

**Policy terminated because Medicaid covers codes in the same manner as
Health Choice.**

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1.0 Description of the Procedure, Product, or Service

An electroencephalogram (EEG) is a diagnostic test that measures the electrical activity of the brain (brain waves) using highly sensitive recording equipment attached to the scalp by fine electrodes. It is used to diagnose neurological conditions.

EEGs can be transmitted by telephone, radio, or cable. In such cases, the electrical brain activity is recorded and then transmitted to an off-site center for the interpretation and report.

EEGs can be recorded by 24 hour ambulatory cassette. Twenty four hour ambulatory cassette-recorded EEGs offer the ability to record the EEG on a long-term, outpatient basis. Electrodes for at least 4 recording channels are placed on the patient. The cassette recorder is attached to the patient's waist or on a shoulder harness. Recorded electrical activity is analyzed by playback through an audio amplifier system and video monitors.

EEG video monitoring is the simultaneous recording of the EEG and video monitoring of the recipient's behavior. This allows for the correlation of electrical abnormal events with demonstrated or recorded seizure symptomology. This type of monitoring allows the recipient's face or entire body to be either shown or excluded on a video screen.

1.1 Medical Term Definitions

- a. Cardiogenic: originating in the heart, caused by abnormal function of the heart.
- b. Electrocardiogram: a graphic print out of the electrical activity of the heart including its rate and rhythm.
- c. Electromyogram: a test to determine muscle response to nerve stimulation. Used to evaluate muscle weakness and to determine if the weakness is related to the muscles themselves or a problem with the nerves that supply the muscles.
- d. Electro-oculogram: a test that measures brain activity and traces it through eye movement.
- e. Neonate: a newborn infant.
- f. Seizure: a sudden attack or convulsion due to involuntary electrical activity in the brain.
- g. Seizure focus: the place in the brain where a seizure starts.
- h. Telemetry: transmission of the readings of instruments to a remote location by means of wires, radio waves or other means.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

An electroencephalogram may be covered when it is determined to be medically necessary because the following medical criteria are met. Electroencephalograms are covered in the following situations:

- a. Transmission of the EEG by telephone, radio or cable is considered medically necessary when the closest medical facilities are located in remote areas which lack trained EEG interpreters.
- b. Transmission of the EEG by telephone from such remote facilities is considered medically necessary for recipients with the following conditions:
 1. altered consciousness, such as stuporous, semicomatose, or comatose states;
 2. atypical seizure variants in recipients experiencing bizarre, distressing symptoms as seen with "spike and wave stupor" or other forms of seizure disorders;
 3. head injury, where a subdural hematoma may be identified; or
 4. differentiation of complicated migraine with epilepsy-like symptoms (e.g., auras, alteration in level of consciousness) from true seizure disorders;
- c. Radio and cable telemetry of the EEG from medical facilities which are located in remote areas are considered medically necessary for:
 1. EEG recording during provocation testing (e.g., withdrawal of anticonvulsant medications), which can be safely undertaken only in the immediate proximity of emergency medical personnel and technology; and
 2. EEG recording attempting to localize the seizure focus prior to surgery when ambulation is desirable (e.g., when seizures are triggered by specific environmental stimuli or daily events.)
- d. Twenty-four hour ambulatory cassette-recorded EEGs are considered medically necessary under the following circumstances:
 1. When used in conjunction with ambulatory electrocardiogram (ECG) recordings for seizures suspected to be of cardiogenic origin;
 2. When used in conjunction with electro-oculogram (EOG) and electromyogram (EMG) recordings for suspected seizures of sleep disturbances;

3. When used for quantification of seizures in recipients who experience frequent absence seizures; and
4. When used in documenting seizures which are precipitated by naturally occurring cyclic events or environmental stimuli which are not reproducible in the hospital or clinic setting.
- e. Video/EEG monitoring is considered medically necessary when used to confirm the diagnosis in cases of complex seizures where treatment is defined by seizure type. Refer to **Subsection 3.3**.
- f. Ambulatory Video EEG (i.e. DigiTrace) may be medically necessary for those recipients who have had an inconclusive inpatient video EEG to confirm the diagnosis in cases of complex seizures where the treatment is defined by seizure type or for recipients who are not appropriate for the inpatient setting. Refer to **Subsection 3.3**.
- g. Preoperative Video/EEG monitoring is considered medically necessary when used to confirm the diagnosis of cases of complex seizures where treatment is defined by seizure type. Refer to **Subsection 3.3**.

3.3 Policy Guidelines (EEG Video Monitoring)

EEG video monitoring is useful for recipients where diagnosis could not be made on the basis of a neurological examination, routine EEG reporting, and ambulatory cassette EEG monitoring. Video EEG should not be undertaken unless a qualified medical practitioner has witnessed and documented the seizure, and the attending physician strongly suspects a neurogenic (vs. psychogenic) etiology. The minimal requirement for application of this monitoring technique is time-locked, split-screened closed-circuit television recording capabilities. Video/EEG recordings should only be undertaken after a conventional (16 channel, hardwired) EEG recording is analyzed and provides equivocal or unclear information for diagnosis. For cases in which the seizures are unwitnessed and clinical presentation is vague, (i.e., psychosomatic or psychiatric etiology suspected) a psychiatric/psychological evaluation is needed.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Electroencephalograms are not covered in the following situations:

- a. Telephone transmission of the EEG to determine electrocerebral silence, i.e., brain death, is considered investigational.
- b. Twenty-four hour ambulatory cassette recorded EEGs are considered investigational in the following circumstances:
 1. For the study of neonates or unattended, noncooperative recipients;
 2. In localization of seizure focus/foci when the seizure symptoms and/or other EEG recordings indicate the presence of bilateral foci or rapid generalization; and
 3. For final evaluation of recipients being considered as candidates for resective surgery.
- c. Preoperative Video EEG monitoring is considered investigational unless used to confirm the diagnosis of cases of complex seizures where treatment is defined by seizure type.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for electroencephalograms.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Codes				
95812	95813	95816	95819	95822
95824	95827	95950	95951	95953
95956				

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital, Skilled Nursing Facility, Office and Home

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.