Subject: Video and Ambulatory EEG Monitoring*

Effective Date: September 10, 2002

Department(s): Utilization Management

Policy: Twenty-four hour video (CPT 95951) and ambulatory (CPT 95950) electroencephalogram (EEG) monitoring is reimbursable under Plans administered by QualCare, Inc.

Objective: To insure proper and consistent reimbursement and to provide criteria under which 24-hour video and ambulatory EEG monitoring shall be reimbursed.

Procedure:

A. The requesting physician shall document that

1. history, physical examination, and conventional EEG do not allow a presumptive diagnosis of a seizure disorder to be confirmed

   OR

2. behavior or activity persists, in patients being treated with anticonvulsant medications, that may represent seizure activity

   OR

3. the result of 24-hour video EEG monitoring will be used in determining the medical necessity of sur-gical management of a seizure disorder.

B. Up to five days of hospitalization may be authorized for 24-hour video EEG monitoring.
C. If a period greater than five days of inpatient video EEG monitoring is felt to be needed, each day beyond the fifth shall require concurrent medical review for continued authorization.

D. Up to seven days of ambulatory EEG monitoring may be authorized.

E. If a period greater than seven days of ambulatory EEG monitoring is felt to be needed, each two-day increment beyond the seventh day shall require medical review for continued authorization.

F. Digital analysis of EEG (CPT 95957) is reimbursable separately from the other codes used for reading of EEG tracings.

References:


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LaFrance WC, Benbadis SR. Avoiding the costs of unrecognized psychological nonepileptic seizures. Neurol 2006;66(11):1620-1621 (Jun)


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Bell RD, Manon-Espaillat R. Electroencephalography and Evoked Responses. Ch 130 in *Stein's Internal Medicine* (5th ed), 1998


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*