**ELECTROENCEPHALOGRAPHIC (EEG) MONITORING AND VIDEO RECORDING**

**Policy Number:** 2019T0596A  
**Effective Date:** April 1, 2019

---

**Table of Contents**

- **COVERAGE RATIONALE** .................................................. 1
- **APPLICABLE CODES** .................................................... 1
- **U.S. FOOD AND DRUG ADMINISTRATION** .................... 1
- **CENTERS FOR MEDICARE AND MEDICAID SERVICES** .... 1
- **POLICY HISTORY/REVISION INFORMATION** .................. 2
- **INSTRUCTIONS FOR USE** ............................................. 2

---

**COVERAGE RATIONALE**

Electroencephalographic (EEG) monitoring and video recording is proven and medically necessary in certain circumstances.

For medical necessity clinical coverage criteria, see MCG™ Care Guidelines, 23rd edition, 2019, EEG, Video Monitoring, M-580 (ISC).

---

**APPLICABLE CODES**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<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 presurgical localization), each 24 hours</td>
</tr>
</tbody>
</table>

*Note: CPT® is a registered trademark of the American Medical Association*

---

**U.S. FOOD AND DRUG ADMINISTRATION (FDA)**

Electroencephalographic (EEG) monitoring and video recording is a procedure and therefore is not regulated by the FDA.

There are many EEG devices used for monitoring and video recording. For information on classification of EEG devices, see the following website: [https://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/ucm316515.htm](https://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/ucm316515.htm).  
(Accessed December 7, 2018)

---

**CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)**

Medicare does not have a National Coverage Determination (NCD) for electroencephalographic (EEG) monitoring and video recording. Local Coverage Determinations (LCDs) do exist. See the LCDs for [EEG – 24 Hour Monitoring](https://www.cms.gov/Medicare/Coverage/CoverageDetsCL.htm) and [Special EEG Tests](https://www.cms.gov/Medicare/Coverage/CoverageDetsCL.htm).  
(Accessed December 5, 2018)
INSTRUCTIONS FOR USE

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.