1. POLICY DESCRIPTION:
Video Electroencephalographic (EEG) Monitoring

2. RESPONSIBLE PARTIES:
Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:
Video Electroencephalographic (EEG): A diagnostic test that uses video and EEG recordings to continuously observe behavioral activity (i.e., seizure activity and/or involuntary episodes of movement or consciousness) while simultaneously recording electrical brain activity. Video EEG is used to diagnose seizure disorders, to classify seizure types and locations, and is used in the pre-operative evaluation of intractable seizures.

Video EEG monitoring is generally performed using external electrodes placed on the patient’s scalp surface to locate where seizure activity is originating. More invasive monitoring using intracranial electrode placement directly on the surface of the brain may be required. During testing, seizures may be provoked by withdrawing antiepileptic medication, sleep deprivation, or exercise. Normally, Video EEGs are done during an observation admission of up to 48 hours, not as an inpatient admission. EEGs done with internal electrodes are typically done during an inpatient admission.

Ambulatory 24-Hour Electroencephalography (EEG) Monitoring: A diagnostic test that is used to record the electrical activity of the brain on a continuous outpatient basis for 24 hours. Scalp electrodes are secured to the patient’s head along with a digital or cassette recorder that is secured to the patient’s waist or via shoulder harness. The EEG information is stored in the recorder for analysis. An ambulatory EEG monitor has the ability to continuously record any seizure activity over a period of 24 hours. (See the Limitations section of this policy for limitations related to ambulatory EEG monitoring.)

Electroencephalography (EEG): A diagnostic test that measures the electrical activity of the brain using scalp electrodes attached to sensitive recording equipment. A typical EEG takes about 90 minutes.

Epileptic Encephalopathy: A heterogeneous group of epilepsy syndromes associated with severe cognitive and behavioral disturbances. These disorders vary in their age of onset, developmental outcome, etiologies, neuropsychological deficits, electroencephalographic (EEG) patterns, seizure types, and prognosis, but all may have a significant impact on neurological development and are believed to contribute to a progressive disturbance in
cerebral function. This category includes the following epilepsy syndromes: early myoclonic encephalopathy, early infantile epileptic encephalopathy (Ohtahara syndrome), infantile spasms (IS or West syndrome), severe myoclonic epilepsy in infancy (Dravet syndrome), migrating partial seizures in infancy, myoclonic status in non-progressive encephalopathy, Lennox-Gastaut syndrome (LGS), Landau-Kleffner syndrome (LKS), and/or epilepsy with continuous spike-waves during slow wave sleep (CSWS).

**Infantile Spasm (IS) or West Syndrome:** One of the most recognized types of epileptic encephalopathy, it is a distinct and often catastrophic form of epilepsy of early infancy. The disorder presents with a unique seizure type, infantile spasms, which are characterized by flexor, extensor, and mixed flexor-extensor spasms and frequently occur in clusters.

**Status Epilepticus:** A common, life-threatening neurologic disorder that is essentially an acute, prolonged epileptic crisis. Status epilepticus can represent an exacerbation of a preexisting seizure disorder, the initial manifestation of a seizure disorder, or an insult other than a seizure disorder. In patients with known epilepsy, the most common cause is a change in medication. Most seizures terminate spontaneously.

4. **POLICY:**

Prior authorization is required for inpatient Video EEG, Video EEG done anywhere other than a health care facility, and any out of network Video EEG. Prior authorization is not required for Video EEG done during an observation admissions at an In-network facility by an in-network provider.

Video Electroencephalographic (Video EEG) monitoring (on an outpatient basis or in an observation unit) is considered medical necessary when the below criteria are met.

a) A diagnosis cannot be made by
   i. a recent neurological examination and standard EEG and
   ii. non-neurological causes (such as syncope, arrhythmias or severe metabolic derangement) have been ruled out.

b) And one or more of the following:
   i. To establish the diagnosis of first time seizure or
   ii. To establish the specific type of epilepsy in poorly characterized seizures where the treatment may be based on the type of seizure or
   iii. To differentiate epileptic events from pseudo seizures or
iv. To establish the diagnosis of epilepsy in young (< 3 years old) children who have an abnormal EEG and clinical symptoms of epilepsy or

v. To evaluate the response to treatment in young (< 3 year old) children who have been diagnosed with epilepsy or

vi. To localize the seizure focus in someone who will be undergoing surgery for intractable epilepsy

c) An outpatient VEEG can not be done for an emergency indication

MetroPlus considers VIDEO EEG monitoring experimental and/or investigational for all other indications (e.g., sleep apnea, diagnosing coma, headache management)

5. LIMITATIONS:

a) Authorization for VIDEO EEG will not be approved more than
   i. Annually for diagnostic purposes
   ii. Semiannually for purpose of medication adjustment in a member who is not responding to treatment as expected
   iii. The code 95951 is covered only for attended VEEG monitoring
   iv. Video EEG studies done in the home will not be approved for greater than 48 hours

6. APPLICABLE PROCEDURE CODES:

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<td>95951</td>
<td>Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (e.g., for pre-surgical localization), each 24 hours</td>
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<tr>
<td>95953</td>
<td>Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended</td>
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7. REFERENCES:


Title: Video Electroencephalographic (EEG) Monitoring

Division: Medical Management
Department: Utilization Management

Approval Date: 12/7/17

Effective Date: 12/7/17
Policy Number: UM-MP215

LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP

Review Date: 2/1/19

Cross Reference Number:

Retired Date: Page 5 of 10


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8. REVISION LOG:

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Approved: Date: Approved: Date:

Sosler Bruce, MD Clinical Medical Director Talya Schwartz, MD Chief Medical Officer
Medical Guideline Disclaimer:
Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.