grammatical and formatting updates; References updated.
09/30/2026	Annual Review. Removed Billing Examples. Additional Resources added: RP023 and RP029. References added: HCPCS, AMA CPT, CMS NCCI Manual.