

OHCA Guideline

Medical Procedure Class:	Long Term Electroencephalographic (EEG) Monitoring
Initial Implementation Date:	June 15, 2017
Last Review Date:	August 27, 2020
Effective Date:	February 3, 2021
Next Review/Revision Date:	February 2024
<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 prior authorization process.
Definitions	
<p>Electroencephalogram (EEG)—a diagnostic test that measures the electrical activity of the brain using highly sensitive recording equipment attached to the scalp by fine electrodes. It is used to diagnose neurological conditions. Testing is typically short in duration, defined as less than 2 hours.</p> <p>EEG technologist—an individual who is qualified by education, training, licensure/certification/regulation (when applicable) in seizure recognition. An EEG technologist performs EEG setup, takedown when performed, patient education, technical descriptions, equipment maintenance, and seizure recognition when within his or her scope of practice and as allowed by law, regulation, and facility policy (when applicable).</p> <p>Long-term continuous recording EEGs—EEGs that capture brain-wave activity for durations of time <u>equal to or greater than 2 hours</u>. These are performed to differentiate seizures from other abnormalities, determine type or location of seizures, monitor treatment of seizures and status epilepticus, establish if the patient is a candidate for epilepsy surgery, and/or screen for adverse change in critically ill patients. The length of recording is based on clinical indications for the test and the frequency of seizures. These services are divided into two major groups: (1) technical services, and (2) professional services. They may be reported for any site of service and may be done with or without video recording.</p> <p>Status epilepticus—a dangerous condition in which epileptic seizures follow one another without recovery of consciousness between them. A life-threatening medical emergency if treatment is delayed.</p> <p>Video EEG monitoring (VEEG)—synchronous recording and display of EEG patterns and video-recorded clinical behavior. VEEG allows providers the ability to correlate electrophysiological changes with characteristic behaviors over a prolonged period of time, typically several days. VEEG monitoring is conducted for two main reasons: (1) for diagnostic monitoring when it is not clear from the clinical evaluation and routine EEG whether the patient has epileptic seizures or non-epileptic (psychiatric) events; and (2) for identifying the area of the brain from which seizures arise, especially for patients whose seizures are not controlled with antiepileptic medications and for whom surgery for epilepsy is being considered.</p>	

Description

Electroencephalography is used to evaluate brain disorders and most commonly used to show the type and location of brain activity during a seizure. Long term EEG monitoring may facilitate the differential diagnosis between seizures and syncopal attacks, sleep apnea, 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 a resting EEG is not conclusive. 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.

Long term EEG **technical component** services describe services performed by an EEG technologist and are comprised of many variables. The technologist sets up, takes down, and maintains the EEG/VEEG equipment, monitors the patient intermittently or continuously (on site or remotely), manages the video recording as indicated, reviews the data, notifies the physician or other qualified health care professional as instructed, and creates a summary of the study for physician review.

- **Unmonitored:** these services have no real time monitoring by an EEG technologist during the continuous recording. (If the criteria is not met for intermittent or continuous monitoring, then the study is considered unmonitored).
- **Intermittent monitoring (remote or on-site):** EEG technologist must perform and document real-time review of data at least every 2 hours during the entire recording to assure the integrity and quality of the recording (EEG/VEEG), identify the need for maintenance, and notify the physician or other qualified health care professional of clinical issues as needed. A technologist may monitor a maximum of 12 patients concurrently. If the number of patients exceed 12, the study is considered unmonitored.
- **Continuous real-time monitoring (may be provided remotely):** requires all the elements of intermittent monitoring. In addition, the EEG technologist performs and documents real-time concurrent monitoring of the EEG data and video (when performed) during the entire recording. The technologist identifies when events occur and notifies the physician or other qualified health care professional as instructed. A technologist may monitor a maximum of 4 patients concurrently. If there is a break in the real-time monitoring or if the patient number exceeds 4, the study is considered intermittent monitoring.

Long term EEG **professional component** services describe the services performed by a physician or other qualified health care professional for reviewing, analyzing, interpreting, and reporting the results of the continuous recording EEG/VEEG and provides recommendations based on the results of the studies. Providers may report daily or at the end of a multiple-day study.

