Subject: Intraoperative Neurophysiology Monitoring (IONM)

Effective Date: April 3, 2003

Department(s): Utilization Management

Policy: Intraoperative neurophysiology monitoring is reimbursable under the Barnabas Employee Health Plan, for surgical procedures delineated below.

Objective: To ensure proper and consistent reimbursement for and appropriate utilization of a clinical service.

Procedure:

1. A request for IONM must document that the primary procedure has the potential to produce permanent neurological injury that can be anticipated by monitoring and avoided by intervention prompted by monitoring.

2. The CPT codes for IONM- 95940 and 95941, are listed separately in addition to the code(s) for the baseline study (e.g. EEG, EMG, nerve conduction study, SSEP). Other electrodiagnostic codes are global to 95940 and 95941 when done intraoperatively.

3. Procedures in which monitoring is used include but are not limited to the following:

- Reduction of spinal fractures
- Scoliosis surgery
- Resection of a paraspinal tumor
- Vertebral pedicle screw placement
- Assessment of spinal cord trauma in an unconscious patient
• Procedures involving compression, decompression or potential ischemia of the spinal cord and/or brainstem
• Cranial endarterectomy
• Cerebrovascular surgery
• Acoustic neuroma surgery
• Cerebral cortical mapping procedures
• Otolaryngology - head and neck surgery
• Cardiac and major vascular procedures

4. The intraoperative neurophysiological monitoring professional must hold an advanced academic degree (ie MD, DO, PhD, AuD) and preferably hold certification by an IONM-related Board.

5. The provision of IONM requires concurrent evaluation and management of supervised cases, with sufficient attention apportioned to each case such that all duties of the IONM professional are maintained for all cases. Depending on case complexity, it is expected that the IONM professional monitors a maximum of four cases simultaneously.

References


Stecker MM. Evoked potentials during cardiac and major vascular operations. Semin Cardiotorac Vasc Anesth 2004;8(2):101-111 (Jun)


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Reviewed without Revision By/Date: BFisher, MD  10/31/08
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Reviewed without Revision By/Date: MMcNeil, MD  04/03/12
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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.