JOHNS HOPKINS HEALTHCARE

Medical Policy: Electroencephalographic Video Monitoring
Department: Medical Management
Lines of Business: EHP, USFHP, PPMCO

ACTION:

☐ New Policy
☒ Revising Policy Number: CMS05.04
☐ Superseding Policy Number
☐ Archiving Policy Number
☐ Retiring Policy Number

Johns Hopkins HealthCare provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

POLICY:


I. Johns Hopkins HealthCare (JHHC) considers initial requests for inpatient video EEG (electroencephalographic) monitoring medically necessary when:
   A. the diagnosis of seizure disorder remains uncertain after clinical neurological examination, standard EEG studies, and ambulatory EEG monitoring, and non-neurological causes of symptoms (e.g., syncope, cardiac arrhythmias) have been ruled out,
   B. establishing the first diagnosis of seizure disorder,
   C. establishing the type of epilepsy so that the appropriate therapeutic regimen can be determined,
   D. differentiating epileptic events from psychological seizures or pseudoseizures,
   E. identifying and localizing seizure focus for patients with intractable seizures, who are being prepared for brain surgery,
   F. on a case by case basis, it is medically necessary to establish the diagnosis of epilepsy in very young children.

II. JHHC considers video EEG monitoring experimental and investigational for all other indications.
III. JHHC considers continued video EEG monitoring for response to therapy or titrating medication dosage not medically necessary once type of epilepsy has been established.

BACKGROUND:

Electroencephalographic Video Monitoring (EEG-Video) is a method for evaluating seizure disorders, in which the EEG signal is amplified, encoded by an analog system, and transmitted to a central station as an analog or digital video image of the brain. It is used to differentiate epileptic events from psychogenic seizures; to establish the first diagnosis of epilepsy especially in young children; and to establish the specific type of epilepsy in order to determine the necessary therapeutic regimen.

Psychogenic or pseudoseizures are events superficially resembling an epileptic seizure, but without the characteristic electrical discharges associated with epilepsy. They can be differentiated from an epileptic seizure by monitoring the EEG activity (no electrical discharges associated with epilepsy) with the visual monitoring of what appears to be a seizure.

In addition, EEG Video monitoring may be necessary to identify and localize the seizure focus in preparation for brain surgery on patients with intractable seizures. Additional more specialized monitoring (e.g. with intracranial electrodes) may be necessary for seizure lateralization or localization where scalp ictal recordings are not definitive. Recording of actual seizures and correlation with video, behavioral, and EEG changes is done whenever possible.

Many patients admitted for video EEG will require reduction in antiepileptic medications so that sufficient seizures will occur for optimal diagnosis. Such anti-epilepsy drug reduction is most safely done in an inpatient setting because of the risk of increased seizures, including generalized tonic-clonic seizures, and status epilepticus.

CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.
**PRE-AUTHORIZATION REQUIRED**

*Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits*

| Employer Health Programs (EHP) **See Specific Summary Plan Description (SPD)** | Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria | US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria |

**CPT® CODES**

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<th>CODE</th>
<th>DESCRIPTION</th>
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<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>
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<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 (e.g., for pre-surgical localization), each 24 hours</td>
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**REFERENCES:**

**PRIMARY SCIENTIFIC CLINICAL RESEARCH REFERENCE ARTICLES**


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### CLINICAL TECHNOLOGY RESEARCH AND CONSULTING REFERENCES


### HEALTH PLAN REFERENCES


### REGULATORY GOVERNMENT REFERENCES