CPT Codes Covered Requiring Prior Authorization (PA)

EEG Setup—95700

EEG Monitoring—Technical component—95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713 95714, 95715, 95716

EEG Monitoring—Professional component—95717, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725, 95726

****See CPT manual for full definition of codes**

****See Additional Information section of this guideline for coding tables**

Approval Criteria

I. GENERAL

- A. Medical necessity must be met. Documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1**.
- B. Documentation submitted for review should include **ALL** of the following:
 - 1. An order from a contracted qualified health professional (M.D, D.O., P.A., A.P.R.N.) involved in the patient's treatment requesting an extended monitoring EEG/VEEG which includes the number of units requested and the location where the service will be administered; **AND**
 - 2. Clinical documentation including diagnosis, history/physical, previous EEG results, and neuro imaging (if available); **AND**
 - 3. Current treatment plan, medications the patient is taking, medications that have been tried, failed, and contraindicated (include medication names and dates tried), and documentation related to seizure activity (frequency and intensity, any hospitalizations).
 - 4. Requests for monitoring beyond 72 hours will require physician review and must be supported by written documentation for each additional 24 hours of monitoring.

II. INDICATIONS

- A. Episodic events where epilepsy is suspected but the history, examination, and routine EEG are inconclusive or non-diagnostic
- B. Differentiating between neurological, cardiac, or psychogenic origin of seizures when conventional tests are inconclusive or non-diagnostic
- C. Suspected non-epileptic events in patients with confirmed epilepsy
- D. Classification of seizure type in patients with confirmed epilepsy
- E. Localization of seizure focus in patients with confirmed epilepsy
- F. Identification of absence seizures (blinking out, staring) for medication management
- G. Suspected seizures of sleep disturbances and routine EEG is inconclusive or non-diagnostic
- H. Seizures precipitated by naturally occurring cyclic events or environmental stimuli not reproducible in hospital or clinic setting and routine EEG is inconclusive or non-diagnostic
- I. Pre-op evaluation of patient undergoing epilepsy surgery

III. FREQUENCY

Once a diagnosis has been established, it is anticipated that this type of study will not be repeated nor used in the monitoring of a therapeutic regimen. A request for long term EEG monitoring more frequently than once in a 12 month period will require physician review **AND** documentation that clearly describes why additional testing is necessary for *diagnostic purposes* or for potential *treatment adjustments*.

IV. CONTRAINDICATIONS

- A. Study of neonates or unattended, non-cooperative patients
- B. Localization of seizure focus/foci when the seizure symptoms and/or other EEG recording indicate the presence of bilateral foci or rapid generalization.

Additional Information

Monitoring **Technical** Component Codes

Video Type	Recording Duration	Monitoring		
		None	Intermittent	Continuous
EEG, no video	2-12 hours	95705	95706	95707
EEG, no video	12-26 hours	95708	95709	95710
Video-EEG	2-12 hours	95711	95712	95713
Video-EEG	12-26 hours	95714	95715	95716

Monitoring **Professional** Component Codes

Recording duration	Referred to as:	EEG, no video	Video EEG
2-12 hours	Partial day	95717	95718
12-26 hours	Full day	95719	95720
36-60 hours	2 days	95721	95722
60-84 hours	3 days	95723	95724
>84 hours	4 + days	95725	95726

References

- Oklahoma Health Care Authority; Policies and Rules, Oklahoma Administrative Code, OAC 317:30-3-1.
- American Medical Association (2019). CPT Changes 2020 An insider's View. *Medicine*, p. 168-178.
- First Coast Service Options, Inc. Local Coverage Determination (LCD): Special EEG tests (L34521). Retrieved from: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34521&ver=7&Date=&DocID=L34521&bc=hAAAAAgAAAA&>
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- Nuwer, Marc R., MD, PhD. The New CPT codes for Video-EEG. A guide to understanding the new CPT codes for billing of video-EEG monitoring that will be effective January 2020. *Practical Neurology*. October 2019, p. 54-64.
- United Healthcare Medicare Policy Guideline (February 2020). Ambulatory EEG Monitoring. Retrieved from <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-guidelines/l/long-term-eeg-monitoring.pdf>: