

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Intraoperative Neurophysiological Monitoring (IONM)

MP9577

Covered Service: Yes

Prior Authorization Required: No

Additional Information: Intraoperative neurophysiological monitoring (IONM) performed by the attending surgeon or anesthesiologist is considered integral to the primary procedure and not separately reimbursable.

Prevea360 Health Plan Medical Policy:

1.0 Intraoperative neurophysiological monitoring (IONM) **does not require** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical record indicates **ALL** of the following criteria are met:

1.1 **One or more** of the following IONM's are used:

1.1.1 Somatosensory-evoked potentials (SSEPs)

1.1.2 Motor-evoked potentials (MEPs) using transcranial electrical stimulation

1.1.3 Brainstem auditory-evoked potentials (BAEPs)

1.1.4 Electromyography (EMG) of cranial nerves

1.1.5 Electroencephalography (EEG)

1.1.6 Electrocorticography (ECoG); **AND**

1.2 IONM is performed by either a licensed physician trained in clinical neurophysiology or a trained technologist who is practicing within the scope of his/her state license/certification, working under the direct supervision of a physician trained in neurophysiology, and who is not the operating surgeon or anesthesiologist; **AND**

1.3 IONM is interpreted in real time by a licensed physician trained in clinical neurophysiology, other than the operating room surgeon or anesthesiologist, who is either on-site or at a remote location and is immediately available to interpret the recording and provide interventional recommendations to the surgical team; **AND**

1.4 There is significant risk of damage to a cranial nerve, spinal cord, or to an essential central nervous system structure compromising neurologic function during **one** of the following surgical procedures:

1.4.1 For use during spinal surgery (cervical, thoracic or lumbar) when there is risk of cord compression/injury due to abnormal anatomy including, but are not limited to:

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- 1.4.1.1 Removal of spinal cord tumor or cyst
- 1.4.1.2 Correction of spinal arteriovenous malformation
- 1.4.1.3 Scoliosis correction or deformity of spinal cord involving instrumentation or traction of the cord
- 1.4.1.4 Surgical stabilization of spinal cord trauma/fractures
- 1.4.1.5 Previous spinal surgery/revisions
- 1.4.2 For use during intracranial and cranial nerves surgery, when there is abnormal anatomy that may pose a potential risk of significant damage to a cranial nerve or an essential central nervous system structure compromising neurologic function, including but are not limited to:
 - 1.4.2.1 Resection of tumors, such as skull base or cavernous sinus tumor
 - 1.4.2.2 Correction of cerebral vascular malformations
 - 1.4.2.3 Epileptogenic foci tissue resection
 - 1.4.2.4 Facial nerve surgery, such as acoustic neuroma, microvascular decompression, or parotid tumor resection
- 1.4.3 For use during surgery of plexus nerves when there is a tumor or abnormal anatomy that may pose a potential risk of significant damage to the plexus and when the surgical procedure is performed directly on the nerves, including but are not limited to:
 - 1.4.3.1 Repair of brachial plexus
 - 1.4.3.2 Repair of sacral plexus nerves
- 1.4.4 For use during vascular surgeries that put the central nervous system at risk for cerebral ischemia, such as surgery of the aortic arch or carotid arteries, or distal aortic procedures where there is a risk of spinal cord ischemia. Examples include, but are not limited to:
 - 1.4.4.1 Aortic aneurysm repair
 - 1.4.4.2 Carotid artery surgery, such as endarterectomy
 - 1.4.4.3 Surgery or embolization for intracranial arteriovenous malformation
 - 1.4.4.4 Correction of bronchial artery malformation or tumor
- 1.4.5 For use during high-risk thyroid and parathyroid surgery that pose a potential risk of significant damage to the recurrent laryngeal nerve (RLN) including but are not limited to:
 - 1.4.5.1 Complete resection of the thyroid or bilateral resection
 - 1.4.5.2 Repeat thyroid or parathyroid surgery
 - 1.4.5.3 Thyrotoxicosis

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1.4.5.4 Surgery for cancer

1.4.5.5 Thyroiditis

1.4.5.6 Retrosternal giant goiter or malignancy

2.0 Intraoperative neurophysiological monitoring (IONM) is considered experimental and investigational, and therefore not medically necessary for **ANY** of the following, including but not limited to:

2.1 Members with normal anatomy undergoing routine surgical procedures:

2.1.1 Routine cervical/lumbar/thoracic fusion

2.1.2 Nerve decompression or discectomy for disc herniation

2.1.3 Laminectomy for spinal stenosis

2.1.4 Routine thyroid and parathyroid gland lobectomy or dissection

2.2 Cardiac surgery

2.3 Esophageal surgery

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