Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Intraoperative Neurophysiological Monitoring

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Intraoperative neurophysiological monitoring (INM) refers to various methods to monitor the strength and structure of neural pathways during high-risk surgeries. This technology is intended to identify abnormalities and prevent complications within the nervous system, along with swift intervention to avoid permanent damage. The American Association of Neuromuscular and Electrodiagnostic Medicine outlines that INM should be used to identify normal and abnormal nerve, muscle, motor, or sensory neuron, and neuromuscular joint functioning. There are many techniques used in INM including: Somatosensory-evoked potential (SSEP), Brainstem auditory-evoked potential (BAEP), Motor-evoked potential (MEP), Neuromuscular junction (NMJ), Electroencephalography (EEG), Electrocorticography (ECoG), Electromyography (EMG) with nerve conduction studies (NCS), and Visual-evoked potential (VEP). Some high-risk patients may be candidates for a surgical procedure only if monitoring is available due to the potential risks and damage to the nervous system without monitoring. Due to the potential risk for morbidity, beneficial results using INM are demonstrated with undivided attention to one unique individual at a time.

Intraoperative neurophysiology monitoring should not be reported by the physician performing the operative procedure since it is included in the global package for the surgery. The member's medical record should document the time spent in monitoring in correlation to the surgery performed.

Time billed for INM should only be submitted for the time dedicated to monitoring. Billed time should not exceed the amount of time the member is under anesthesia which will be reflected in the medical records. The time may be cumulative but does not have to be continuous

Clinical Guideline Coverage Criteria

The Plan considers intraoperative neurophysiological monitoring with an FDA approved technique/device as medically necessary when performed during one of the following procedures and supervised and interpreted by a provider, present at the operating site or from a remote location:

Endovascular, Vascular/Cardiovascular Surgery for one of the following conditions:

1. Distal aortic procedures, where there is a risk of ischemia to the spinal cord
2. Procedures of the aortic arch, the branch vessels, thoracic aorta, when there is risk of cerebral ischemia
3. Arteriography, during which there is a test occlusion of the carotid artery
4. Circulatory arrest with hypothermia

Intercranial Surgery for one of the following conditions:

1. Deep brain stimulation
2. Resection of brain tissue close to the primary motor cortex and requiring brain mapping
3. Resection of epileptogenic brain tissue or tumor
4. Surgery or embolization for intracranial arteriovenous malformations
5. Surgery for basal ganglia movement disorders
6. Surgery requiring protection of cranial nerves including the following:
    a. Surgery to correct tumors affecting the optic, trigeminal, facial or auditory nerves
    b. Surgery to correct cavernous sinus tumors
    c. Microvascular decompression of cranial nerves
    d. Oval or round window grafts
    e. Endolymphatic shunt for Meniere's disease
    f. Vestibular section for vertigo
7. Surgery for:
    a. Intracranial AV malformations
    b. Arteriovenous malformation of the spinal cord
    c. Surgery for intractable movement disorders
    d. Cerebral vascular aneurysms
    e. Surgery for intractable movement disorders

Spine Surgery for one of the following conditions

1. Correction of scoliosis or deformity of spinal cord involving traction on the cord
2. Decompressive procedures on the spinal cord or cauda equina carried out for myelopathy or claudication where function of the spinal cord or spinal nerves and associated vascular supplies are at risk
3. Protection of the spinal cord where a procedure near the cord is taking place such as the placement or removal of old hardware or if there have been multiple procedures for the member
4. Excision of spinal cord or cauda equina tumors
5. Spinal instrumentation requiring pedicle screws anchoring or distraction where there is risk of injury to the spinal cord or nerve roots
6. Surgery for spinal stabilization as a result of traumatic injury or disease to the spinal cord or brain

Orthopedic Surgery for one of the following conditions

1. Leg-lengthening procedures, where there is traction on the sciatic nerve or other nerve trunks

Peripheral Nerve Surgery for one of the following conditions

1. Removal of neuromas of peripheral nerves of the brachial plexus, when there is a risk to major sensory or motor nerves

Limitations

The Plan considers Intraoperative Neurophysiological Monitoring as experimental/investigational and not medically necessary for all other indications. In addition, the Plan does not cover INM for the following:

1. Non-FDA approved techniques (e.g., Motor-evoked potential (MEP) using transcranial electrical stimulation)
2. Outside of hospital settings
3. For individuals with no history of potential nerve damage or when the above criteria are not met

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	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)
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote of nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)

References:

1. American Association of Electrodiagnostic Medicine (AAEM). Position Statements. [AANEM Web site]. Available at: http://www.aanem.org/Advocacy/Position-Statements.
2. American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). Recommended policy for electrodiagnostic medicine. [AANEM Web site]. 08/30/2014. Available at: https://www.aanem.org/getmedia/ed2143b6-917f-4218-b699-e682b18ad15d/2014_Recommended_Policy_EDX_Medicine-(1).pdf
3. Kim S, Kim S, Seo D, Lee K. Intraoperative Neurophysiologic Monitoring: Basic Principles and Recent Update. *J Korean Med Sci*. 2013;28(9):1261. doi:10.3346/jkms.2013.28.9.1261
4. Local Coverage Determination (LCD) for Intraoperative Neurophysiological Testing (L34623). https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34623&ver=30&Date=&DocID=L34623&SearchType=Advanced&bc=FAAAAAgAAAAA&
5. Neuromonitoring in surgery and anesthesia. UpToDate.com/login [via subscription only]. Accessed: December 12, 2024.
6. Sala F, Bricolo A, Faccioli F, Lanteri P, Gerosa M. Surgery for intramedullary spinal cord tumors: the role of intraoperative (neurophysiological) monitoring. *European Spine Journal*. 2007;16(S2):130-139. doi:10.1007/s00586-007-0423-x

Approval And Revision History

May 2020: Reviewed by the Medical Policy Clinical Committee; new MNG created

Subsequent endorsement date(s) and changes made:

- May 2021: Reviewed by the Medical Policy Clinical Committee, renewed without changes
- July 20, 2022: Reviewed by the Medical Policy Approval Committee (MPAC), for integration between Harvard Pilgrim Health Care and Tufts Health Plan
- November 16, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to One Care effective January 1, 2024
- December 1, 2023: Reviewed and approved by the UM committee
- November 21, 2024: Reviewed by MPAC, renewed without changes, effective January 1, 2025
- December 13, 2024: Reviewed and approved by the UM Committee, effective January 1, 2025
- November 19, 2025: Reviewed by MPAC added criteria point 7 under intracranial surgeries effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026
- December 8, 2025: Reviewed by UM Committee added criteria point 7 under intracranial surgeries effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.