



Bulletin #13-2011

TO: Participating hospitals

FROM: Christopher McTiernan
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DATE: October 31, 2011

SUBJECT: Clarification of intraoperative neurophysiological monitoring

The purpose of this bulletin is to remind participating hospitals about the usage and payment responsibilities for services rendered in association with intraoperative neurophysiological monitoring (INM).

USAGE AND PAYMENT RESPONSIBILITIES

There are two components considered to be a part of INM:

- **Technical.** The technical component of INM includes the physical preparation, monitoring, reporting, and equipment used to perform the procedure.
- **Professional.** The professional component of INM includes the supervision, interpretation, analysis, and a detailed, signed, written report of the results when these services are performed by a professional provider.

Independence Blue Cross (IBC) considers the technical component of INM, as described above, to be an inherent part of the payment provided to the facility for the surgical procedure. Therefore, it is not eligible for separate reimbursement consideration. When a hospital requires the use of INM services, it is responsible for reimbursement of the technical component of the service to the provider who is chosen to render the service.

IBC considers the professional component of INM, as described above, to be eligible for reimbursement consideration as outlined in the applicable professional provider contract. Claims from professional providers for the technical component of INM are not eligible for reimbursement consideration by IBC.

FOR MORE INFORMATION

Please refer to Policy #07.03.14: Intraoperative Neurophysiological Monitoring (INM) for more information about coverage or payment responsibilities for services rendered by INM providers. You can access this medical policy online at www.ibx.com/medpolicy by typing the policy name or number in the Search box.

Please contact your Network Coordinator if you have any questions.

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We encourage you to share this information with appropriate members of your staff.

BACKGROUND

INM refers to a variety of procedures that monitor the integrity of neural pathways during high-risk surgeries. The primary objective of INM is to identify and prevent complications to the nervous system (the spinal cord or the brain), its blood supply, or adjacent tissue with the expectation that prompt intervention will avert permanent deficits. The American Academy of Neurology recommends that INM studies be reserved for surgical procedures in which there is a significant risk of damage to neural integrity.

INM can identify new neurologic impairment, identify or separate nervous system structures (e.g., around or in a tumor), and demonstrate which tracts or nerves are still functional. INM may provide a surgeon with confirmation that no identifiable complication has been detected up to a certain point. This allows the surgeon to proceed with a more thorough surgical intervention.

We encourage you to share this information with appropriate members of your staff.

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