OHCA Guidelines

Medical Procedure:	Long Term Electroencephalographic (EEG) Monitoring
Implementation Date:	June 15, 2017
Review/Revision Date:	July 18, 2017
Chief Medical Officer (CMO)/Sr. Medical Office Signature/Date:	Michael W. Allen, DO 7/18/17
Director Medical Authorization and Review (MAR) Signature/Date:	Y Bane RN CPC 7-18-17
Author Signature/Date:	Karen Beam RN, CPC, CPMA 7/18/17

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☒ New Criteria ☐ Revision of Existing Criteria

Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions:

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

Ambulatory EEG Monitoring (AEEG) – allows prolonged EEG recording in the outpatient (e.g., at home) setting during 24 hours of a patient's routine daily activities and sleep. This extended recording increases the chances of recording a seizure in a nonclinical setting. Even though this type of extended EEG monitoring can include video recording, it is considered unattended because of the nonclinical setting and is therefore coded as CPT 95950 or 95953 based on the EEG recording device utilized. (95950-cassette, 95953-digital).

Video EEG Monitoring (VEEG) – synchronous recording and display of EEG patterns and video-recorded clinical behavior. Video EEG monitoring is conducted for two main reasons: (1) for diagnostic monitoring when it is not clear from the clinical evaluation and routine EEG whether the patient has epileptic seizures or non-epileptic (psychiatric) events; and (2) for identifying the area of the brain from which seizures arise, especially for patients whose seizures are not controlled with antiepileptic medications and for whom surgery for epilepsy is being considered. This type of EEG monitoring is generally performed in a monitored facility setting (e.g., hospital, or epilepsy monitoring unit) where interpretations can be made throughout the recording time, with interventions to alter or end the recording or to alter the patient care during the recording, and is coded as CPT 95951.

Medical Necessity - Services provided within the scope of the Oklahoma Medicaid Program shall meet medical necessity criteria. Requests by medical services providers for services in and of itself shall not constitute medical necessity. The Oklahoma Health Care Authority shall serve as the final authority pertaining to all determination of medical necessity. Medical necessity is established through consideration of the following standards as cited in OAC 317:30-3-1(f).

CPT Codes Covered requiring PA: CPT 95950, 95951, 95953 & 95956 (see CPT Manual for definition of codes)

Non-covered service: Requests that do not meet medical necessity.

Approval Criteria:

I. GENERAL

Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)**

II. DOCUMENTATION FOR ALL EXTENDED MONITORING EEG REQUESTS MUST INCLUDE:

A. An order from a contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.P.R.N.) involved in the patient's treatment requesting an extended monitoring EEG which includes the number of units requested. Requests for an EEG > 72 hours (4 units or more) require physician review; **AND**
B. Clinical documentation including previous EEG results; **AND**
C. All current treatments, including medications, and/or documentation related to seizure activity.

III. INDICATIONS

A. **Unattended Ambulatory EEG Monitoring With or Without Video (CPT 95950 or 95953); ALL** of the following [1 – 3]
   1. To investigate episodic events where epilepsy is suspected but the routine EEG, history and physical exam are all inconclusive or non-diagnostic;
   2. Non-neurological causes of symptoms (e.g. syncope, cardiac arrhythmias) have been ruled out;
   3. Used to diagnose the following suspected conditions; **ONE** of the following [a – e]
      a. Seizures or seizure like activity occurring ≥ 3 x per week;
      b. To differentiate epileptic from non-epileptic events;
      c. To characterize the frequency or location of seizures in a nonclinical setting;
      d. To document epilepsy response to treatment or to medication adjustment;
      e. To identify and medicate absence seizures.

B. **Monitored EEG With Video (CPT 95951) or Attended EEG (CPT 95956); ALL** of the following [1 - 3]
   1. Used to diagnose or treat the following suspected conditions: **ONE** of the following [a – e]
      a. Known seizure disorder: **ALL** of the following [1) – 3)]
         1) Recurrent refractory seizures despite treatment with ≥ 2 anticonvulsant medications; and
         2) Recurrent refractory seizure activity despite therapeutic drug levels of anticonvulsant medications; and
         3) No current seizure provoking medications
      b. Suspected non-epileptic seizure : **BOTH** of the following [1) & 2)]
         1) Recurrent symptoms not classic for seizure etiology; and

