

Billing Medicare for Remote Intraoperative Neurophysiology Monitoring (HCPCS Code G0453)

(Updated September 2020)

In the CY 2013 Medicare Physician Fee Schedule (MPFS) final rule, CMS established 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 (77 FR 69069). In the CY 2014 MPFS final rule (78 FR 74305 through 74306), HCPCS code G0453, as initially described on an interim final basis in the CY 2013 MPFS final rule, was finalized.

CMS created HCPCS code G0453 in response to concerns about the then new CPT code 95941 which allows a physician to monitor multiple Medicare beneficiaries (patients) simultaneously. In the CY 2013 final rule, we wrote that HCPCS code G0453 can be billed only for undivided attention by a monitoring physician to a single beneficiary, and not for simultaneous attention by the monitoring physician to more than one patient. We explained that HCPCS code G0453 may be billed in multiple units to account for the cumulative time spent exclusively monitoring a single Medicare beneficiary. That is, 15 minutes of continuous attendance to the patient followed by another 15 minutes later in the same patient's procedure would constitute one half hour of monitoring thus supporting the billing of two units of HCPCS code G0453. We have received questions about billing HCPCS code G0453. Below we provide examples to describe billing of the code.

Q1. How many units of HCPCS code G0453 may be billed per hour?

A1. No more than four 15-minute units of HCPCS code G0453 may be billed during a 60-minute time period. Under Medicare billing guidelines, total billed units for G0453 may not sum to more than the total time available. A physician's attention does not have to be continuous for a 15-minute block of time to be billed. A physician may add up any non-continuous time directed to a single Medicare beneficiary to determine how many units of G0453 may be billed.

Q2. How does time get measured?

A2. HCPCS code G0453 is a timed code. Medicare recognizes CPT guidance for many timed codes including G0453. General CPT instructions for timed codes indicate that a unit of time is attained when the mid-point is passed except when otherwise noted in the code specific instructions. Thus, a physician may bill one unit of G0453 when at least 8 minutes of monitoring to a single Medicare beneficiary are furnished as long as the physician bills no more than four units of G0453 per hour.

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Q3. What happens when a physician that is monitoring a single Medicare beneficiary is interrupted and called away from monitoring? Can any of the time spent monitoring count toward billing HCPCS code G0453?

Example Q3A: Yes, time spent monitoring may count toward billing. As an example, let us say that a physician has been monitoring a single Medicare beneficiary for five minutes when they are called away to focus on another medical issue after determining that the procedure can safely continue without monitoring or when the physician turns over the monitoring to another physician. When the physician returns to resume the monitoring of the Medicare beneficiary and exclusively monitors the same patient for an additional five minutes, the monitoring physician may sum the first five-minute time block and the second five-minute time block for a total of 10 minutes of monitoring for the single session. In this case, Medicare will make payment for the full 15-minute service because the physician exclusively monitored a single Medicare beneficiary for more than 50% of the 15-minute unit for billing.

Example Q3B: In this next example, a physician begins monitoring a single Medicare beneficiary. After seven minutes of exclusive one-on-one monitoring of the Medicare beneficiary, the operating room pauses and the monitoring physician leaves their monitoring station for a short time. Soon the procedure resumes and the monitoring physician returns to monitor the same Medicare beneficiary. During this subsequent monitoring period, an additional 20 minutes of continuous and exclusive monitoring with the same beneficiary occurs. In this situation, the physician may sum the first seven-minute block of time with the second 20-minute block of time for a total of 27 minutes of monitoring. Twenty-seven minutes of total time translates into payment for two units of service for HCPCS code G0453 (15-minutes plus 12-minutes).

We note that the first unit of 15 minutes of monitoring must be fulfilled completely before the second unit of 15 minutes can begin to be counted. For these time blocks to be summed, they must have occurred in the same single session of service, as opposed to two different sessions of the same service with a full stop in between the sessions. Also, the physician's attention does not have to be continuous for a 15-minute block of time to be billed. The physician may add up any non-continuous time directed at one Medicare patient during a single session of the same service to determine how many units of HCPCS code G0453 may be billed.

Example Q3C: A physician begins monitoring a single Medicare beneficiary, but is interrupted and called away after 10 minutes of exclusive patient monitoring. The interruption is a request for the physician to begin monitoring a non-Medicare, privately-insured patient in a second operating theater. The physician then simultaneously monitors the Medicare and non-Medicare patient in two operating theaters for a total of 20 minutes.

For Medicare payment for the services of HCPCS code G0453, the physician may bill one unit of service for the 10 minutes of exclusive monitoring of the Medicare beneficiary. For the

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additional 20 minutes of simultaneous monitoring of the two patients, one a Medicare beneficiary and the other is a non-Medicare privately insured patient, Medicare will not make payment because the physician did not provide exclusive attention to the Medicare beneficiary. For the second, privately insured patient, the physician should follow the applicable coverage and billing requirements for the patient's private insurance plan.

If Medicare and non-Medicare patients are being monitored during the same time span, a physician must document and differentiate between the exclusive, continuous minutes of time spent monitoring the Medicare patient and other non-Medicare patient minutes when billing Medicare using HCPCS code G0453.

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