

Part B Insider (Multispecialty) Coding Alert

Surgery: Intraoperative Neurophysiology Monitoring: Bill New Codes 95940-95941 Correctly

Beware: This terminology prevents you from billing IONM plus surgery.

If your physicians have billed 95920 with 95927 to non-Medicare payers, then you shouldn't assume you can report one of the new intraoperative neurophysiology monitoring (IONM) codes in addition to the surgery. You could be setting your claim up for a denial.

Background: Physicians have billed 95920 and 95927 (Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head) in the past.

However, CPT® 2013 deletes 95920 and replaces that code with +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]) and +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]).

Issue: Notice how the descriptors for 95940 and 95941 include the terminology "complete one on one monitoring." This means that another provider, other than the operating surgeon must perform the monitoring. Can your physician report any code(s) for his own provided monitoring?

Determine Your IOM Recourse

Because of that "complete one on one monitoring" terminology, the surgeon cannot bill the new codes in addition to the surgery. In other words, the practitioner doing the monitoring has to be someone other than the surgeon.

Impact: "This is pretty drastic, because otolaryngologists were billing and getting paid for the IONM to private payers even when they were the surgeon. They cannot do this any longer based on the new codes," says **Barbara J. Cobuzzi, MBA, CPC, CENTC, CPCH, CPC-P, CPC-I, CHCC**, president of CRN Healthcare Solutions, a consulting firm in Tinton Falls, N.J.

"I have always stated that they really shouldn't be coding IONM if it is just an audible beep. Surgeons have been coding and billing the IONM while doing the surgery. They can't do that anymore with the new code descriptors," Cobuzzi explains.