SCOPE:

This policy addresses the use of electroencephalographic (EEG) video monitoring in the evaluation of seizure disorders.

POLICY:


For Advantage MD, see Medicare Coverage Database:
National Coverage Determination (NCD) for Ambulatory EEG Monitoring (160.22)

I. When benefits are provided under the member’s contract, 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. Unless specific benefits are provided under the member’s contract, JHHC considers video EEG monitoring experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC) #2-5.

III. Unless specific benefits are provided under the member’s contract, 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 (EEG) Video Monitoring is a method for evaluating seizure disorders. During this procedure, 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.

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. Studies show that the optimal duration of video-electroencephalographic monitoring in order to capture seizures can vary among patients, but generally five days is sufficient for diagnosis (Foong, 2016).

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  
Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria

<table>
<thead>
<tr>
<th>CPT ® CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<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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<tr>
<th>ICD10 CODES</th>
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<tr>
<td>F44.5</td>
<td>Conversion disorder with seizures or convulsions</td>
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<tr>
<td>G40.001-G40.919</td>
<td>Epilepsy and recurrent seizures</td>
</tr>
<tr>
<td>R25.0-R25.9</td>
<td>Abnormal involuntary movements</td>
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<tr>
<td>R56.9</td>
<td>Unspecified convulsions</td>
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<tr>
<th>Revenue Codes</th>
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<tbody>
<tr>
<td>0740</td>
<td>EEG (Electroencephalogram)-General; Hospital; outpatient</td>
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REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.
REFERENCES:


