

Electroencephalographic (EEG) Monitoring and Video Recording

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[➔ Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Documentation Requirements	1
Applicable Codes	2
U.S. Food and Drug Administration	3
Centers for Medicare and Medicaid Services	3
Policy History/Revision Information	3
Instructions for Use	3

Community Plan Policy
<ul style="list-style-type: none"> • Electroencephalographic (EEG) Monitoring and Video Recording

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, 24th edition, 2020, EEG, Video Monitoring, M-580 (ISC).

Click [here](#) to view the MCG™ Care Guidelines.

Documentation Requirements

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 documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

CPT Codes*	Required Clinical Information
Electroencephalographic (EEG) Monitoring and Video Recording	
95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95722, 95724, 95726	Medical notes documenting all of the following: <ul style="list-style-type: none"> • Current prescription • Name and tax ID number of the servicing provider (facility to facilitate claim processing) • Physician office notes that include: <ul style="list-style-type: none"> ○ Member diagnosis ○ History/physical with results of resting EEG ○ Prior seizure treatments, neuro imaging, and medications

CPT Codes*	Required Clinical Information
Electroencephalographic (EEG) Monitoring and Video Recording	
	<ul style="list-style-type: none"> ○ Hospitalizations ○ Seizure frequency and intensity ○ All medications the member is taking ○ All medications tried, failed, and contraindicated, including names of the medicines and dates tried ○ Dose, frequency, and the physician treatment plan ● Location where the service will be administered <ul style="list-style-type: none"> ○ If the location is in a facility, provide office notes for at least one of the following: <ul style="list-style-type: none"> ▪ Medically unstable based upon submitted clinical history ▪ Previous experience of a severe adverse event ▪ Continuing experience of adverse events that cannot be mitigated by pre-medications ▪ Physically and/or cognitively impaired and no home caregiver available ▪ Homecare provider has deemed that the member, home caregiver, or home environment is not suitable for monitoring

*For code descriptions, see the [Applicable Codes](#) section.

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 Guidelines may apply.

CPT Code	Description
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)

CPT Code	Description
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)

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U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

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>. (Accessed January 2, 2020)

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) exist; see the LCDs for [EEG - Ambulatory Monitoring](#) and [Special Electroencephalography](#). (Accessed January 2, 2020)

Policy History/Revision Information

Date	Summary of Changes
08/01/2020	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
04/01/2020	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced reference to “MCG™ Care Guidelines, 23rd edition, 2019” with “MCG™ Care Guidelines, 24th edition, 2020”; refer to the 24th edition for complete details on applicable updates to the MCG™ Care Guidelines <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>CMS</i> section to reflect the most current information Archived previous policy version 2020T0596B

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.