

# BENEFIT COVERAGE POLICY

**Title:** BCP-80 Ambulatory EEG and Video Monitoring

**Effective Date:** 01/01/2022



Physicians Health Plan  
PHP Insurance Company  
PHP Service Company

## Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

### 1.0 Policy:

Please refer to the member's benefit plan coverage guidelines for [describe coverage]. Benefit plans may include a maximum allowable benefit, either in duration of treatment or in number of visits. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

Prior approval is required for all non-network covered services to be paid at the network benefit level, except for emergency/urgent services.

Unlisted codes are subject to review.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines.

Delegated vendor guidelines may be used to support medical necessity and other coverage determinations. InterQual® references are available upon request.

### 2.0 Background:

A 24-hour ambulatory electroencephalogram (AEEG) is used to record EEG tracings on a cassette or digital recorder on an outpatient basis. Electrodes for at least four recording channels are secured to the patient's head while a digital or cassette recorder is secured to the patient's waist or to a shoulder harness. The EEG information is stored for later play back and analysis. A CMS National Coverage Determination (NCD) states that ambulatory EEG should always be preceded by a resting EEG.

EEG video monitoring is the simultaneous recording of the EEG and video monitoring of the patient's face or entire body on a video screen. This allows for the correlation of ictal and interictal electrical events with demonstrated seizure symptomology.

Ambulatory EEG monitoring may facilitate the differential diagnosis between seizures and syncopal attacks, sleep apnea (in conjunction with a home sleep study), cardiac arrhythmias or hysterical episodes. The test may also allow the investigator to identify the epileptic nature of some episodic periods of disturbed consciousness, mild confusion, or peculiar behavior, where resting EEG is not

conclusive. It may be useful in documenting seizures that are precipitated by naturally occurring cyclic events or environmental stimuli, which are not reproducible in the hospital or clinic setting. It may also allow an estimate of seizure frequency, which may at times help to evaluate the effectiveness of a drug and determine its appropriate dosage.

Ambulatory monitoring, however, is not necessary to evaluate most seizures, which are usually readily diagnosed by routine EEG studies and history. The goal of ambulatory EEG monitoring is usually achieved within 48 hours.

Seizures vary to such an extent that epilepsy specialists frequently re-classify seizure types. Current classifications include two basic categories: primary generalized seizures and partial seizures (also referred to as focal seizures). Classifying the type of seizure assists the physician in diagnosing whether or not an individual has epilepsy or another condition and is important in the selection of appropriate anti-epileptic drug treatment.

Generalized seizures are produced by electrical impulses throughout the entire brain, while partial seizures are produced (at least initially) by electrical impulses in a relatively small area of the brain (focus). The most common types of generalized seizures include: absence seizures (petit mal), atonic seizures, clonic seizures, generalized tonic-clonic (grand mal), myoclonic seizures, and tonic seizures.

Focal seizures can be "simple" (not affecting awareness or memory) or "complex" (affecting awareness, memory, or behavior before, during, and immediately after the seizure). Seizure syndromes are specific to adults and children of all ages. Epilepsy syndromes in adults include, but are not limited to: temporal lobe epilepsy, primary generalized epilepsy, idiopathic focal epilepsy, and progressive myoclonic epilepsy. Epilepsy syndromes in children include, but are not limited to: febrile seizures, Landau-Kleffner Syndrome, Lennox-Gastaut Syndrome, and benign occipital epilepsy.

### **3.0 Clinical Determination Guidelines:**

A. The Health Plan considers ambulatory electroencephalography (EEG) with or without home video monitoring medically necessary for any of the following conditions, where the member has had a recent (within the previous 12 months) neurologic examination and standard EEG studies:

1. To diagnose a seizure disorder when either the clinical history or examination is suggestive of epilepsy, but routine EEG is non-diagnostic; or
2. To classify seizure type in individuals with epilepsy after a routine EEG is non-diagnostic and classification will be used to select drug therapy; or
3. To differentiate between paroxysmal non-epileptic events and seizures; or
4. To document seizures precipitated by naturally occurring cyclic events or extraneous stimuli (e.g., flashing lights, loud sounds, sudden movements) that are not reproducible in the hospital or laboratory setting; or
5. To evaluate seizures or syncope suspected to be cardiogenic in etiology when cardiac evaluation has not been diagnostic; or
6. To quantify the number of electrical seizures in individuals who experience frequent seizures.

B. The Health Plan considers an ambulatory EEG for the following not medically necessary:

1. When a resting EEG has not been performed.
2. Use in unattended, uncooperative individuals.

3. Localization of seizure focus in individuals with medically refractory epilepsy who are candidates for epilepsy surgery. Inpatient video EEG monitoring is the preferred mode in pre-surgical EEG testing.
4. Antiepileptic drug treatment withdrawal or modification in individuals because the risk of seizure precipitation would require immediate medical intervention.

