

Title: Video Electroencephalographic(EEG) Monitoring	Division: Medical Management Department: Utilization Management
Approval Date: 12/7/17	LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, GoldCare I&II, Market Plus, Essential, HARP
Effective Date: 12/7/17	Policy Number: UM-MP215
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1. POLICY DESCRIPTION:

Video Electroencephalographic (EEG) Monitoring

For the Medicare and UltraCare lines of business, MetroPlusHealth determines medical necessity based on applicable Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD).

<https://www.cms.gov/medicare-coverage-database/search.aspx>

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 a patient's behavior while simultaneously recording electrical brain activity. Video EEG (vEEG) is used to diagnose seizure and psychogenic non-epileptic seizure disorders, to classify seizure types and locations, and is used in the pre-operative evaluation of intractable seizures.

vEEG 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, vEEGs 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.

4. POLICY:

MetroPlus determines the medical necessity of a VEEG based on InterQual guidelines. An acute level of care is considered not medically necessary for many persons requiring video EEG monitoring.

Inpatient admission will be approved when one or more of the following criteria are met:

- Individual is not expected to have a seizure or seizure-like diagnostic event within a timeframe that is reasonable for an ambulatory vEEG recording (48 hours).
- Individual is undergoing preoperative evaluation for epilepsy surgery.
- Seizure provocation maneuvers are required that warrant direct observation in an inpatient setting.

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- d. Seizure medication is being adjusted in such a way as to risk provoking an event that would require inpatient management.
- e. Seizure medication discontinuation is required to provoke seizure for diagnostic purpose.

Video EEGs done in an ambulatory setting (office, On Campus Outpatient Hospital, Off Campus Outpatient Hospital), or during an already authorized inpatient stay do not require prior authorization. Prior authorization is required for in-home vEEG and vEEG performed by a non-participating provider.

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	Yes

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	technologist, 2-12 hours; unmonitored	
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 technologist, each increment of 12-26 hours; unmonitored	Yes
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

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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:

Rosalind Kandler, Athi Ponnusamy, Claire Wragg, Video ambulatory EEG: A good alternative to inpatient video telemetry? Seizure 2017 Apr;47:66-70.

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<https://pubmed.ncbi.nlm.nih.gov/12226565/>

Dianne Dash , Lizbeth Hernandez-Ronquillo , Farzad Moien-Afshari , Jose F. Tellez-Zenteno, Ambulatory EEG: a cost-effective alternative to inpatient video-EEG in adult patients, Epileptic Disorder, Vol. 14, No. 3, September 2012
<https://pubmed.ncbi.nlm.nih.gov/22963900/>

A McGonigal, M Oto, AJC Russell, J Greene, R Duncan, Outpatient video EEG recording in the diagnosis of non-epileptic seizures: a randomised controlled trial of simple suggestion techniques, J Neurol Neurosurg Psychiatry 2002;72:549–551
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1737844/> 40116c708e99

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
Revised	4/22/2025



Policy and Procedure

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Approved:

Date:

David Ackman, MD
VP of Medical Directors

Sanjiv Shah, 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

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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.