

# Electroencephalographic (EEG) Monitoring and Video Recording (for Indiana Only)

Policy Number: CS158IN.02

Effective Date: July 1, 2021

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Applicable Codes</a> .....	2
<a href="#">U.S. Food and Drug Administration</a> .....	3
<a href="#">Policy History/Revision Information</a> .....	3
<a href="#">Instructions for Use</a> .....	3

Related Policies
None

## Application

This Medical Policy only applies to the state of Indiana.

## Coverage Rationale

Electroencephalographic (EEG) monitoring and video recording is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures:

- Video Electroencephalographic (EEG) Monitoring [Age ≥ 18]
- Video Electroencephalographic (EEG) Monitoring (Pediatric)

Click [here](#) to view the InterQual® criteria.

## 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.

Provide 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:
  - Member diagnosis
  - History/physical with results of resting EEG
  - Prior seizure treatments, neuro imaging, and medications
  - 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
  - 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 home environment is not suitable for monitoring

## 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 federal, state, or contractual requirements 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)
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)

CPT Code	Description
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 August 25, 2020)

## Policy History/Revision Information

Date	Summary of Changes
07/01/2021	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Revised language pertaining to medical necessity clinical coverage criteria; replaced reference to “InterQual® 2020, Oct. 2020 Release, CP: Procedures” with “InterQual® 2021, Apr. 2021 Release, CP: Procedures”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version CS158IN.01</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. 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.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The 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.