#### 4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184.

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
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	N	Outpatient diagnostic services and tests
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	N	Outpatient diagnostic services and tests
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	N	Outpatient diagnostic services and tests
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	N	Outpatient diagnostic services and tests
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	N	Outpatient diagnostic services and tests
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	N	Outpatient diagnostic services and tests
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	N	Outpatient diagnostic services and tests
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	N	Outpatient diagnostic services and tests
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	N	Outpatient diagnostic services and tests
95713	Electroencephalogram with video (VEEG),	N	Outpatient diagnostic

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
	review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance		services and tests
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	N	Outpatient diagnostic services and tests
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	N	Outpatient diagnostic services and tests
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	N	Outpatient diagnostic services and tests
95717	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; without video	N	Outpatient diagnostic services and tests
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)	N	Outpatient diagnostic services and tests
95719	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; without video	N	Outpatient diagnostic services and tests
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)	N	Outpatient diagnostic services and tests

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
95721	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, without video	N	Outpatient diagnostic services and tests
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)	N	Outpatient diagnostic services and tests
95723	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, without video	N	Outpatient diagnostic services and tests
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)	N	Outpatient diagnostic services and tests
95725	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, without video	N	Outpatient diagnostic services and tests
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)	N	Outpatient diagnostic services and tests

<b>ICD-10 DIAGNOSIS CODES (ALL-INCLUSIVE)</b>	
<b>Code</b>	<b>Description</b>
F44.5	Conversion disorder with seizures or convulsions [psychogenic seizure]
G40.001 – G40.919	Epilepsy and recurrent seizures

## ICD-10 DIAGNOSIS CODES (ALL-INCLUSIVE)

Code	Description
G40.A01 – G40A19	Absence epileptic syndrome
G40.B01 – G40.B19	Juvenile myoclonic epilepsy (impulsive petit mal)
P90	Convulsions of newborn
R25.0 – R25.9	Abnormal involuntary movements
R56.01	Complex febrile convulsions
R56.1	Post traumatic seizures
R56.00 – R56.9	Unspecified convulsions
R94.01	Abnormal EEG

### 5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

### 6.0 Terms & Definitions:

Absence seizure – a staring spell, usually brief (less than 15 seconds) in duration due to abnormal electrical activity of the brain; commonly called a petit mal seizure.

Ambulatory electroencephalogram (AEEG) – provides a continuous recording of the brain's electrical activity that can range from several hours to several days (typically 48 – 72 hours).

Electroencephalogram (EEG) – a test that records electrical activity of the brain to assist in the evaluation and diagnosis of seizure disorders, epilepsy syndromes, and other conditions.

Epilepsy – a condition of the brain where an individual is prone to repeated seizures.

Epileptic seizure – a brief occurrence of signs and/or symptoms such as a sudden and involuntary jerk of a hand, arm, or whole body, a strange smell (such as burnt rubber), a sensation in the stomach, a ringing sound that keeps increasing in volume, staring into space, or convulsive movements as a result of a primary change to the electrical activity (abnormally excessive) in the brain.

Epileptiform activity – changes in the brain's electrical activity that are commonly seen in people with epilepsy.

Focal seizure - A seizure that begins with an electrical discharge in a relatively small area (called the focus) of the brain; previously referred to as a partial or localization-related seizure. In most cases, the cause is unknown, but may be related to a brain infection, head injury, stroke, or a brain tumor.

Generalized seizure - A seizure that begins with a widespread electrical discharge involving both sides of the brain at once.

Lennox-Gastaut Syndrome - An epilepsy syndrome with an age of onset of 3-10 years characterized by multiple seizure types (including atonic, tonic, tonic-clonic and atypical absence seizures), cognitive impairment and specific EEG features of diffuse slow spike and wave as well as paroxysmal fast activity during sleep.

Medically refractory (intractable) epilepsy - Failure of an adequate trial of two tolerated antiepileptic drug schedules to achieve sustained seizure freedom. These should be appropriately chosen and can be monotherapy or in combination.

Myoclonic seizure - Sudden, brief (less than 100 millisecond) and almost shock-like involuntary single or multiple jerks due to abnormal or excessive or synchronous neuronal activity; associated with polyspikes on EEG.

Nonconvulsive status epilepticus - Refers to a prolonged seizure that manifests as an altered mental state as opposed to convulsions seen in tonic-clonic seizures.

Primary generalized seizure - A seizure that results from abnormal electrical activity of both sides of the brain at the same time.

Psychogenic Non-epileptic Spells - A non-epileptic event that imitates a seizure and may include rhythmic movements, unresponsiveness, or other symptoms similar to those caused by epilepsy, but without an electrographic association.

Seizure - An excessive surge of electrical activity in the brain, usually lasting from a few seconds up to a few minutes, causing a wide range of symptoms or effects depending on which parts of the brain are involved in the abnormal electrical activity.

Status epilepticus - A condition in which a seizure lasts too long or when seizures occur close together and the individual doesn't recover between seizures.

Tonic seizures - An epileptic seizure characterized by abrupt generalized muscle stiffening than can result in a fall, usually lasting less than a minute with rapid recovery.

Tonic-clonic seizure - A seizure of sudden onset involving generalized stiffening and subsequent rhythmic jerking of the limbs.

**7.0 References, Citations & Resources:**

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Ambulatory EEG Monitoring (160.22). DMS; effective June 12, 1984.

InterQual®, Video Electroencephalographic (EEG) Monitoring. 04.16.2021.

InterQual®, Video Electroencephalographic (EEG) Monitoring (Pediatric). 04.16.2021.

**8.0 Associated Documents [For internal use only]:**

None.

**9.0 Revision History:**

Original Effective Date: 10/01/2020

Next Review Date: 01/01/2023

<b>Revision Date</b>	<b>Reason for Revision</b>
11/2020	References to MCG replaced with InterQual®
7/21	Annual review – updated references.