Benefit Coverage

Covered Benefit for all lines of business including: Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Rhody Health Options (RHO) Unity, Rhody Health Options (MMP) Integrity, Extended Family Planning (EFP)

Covered benefit with conditional criteria that must be met, for all Lines of Business.

Description
Ambulatory or 24 hour electroencephalographic (EEG) monitoring is accomplished by a cassette recorder that continuously records brain wave patterns during 24 hours of a patient’s routine daily activities and sleep. The monitoring equipment consists of an electrode set, preamplifiers, and a cassette recorder. The electrodes attach to the scalp and their leads are connected to a recorder, usually worn on a belt.

Video electroencephalography (EEG) monitoring is the synchronous recording and display of EEG patterns and video-recorded clinical behavior. Short recordings of several hours can be performed as an outpatient in an EEG laboratory, while longer recordings of 24 hours or more are generally done in a hospital inpatient setting.

Coverage Determination
Ambulatory EEG monitoring is a diagnostic procedure for patients in whom a seizure diathesis is suspected but not defined by history, physical or resting EEG. Ambulatory EEG should always be preceded by a resting/routine EEG. Evidence suggests that the goal of ambulatory EEG is usually achieved within 48 hours. Prior authorization and review for medical necessity is required.

Video EEG monitoring is considered medically necessary if a definitive diagnosis cannot be made through thorough neurological examination, a negative rest EEG using provocative measures, negative ambulatory cassette monitoring and non-neurological causes of symptoms have been ruled out. Prior authorization and review for medical necessity is required for video EEG monitoring.

Criteria
Approval for Ambulatory EEG requires:
A negative (with provocative measures) or non-diagnostic resting EEG for diagnosis of a seizure disorder or
The need to classify the seizure type (to select appropriate anti-epilepsy medication) or
The need to localize the focus of focal epilepsies in patients being considered for surgery.

Approval of Video EEG admissions requires:
Prior evaluation by a neurologist, inclusive of an EEG (negative with provocative measures or non-diagnostic resting EEG) within the last year. Additionally, at least one of the following indications must be present:
- Suspicion of possible pseudo-seizures or mixed epilepsy and pseudo-seizures
- Medically refractory seizure activity despite therapeutic drug levels of anti-epileptic drugs
- Episodes sufficiently frequent for a significant chance of capturing one during monitoring: daily or weekly vs. monthly, to quantify seizure frequency
- Preoperative evaluation for surgical treatment of refractory epilepsy

Once the cause of seizures and specific seizure type has been determined, continued video EEG monitoring is not considered medically necessary. Response to medications can be evaluated using standard EEG or ambulatory EEG monitoring.

Please note, acute inpatient level of care is not considered medically necessary for many persons requiring video EEG monitoring. Requests for levels of care will be evaluated individually based on the clinical scenario.

**Table 1: Video EEG Codes That Require Authorization**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>95950</td>
<td>Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours</td>
<td>Authorization is required</td>
</tr>
<tr>
<td>95951</td>
<td>Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours</td>
<td>Authorization is required</td>
</tr>
<tr>
<td>95953</td>
<td>Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended</td>
<td>Authorization is required</td>
</tr>
<tr>
<td>95956</td>
<td>Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse</td>
<td>Authorization is required</td>
</tr>
<tr>
<td>95957</td>
<td>Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)</td>
<td>Authorization is required</td>
</tr>
</tbody>
</table>

*For More information on Coding please reference the [Authorization Quick Reference Guide](#)*

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**CMP Number:** CMP-017  
**CMP Cross Reference:**

**References:**


Blum, MD, PhD, Andrew S., Assistant Professor of Clinical Neurosciences. Rhode Island Hospital


Friedman MD, Joseph, Department of Neurology. Memorial Hospital of Rhode Island


MD Consult: Epilepsy, Disease-A-Month 2003. Bassel F. Shnecker, MD. Nathan B. Fountain, MD eMedicine Specialties > Neurology > Electroencephalography And Evoked Potentials . Updated 1/19/05

National Coverage Determination (NCD) for Ambulatory EEG Monitoring, Centers for Medicare and Medicaid Services

National Guideline Clearinghouse; The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care.

Uptodate: Video and ambulatory EEG monitoring in the diagnosis of seizures and epilepsy. (Reviewed November 15’)


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