MetroPlus Health

Policy and Procedure

Title: Video Electroencephalographic(EEG) Monitoring	**Division: Medical Management** **Department: Utilization Management**
Approval Date: 12/7/17	**LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, GoldCare I&II, Market Plus, Essential, HARP**
Effective Date: 12/7/17	**Policy Number: UM-MP215**
Review Date: 1/30/2024 Reinstated	**Cross Reference Number:**
Retired Date:	**Page 1 of 7**

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 isstored 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 ofthe brain using scalp electrodes attached to sensitive recording equipment. A typical EEG takes about 90 minutes.

   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 changein medication.

Observation Admission: A stay at an acute care facility, which meets New York (NY) code405.32, for continued stabilization, short term treatment, assessment, and re-assessment. Observation admissions can be from the Emergency Department or from direct referral for observation. In NY City, an observation admission can be to an inpatient bed or to a dedicated observation unit. Observation admissions can last up to 48 hours, except for Medicare observation admissions, which can span up to one, but not two midnights.

4. POLICY:

MetroPlus determines the medical necessity of a VEEG based on InterQual guidelines.

Length of stay/Inpatient vs Outpatient status: Most patients who require VEEG are monitored from 12-36 hours. In NY, an observation admission can last up to 48 hours. Medically necessary VEEGs should be performed during ambulatory/outpatient/observation admissions, at an observation level of care.

Some patients may require longer then 48 hours of VEEG monitoring. In some instances, it is known ahead of time that the monitoring will require longer than 48 hours. On a case-by-case basis, MetroPlus may approve cases with prior authorization.

In other instances, a patient may be admitted to observation status with the expectation that an event will be observed in less than 48 hours, but a seizure does not occur, and the stay must be prolonged longer than 48 hours. MetroPlus may retrospectively approve inpatient admission after the prolonged stay. Alternatively, providers may request prior authorization for conversion to inpatient status for a patient who has spent over 36 hours in a VEEG bed without seizing, and it is anticipated that the member will stay longer than 48 hours.

Prior authorization is not required for Video EEG done during an observation admission at an In-network facility by an in-network provider.

Prior authorization is required for Video EEG in the following settings:

- Any inpatient admission solely for the purpose of a VEEG
- All Home studies.
- Out of network VEEG

5. APPLICABLE PROCEDURE CODES:

CPT	Description	Requires PA (Y/N)
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	Yes
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Yes
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Yes
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Yes
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Yes
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Yes
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	Yes
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Yes
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Yes
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Yes
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG	Yes

	technologist, each increment of 12-26 hours; unmonitored	
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Yes
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEGtechnologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Yes
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	Yes
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health careprofessional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	Yes
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	Yes
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each incrementof greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	Yes
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	Yes
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)	Yes

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	Yes
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)	Yes
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	Yes
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)	Yes

6. REFERENCES:

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7. REVISION LOG:

REVISIONS	DATE
Creation date	12/7/17
FIDA Removed from LOB	2/1/19
Revised policy and codes	1/1/20
Reviewed	3/6/20
Annual Review	4/30/21
Annual Review, updated code list.	4/26/22
Retired IQ to be used	10/3/2022
Revised/Reviewed reinstated	1/30/2024

Approved: | **Date:**

Sanjiv Shah MD

Digitally signed by Sanjiv Shah MD
Date: 2024.02.02 09:32:03 -05'00'

Sanjiv Shah, MD
Chief Medical Officer

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Medical Guideline Disclaimer:

 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 or 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.