ELECTROENCEPHALOGRAPHIC (EEG) MONITORING AND VIDEO RECORDING

Policy Number: 2020T0596B  Effective Date: January 1, 2020

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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).

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

Medical notes documenting all of the following:
• Current prescription
• Name and tax ID number of the servicing provider (facility to facilitate claim processing
• Physician office notes that include:
  o Member diagnosis
  o History/physical with results of resting EEG
  o Prior seizure treatments, neuro imaging, and medications
  o Hospitalizations
  o Seizure frequency and intensity
  o All medications the member is taking
  o All medications tried, failed, and contraindicated, including names of the medicines and dates tried
  o Dose, frequency, and the physician treatment plan
• Location where the service will be administered
  o If the location is in a facility, provide office notes for at least one of the following:
    ▪ 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
**CPT Codes**

**Required Clinical Information**

**Electroencephalographic (EEG) Monitoring and Video Recording**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>95700</td>
<td>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</td>
</tr>
<tr>
<td>95711</td>
<td>Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored</td>
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<tr>
<td>95712</td>
<td>Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance</td>
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<tr>
<td>95713</td>
<td>Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance</td>
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<tr>
<td>95714</td>
<td>Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored</td>
</tr>
<tr>
<td>95715</td>
<td>Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance</td>
</tr>
<tr>
<td>95716</td>
<td>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</td>
</tr>
<tr>
<td>95718</td>
<td>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)</td>
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<tr>
<td>95720</td>
<td>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)</td>
</tr>
<tr>
<td>95722</td>
<td>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)</td>
</tr>
<tr>
<td>95724</td>
<td>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)</td>
</tr>
<tr>
<td>95726</td>
<td>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)</td>
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*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 Coverage Determination Guidelines may apply.

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**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. (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 and Special EEG Tests. (Accessed December 5, 2018)

**POLICY HISTORY/REVISION INFORMATION**

<table>
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<tr>
<th>Date</th>
<th>Action/Description</th>
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<tr>
<td>01/01/2020</td>
<td><strong>Template Update</strong>&lt;br&gt;• Added <em>Documentation Requirements</em> section&lt;br&gt;<strong>Applicable Codes</strong>&lt;br&gt;• Updated list of applicable CPT codes to reflect annual code edits:&lt;br&gt;  ○ Added 95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95722, 95724, and 95726&lt;br&gt;  ○ Removed 95951&lt;br&gt;<strong>Supporting Information</strong>&lt;br&gt;• Archived previous policy version 2019T0596A</td>
</tr>
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**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.