

OHCA Guideline

Medical Procedure Class:	Digital Analysis of Electroencephalogram (EEG)
Initial Implementation Date:	6/15/2017
Last Review Date:	2/24/2025
Effective Date:	3/1/2025
Next Review/Revision Date:	March 2028
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the medical review process.
Description	
<p>Digital Analysis of an Electroencephalogram (EEG) is used to diagnose neurological conditions when routine EEG outcomes and neurological imaging are inconclusive to confirm diagnostic symptoms. It requires the analysis of an EEG using quantitative analytical techniques such as data selection, quantitative software processing and dipole source analysis.</p> <p>It should not be used simply when the EEG was recorded digitally. There is no additional charge for turning on an automated spike and seizure detector on a routine EEG, ambulatory EEG, or video-EEG monitoring. Nor is there an additional code for performing EEG on a digital machine instead of an older generation analog machine. Some features of digital EEG make it easier and quicker to read, and other features slow it down by providing new optional tricks and tools. Overall, it is about the same amount of work as an analog EEG.</p> <p>Currently, EEGs are primarily performed on digital machines instead of older analog machines. Automated spike and seizure detectors are usually built into digital routine EEG, ambulatory EEG, or video-EEG monitoring. Because of this enhancement, substantial additional analysis is typically not necessary.</p> <p>Code 95957 is used when substantial additional digital analysis is medically necessary and performed, such as in 3D dipole localization. In general, this would entail an extra hour's work by the technician to process the data from the digital EEG, and an extra 20-30 minutes of physician time to review the technician's work and review the data produced. Most practitioners would not have the opportunity to do this advanced procedure. It would be more commonly used at specialty centers, e.g. epilepsy surgery programs.</p> <p>Do not report code 95957 for use of automated software. Reimbursement for automated spike and seizure detection and trending software is bundled into codes for long term EEG and is <u>not</u> separately reimbursable.</p>	
CPT Code Covered Requiring Medical Review	
95957 – Digital analysis of electroencephalogram (EEG) (e.g., for epileptic spike analysis)	
Approval Criteria	
For approval, <u>ALL</u> of the following criteria must be met:	

- A. Documentation supports the long-term EEG is inconclusive and additional testing for possible epileptic spikes or seizures is needed; **OR**
- B. Documentation supports topographic voltage and dipole analysis in pre-surgical candidates with intractable epilepsy; **AND**
- C. Documentation supports substantial additional digital analysis was performed such as data selection, quantitative software processing and dipole source analysis. In general, this would entail an extra hour's work by the technician to process the data from the digital EEG and an extra 20-30 minutes of physician time to review the technician's work and review the data produced.

Denial Criteria

EITHER of the following will result in a denial:

- A. Claims that do not provide adequate documentation of medical necessity for the additional digital analysis may be denied.
- B. Claims that do not provide adequate documentation to demonstrate significant additional digital analysis occurred may be denied.

Additional Coding Considerations:

- A. CPT 95957 is PC/TC eligible. (PC=professional component; TC=technical component)
- B. When billed with place of service 21-inpatient, provider should only bill with modifier 26 as the TC portion of the service will be covered under the payment to the facility.
- C. When billed outpatient under revenue code 740, please note that even if the facility does not adhere the TC modifier, the system will automatically price the claim for the technical component portion of the service. If the facility intends to bill for the professional component of the service, they will be required to bill the service on a separate line and adhere modifier 26.
- D. If provider has billed 95957 as a global procedure, please check claim history that payment has not already been made to another provider for either the -TC or - 26 modifier portion of the claim.
- E. CPT 95957 is billed per completed EEG recording (i.e., it is not a per day or per 24 hour code)

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1
2. AMA CPT 2025 Coding Manual
3. CMS First Coast Service Options, LCD 34521, Special EEG Tests, effective 1/8/2019