

# Coverage Policy: Intraoperative Neurophysiology Monitoring (IONM)

Reference Number: CC.PP.503

Product Types: ALL

Effective Date: 6/1/2026

Last Review Date:

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Policy Overview

This policy establishes Centene's coverage and reimbursement standards for Intraoperative Neurophysiology Monitoring (IONM). In developing this policy, Centene reviewed publicly available reimbursement and coverage policies from national payors, as well as applicable Centers for Medicare & Medicaid Services (CMS) guidance, to inform a consistent and defensible payment approach.

Centene adopts Medicare payment standards for IONM across Medicare Advantage and Marketplace, and Medicaid lines of business unless otherwise required by state Medicaid programs where state-specific payment, coverage, or billing requirements directly conflict. This alignment reflects CMS determinations regarding payable coding, appropriate physician involvement, and time-based billing requirements, and is consistent with payment approaches implemented by many national payors.

For Medicare Advantage, Marketplace, and Medicaid products, IONM services must be billed in accordance with CMS-recognized payable codes and applicable CMS billing and payment requirements, except where superseded by state Medicaid policy, fee schedules, or clinical coverage mandates. Services billed using codes that are not recognized or payable under CMS guidance are not eligible for reimbursement.

## Application

This payment policy applies to:

- Physician Services
- Non-Physician Practitioner Service's
- Outpatient Institutional Claims

This policy applies to Medicare Advantage, Marketplace, and Medicaid products unless superseded by state-specific requirements, benefit documents, or contractual obligations.

## Policy Description

This Coverage Policy defines reimbursement parameters for continuous intraoperative neurophysiology monitoring services. The policy incorporates CMS payment guidance, American Academy of Neurology (AAN), and industry standards.

**COVERAGE POLICY**  
**Intraoperative Neurophysiology Monitoring (IONM)**

This policy is intended to support consistent adjudication, market alignment, and audit-defensible reimbursement practices across applicable Centene products.

**Reimbursement**

Reimbursement for intraoperative neurophysiology monitoring is limited to services billed using CMS-recognized payable codes and performed in accordance with CMS time-based, place-of-service, and provider-specific requirements.

**Coding and Modifier Information**

This payment policy references Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes. CPT® is a registered trademark of the American Medical Association (AMA). All CPT® codes and descriptions are copyrighted 2026 by the AMA. All rights reserved.

Codes and descriptions are provided for informational purposes only and are not intended to be all-inclusive.

**Covered Services:**

| CPT® Codes | Description   |
|------------|---|
| +95940     | Continuous IONM performed in the operating room with one-to-one monitoring, each 15 minutes           |
| +G0453     | Continuous remote IONM requiring exclusive attention to one patient, reported in 15-minute increments |

All of the following criteria must be met:

1. Monitoring services are provided with exclusive, undivided attention to one patient.
2. No more than four (4) units may be billed per 60-minute period.
3. Total units billed must not exceed the total monitoring time available.
4. The service is not billed by the surgeon or anesthesia provider, as it is included in the global surgical package.
5. The service is billed with an appropriate Place of Service (POS 19, 21, 22, or 24).

**Non-Covered Services:**

| CPT® Codes | Description  |
|------------|--|
| +95941     | Continuous IONM performed remotely or for concurrent monitoring of more than one case. |

\* CPT® code +95941 is considered non-payable due to its Medicare payment status and CMS replacement with HCPCS code G0453. Coverage is limited to CMS-recognized, payable codes when all billing, coding, and reporting requirements are met.

**COVERAGE POLICY**  
**Intraoperative Neurophysiology Monitoring (IONM)**

**Marketplace Applicability**

For Marketplace products, CMS payment requirements do not apply as a matter of regulation. However, Centene elects to align Marketplace reimbursement for intraoperative neurophysiology monitoring to CMS-recognized payable codes and billing standards in order to promote consistency, administrative efficiency, and audit-defensible payment practices.

Accordingly, for Marketplace claims:

- Coding and reimbursement for IONM services are evaluated using CMS-recognized payable codes.
- This alignment does not alter applicable Marketplace benefit documents or provider contracts, which continue to govern coverage and reimbursement determinations.

**General Billing Guidance**

- CPT +95940 and HCPCS +G0453 must be billed in addition to the primary surgical procedure code.
- Billing must comply with CMS time-based reporting rules.

The inclusion or exclusion of any code does not guarantee coverage or reimbursement. Coverage and payment determinations remain subject to the member’s benefit documents, provider contracts, CMS requirements (where applicable), and all other applicable plan-level administrative policies.

Providers are responsible for reporting the most current and appropriate codes, modifiers, units of service, and place of service in accordance with CMS rules, CPT guidance, HCPCS instructions, National Correct Coding Initiative (NCCI) edits, and other recognized professional coding standards in effect at the time services are rendered.

Providers should reference the most up-to-date authoritative coding resources prior to claim submission.

**References**

1. <http://www.aan.com/globals/axon/assets/10618.pdf>
2. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/faq-remote-ionm.pdf>
3. <https://www.cms.gov/status-indicators>
4. [https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56722&name=331\\*1&UpdatePeriod=859](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56722&name=331*1&UpdatePeriod=859)

| Revision History |                              |
|------------------|------------------------------|
| 04/22/2026       | Initial Policy Draft Created |
|                  |                              |
|                  |                              |
|                  |                              |
|                  |                              |
|                  |                              |

**COVERAGE POLICY**  
**Intraoperative Neurophysiology Monitoring (IONM)**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Important Reminder**

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is one component of the guidelines used to assist in making coverage and payment determinations and administering benefits. In developing this payment policy, Centene reviewed publicly available reimbursement and coverage policies from national payors, as well as applicable Centers for Medicare & Medicaid Services (CMS) guidance. This payment policy reflects Centene’s determination to align reimbursement to CMS-recognized payment standards where appropriate. This payment policy does not constitute a contract or guarantee regarding payment or results.

Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the applicable coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend, or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, or distribution of this payment policy or any information contained herein is strictly prohibited.

## COVERAGE POLICY

### Intraoperative Neurophysiology Monitoring (IONM)

Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members, and their representatives agree to be bound by such terms by providing services to members and/or submitting claims for payment for such services.

**Medicaid Notice:** When state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the applicable state Medicaid manual.

**Medicare Notice:** To ensure consistency with Medicare National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2026 Centene Corporation. All rights reserved. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.