

You are here: [CONNECTU](#) > [NCA Policies](#) > [POL-020.6 Clinical Review Intraoperative Neuromonitoring \(IONM\) Payment Determination Policy](#)

## **POL-020.6 Clinical Review Intraoperative Neuromonitoring (IONM) Payment Determination Policy**



This policy applies to all NCA markets, all lines of business.

### **1.0 Business Policy**

---

#### **1.1 Payment Policy Statement**

- 1.1.1** Kaiser Foundation Health Plan (KFHP) requires accurate and complete claims submissions that follow proper billing and submission guidelines according to industry standard Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. In addition, documentation (such as medical records, office notes etc.) must support services billed. KFHP may request additional supportive documentation to further validate billing, coding, and clinical accuracy of billed services prior to finalizing reimbursement on billed service(s). KFHP, in the interest of its members, reviews claims to ensure that KFHP pays the appropriate amounts on claims and does not overpay or pay for improper charges. While KFHP does not dictate to providers how to bill their claims, the industry recognizes that certain billing practices can lead to non-payable charges. If appropriate coding/billing guidelines or current reimbursement policies are not followed or documented in the records, KFHP may, depending on the circumstances: reduce or deny the claim, or claim line, consider a claim line paid by virtue of payment of another claim line or the claim as a whole, or recover/recoup payment for claim processed in error. Unless otherwise noted within the policy, KFHP's reimbursement policies apply to contracted and non-contracted professional providers and facilities.
- 1.1.2** KFHP payment policies are not intended to cover every claim situation. KFHP policies may be superseded by state, federal and/ or provider contractual requirements. KFHP will align with all applicable regulatory, state and federal guidelines. KFHP will employ clinical discretion and judgement, and coding expertise in its interpretation and application of the policy, and all KFHP payment policies are routinely updated.
- 1.1.3** Kaiser recognizes commonly accepted standards to determine what items and/or services are eligible for separate reimbursement. Commonly accepted standards include but are not limited to the following:
- American Academy of Professional Coders (AAPC)
  - American Medical Association (AMA)

- Associated Medical Societies (i.e.: American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), etc.)
- American Health Information Management Association (AHIMA)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- CMS Local Coverage and National Coverage Determinations (LCD NCD)
- CMS Manuals and Publications
- CPT Assistant
- CPT Manual, including code definitions and associated text
- Federal Register
- HCPCS Manual, including code definitions and associated text
- Integrated Outpatient Code Editor (I/OCE)
- International Classification of Diseases, 10th Revision (ICD-10-CM) official guidelines for coding and reporting
- Medically Unlikely Edits
- National Correct Coding Initiative Policy Manual for (NCCI)
- National Physician Fee Schedule Relative Value File
- National Uniform Billing Committee (NUBC)
- Professional and academic journals and publications

## **1.2 Scope**

- 1.2.1** This policy outlines Kaiser’s requirements for the review and reimbursement of Intraoperative Neuromonitoring (IONM) services. This policy applies to contracted and non-contracted providers across all lines of business, unless otherwise specified.
- 1.2.2** Clinical Review will evaluate submitted documentation to determine the medical appropriateness and/or medical necessity of IONM services in accordance with Kaiser medical policy for Intraoperative Neuromonitoring. The review process ensures that claims are submitted in compliance with federal and state regulations, industry-standard coding practices, and evidence-based literature.

- 1.2.3** Clinical Review will apply Kaiser's IONM Medical Policy criteria, and applicable regulatory, state, and federal guidelines to determine whether IONM services are reimbursable or non-reimbursable, based on the member's benefit plan.

## **2.0 Rules**

---

### **2.1 Criteria**

- 2.1.1** This payment policy aligns with Kaisers internal IONM Medical Policy. The criteria was established using evidence-based guidelines and nationally recognized standards to determine the medical necessity of services. Medical necessity and appropriateness requirements apply.
- 2.1.2** IONM is considered medically necessary only when performed for high-risk surgical procedures with a demonstrated benefit in reducing neurological complications. Standards are reviewed and updated regularly to reflect current clinical evidence and regulatory requirements.
- Charges related to intraoperative monitoring are billed on a HCFA 1500 claim form for professional charges. Any charges related to IONM billed on a UB form are not reimbursable.
  - Codes for automated monitoring devices that do not require continuous attendance by someone who is qualified to interpret the information should not be reported separately.
  - Kaiser will consider IONM for reimbursement when performed in place of service (POS) 19, 21, 22, or 24.
  - Recording and testing are performed either personally by the surgeon or anesthesiologist, or by a technologist who is physically present with the patient during the service.
  - Remote monitoring can be performed by a qualified professional using a real-time audio and visual connection.
- 2.1.3** Kaiser will not consider additional reimbursement when IONM is performed by the surgeon or anesthesiologist. In this case, the professional services are included in the primary service code(s) for the procedure and should not be reported separately.
- 2.1.4** Accurate coding is essential for appropriate reimbursement of IONM services. Standard coding guidelines should be followed, with all claim information supported by the medical record:
- IONM codes should be reported based upon the time spent monitoring only, and not the number of baseline tests performed, or parameters monitored.

- The monitoring professional should be solely dedicated to the intraoperative neurophysiologic monitoring service, and available to intervene immediately, if necessary, throughout the duration of the procedure.
- Time reported should not include items such as time to set up, record, and interpret baseline studies, time to remove electrodes at the end of the procedure, or standby time.

### **3.0 Guidelines**

---

N/A

### **4.0 Definitions**

---

- 4.1 Intraoperative Neuromonitoring (IONM)** The use of electrophysiological techniques to monitor the functional integrity of neural structures (e.g., spinal cord, brain, cranial nerves) during surgical procedures that pose a risk of neurological injury.
- 4.2 Real-Time Supervision** Continuous monitoring and interpretation of IONM data by a qualified physician who is immediately available via telecommunication and in direct communication with the surgical team throughout the procedure.
- 4.3 Technologist** A trained and credentialed individual who performs IONM in the operating room under the supervision of a qualified physician. The technologist must be present for the entire procedure and may not perform other clinical duties.
- 4.4 Supervising Physician** A licensed physician with expertise in neurophysiology who provides real-time interpretation of IONM data. The supervising physician must not be the operating surgeon or anesthesiologist.
- 4.5 CPT/HCPCS Codes** Standardized codes used to report medical procedures and services. For IONM, these include CPT codes 95940, 95941, and HCPCS code G0453.

### **5.0 References**

---

American Medical Association (AMA). CPT® Manual and CPT® Assistant

CMS Article A56722. Billing and Coding: Intraoperative Neurophysiological Testing

Healthcare Common Procedure Coding System (HCPCS) Manual

International Classification of Diseases, 10th Revision (ICD-10-CM) – Official Guidelines for Coding and Reporting

National Correct Coding Initiative (NCCI) Policy Manual

National Uniform Billing Committee (NUBC) – UB-04 Data Specifications Manual

Medical Policy Manual for Intraoperative Neuromonitoring (found on provider portal)

## **6.0 Related Topics**

---

POL-020.1 Clinical Review Itemized Bill Review Payment Determination Policy

POL-020.2 Clinical Review Medical Record Review Payment Determination Policy

POL-020.3 Clinical Review Coding Payment Determination Policy

POL-020.4 Clinical Review Payment Implant Determination Policy

POL-020.5 Clinical Review 30 Day Readmission Payment Determination Policy

(Updated: 09/08/2025)

[Revision History](#)

[Approvals](#)