2) Definitive diagnosis cannot be made despite **ALL** of the following: [a) – c)]
   a) thorough neurological examination; and
   b) negative routine EEG using provocative measures during the test (such as hyperventilation, sleep deprivation and intermittent photic stimulation) to induce epileptic activity; and
   c) negative ambulatory EEG monitoring

c. Antiepileptic drug treatment modification in individuals where risk of seizure precipitation would require immediate medical intervention;
d. Prior to epilepsy surgery or intracranial electrode implantation and surgery to localize the seizure focus in members with documented medically refractory seizures;
e. Status epilepticus or non-convulsive status epilepticus

2. Documentation must support attended EEG or video EEG monitoring is required in order to correctly diagnose or treat the member;
3. Documentation must support that attended EEG or video EEG monitoring will occur in a monitored facility based setting such as an epilepsy monitoring unit or EEG laboratory.

**Note: Requests, outside of those listed above, should be submitted, with complete documentation of medical necessity, for physician review.

IV. FREQUENCY

A. Once the cause of seizures and/or specific type of epilepsy has been established, continued EEG monitoring (e.g., for monitoring response to therapy or titrating medication dosages in children or adults) is considered not medically necessary. Surveillance and/or response to therapy can usually be assessed using standard EEG monitoring or ambulatory EEG monitoring.

B. A request for extended EEG monitoring for *diagnostic purposes* more frequently than once in a 12 month period requires physician review **AND** documentation submitted must clearly describe the objective and or subjective findings since the most recent EEG that necessitate a repeat EEG interval less than 12 months, **AND** if CPT 95951 or 95956 is requested, must document why only a monitored video EEG or attended EEG will accomplish the desired diagnosis.

C. A request for extended EEG monitoring conducted for *treatment adjustment* more frequently than twice within a 12 month period requires physician review, **AND** documentation submitted must clearly describe the change in treatment requiring the repeat EEG, **AND** if CPT 95951 or 95956 is requested, must document why only a monitored video EEG or attended EEG will accomplish assessment and efficacy of the change in treatment regimen.

References:

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. http://www.medicarepaymentandreimbursement.com/2011/10/special-electroencephalography-eeg-cpt.html
3. https://www.hayesinc.com/subscribers/displaySubscriberArticle.do?articleId=15784&searchStore=%24search_type%3Dall%24icd%3D%24keywords%3DAge%2CVideo%2CEEG%24status%3Dall%24page%3D1%24from_date%3D%24to_date%3D%24report_type_options%3D%24technology_type_options%3D%24organ_system_options%3D%24specialty_options%3D%24order%3DasearchRelevance
4. http://www.epilepsy.com/learn/diagnosis/eeg/video-eeg
5. http://www.aetna.com/cpb/medical/data/300_399/0322.html
6. https://www.healthnet.com/static/general/unprotected/pdfs/national/policies/VideoEEG.pdf
7. https://www.bcidaho.com/providers/medical_policies/med/mp_20114.asp
8. https://www.qualcareinc.com/Forms/Video%20and%20Ambulatory%20EEG%20Monitoring%20(rvsd%202016).pdf
9. http://onlinelibrary.wiley.com/doi/10.1111/j.1528-1167.2008.02001.x/full
10. https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/mm_0521_coveragepositioncriteria_electroencephalography.pdf
11. https://pathways.nice.org.uk/pathways/epilepsy
12. https://www.nice.org.uk/guidance/cg137/chapter/1-Guidance#diagnosis-2
13. https://www.docphin.com/research/article-detail/18794982/PubMedID-27591057/Optimal-time-of-duration-of-a-long-term-video-EEG-monitoring-in-paroxysmal-events-A-retrospective-analysis-of-282-sessions-in-202-patients
14. http://www.seizure-journal.com/article/S1059-1311(09)00075-2/pdf
15. http://www.seizure-journal.com/article/S1059-1311(14)00022-3/pdf
16. Michel V, et al. Long-term EEG in adults: Sleep-deprived EEG (SDE), ambulatoryEEG (Amb-EEG) and long-term video-EEG recording (LTVER). Neurophysiologic Clinique/Clinical Neurophysiology (2015),http://dx.doi.org/10.1016/j.neucli.2014.11.004
17. https://www.bmchp.org/~/media/c2ecafe850fa4bdd8f29ab45430d12b8.pdf
18. Molina Healthcare, Policy Number MCP-133, Ambulatory Electroencephalographic (EEG) and Video EEG Monitoring in the Out-Patient Setting for Adults and Children, 9/19/2016.