

ELECTROENCEPHALOGRAPHIC (EEG) MONITORING AND VIDEO RECORDING

Guideline Number: MMG162.A

Effective Date: April 1, 2019

[Instructions for Use](#) ⓘ

Table of Contents	Page
COVERAGE RATIONALE	1
APPLICABLE CODES	1
U.S. FOOD AND DRUG ADMINISTRATION	1
GUIDELINE HISTORY/REVISION INFORMATION	1
INSTRUCTIONS FOR USE	1

Related Policies
None

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 guideline 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
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours

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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)

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2019	• New Policy

INSTRUCTIONS FOR USE

This Medical Management Guideline 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 benefit plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, 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 Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines 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.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.