

SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.20 INTRA-OPERATIVE MONITORING SERVICES

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.bcbsla.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

INTRA-OPERATIVE MONITORING SERVICES

We reimburse a global allowable charge for the professional component portions of all intra-operative monitoring services. All ancillary study codes bundle to intra-operative monitoring codes 95940, 95941 and G0453. These ancillary codes include but are not limited to:

- 51785
- 95700-95726
- 95812-95813
- 95816-95830
- 95860-95872
- 95885-95887
- 95905-95913
- 95925-95939
- 95954-95962
- 95999

Intra-operative monitoring is only billable if it is provided by a physician who is not the attending surgeon. The attending surgeon is responsible for ensuring the use of a participating intra-operative monitoring provider. Physicians who repeatedly fail to refer to participating providers for intra-operative monitoring services may result in the physician's overall reimbursement rate being reduced by Blue Cross by a certain percentage as determined by Blue Cross in its sole discretion.

Blue Cross does not consider place of service 15 valid for claims submissions for intraoperative monitoring services. Bill intraoperative monitoring services with the appropriate place of service based on the member's location when services are provided. This helps ensure the appropriate benefits and reimbursement apply. Claims for intraoperative monitoring services billed with place of service 15 may reject.

The technical component of the intra-operative monitoring services is included in the fee Blue Cross pays the facility. Blue Cross will not separately pay nor reimburse any claims for the technical component of the intra-operative services provided.

Multiple Unit Reduction

Effective for dates of service on and after August 1, 2020, intra-operative monitoring codes 95940, 95941 and G0453 for the same patient for the same encounter will be subject to a multiple-unit reduction. The first hour for these service codes will be reimbursed at 100% of the allowable charge. The second and any additional hours will be reimbursed at 40% of the allowable charge.