

Billing Medicare for Remote Intraoperative Neurophysiology Monitoring in CY 2013

In the calendar year (CY) 2013 Medicare Physician Fee Schedule (MPFS) final rule, published November 16, 2012, CMS established a new HCPCS code G0453 (Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)), effective January 1, 2013. In the final rule, we indicated that HCPCS code G0453 may be billed only for undivided attention by the monitoring physician to a single beneficiary, and not for simultaneous attention by the monitoring physician to more than one patient. We stated that HCPCS code G0453 may be billed in multiple units to account for the cumulative time spent monitoring, that is, 15 minutes of continuous attendance followed by another 15 minutes later in the procedure would constitute one half hour of monitoring, and that HCPCS code G0453 would then be billed with a unit of 2 (77 FR 69069). We have received several follow-up questions on how to bill for G0453 and compiled the following response.

Q. How many units of G0453 may be billed per hour?

A. Under Medicare, total billed units for G0453 for all Medicare patients may not sum to more than the total time available. For example, when more than one 15-minute timed code is billed during a single hour, then the total number of timed units that can be billed for that hour across all Medicare patients is constrained by 60 minutes, or 4 units of G0453. Physicians may use the method of their choice to allocate time to patients being simultaneously monitored subject to the above restriction (only one unit of service can be billed for a 15-minute increment of time). The physician's attention does not have to be continuous for a 15-minute block of time; the physician may add up any non-continuous time directed at one patient to determine how many units of G0453 may be billed. If Medicare and non-Medicare patients are being seen, physicians must account for the exclusive, non-continuous time spent monitoring Medicare patients when billing Medicare.

General CPT instructions for timed codes indicate that a unit of time is attained when the mid-point is passed. Medicare recognizes this CPT guidance for many timed codes, including G0453. Therefore, physicians may bill for one unit of G0453 if at least 8 minutes of service is provided as long as no more than 4 units of G0453 are billed for each 60 minutes.