Clinical Policy: EEG in the Evaluation of Headache
Reference Number: PA.CP.MP.155
Effective Date: 05/18
Last Review Date: 01/19

Description
An electroencephalogram (EEG) is a non-invasive method for assessing neurophysiological function. EEG measures the electrical activity that is recorded from many different standard sites on the scalp according to the international (10 to 20) electrode placement system. It is a useful diagnostic test in evaluating epilepsy. This policy addresses the use of EEG in the diagnostic evaluation of headache.

Policy/Criteria
I. It is the policy of PA Health & Wellness that an EEG in the routine evaluation of headache is not medically necessary. EEG has not been convincingly shown to identify headache subtypes, nor has it been shown to be an effective screening tool for structural causes of headache.

Background
An EEG is an important diagnostic test in the evaluation of a patient with possible epilepsy, providing evidence that helps confirm or refute the diagnosis, as well as guide management. An EEG may be also be performed for other indications, including but not limited to, states of altered consciousness, cerebral infections, and various other encephalopathies.

Headache is a common disorder with many potential causes. The primary headaches, which include migraine, tension-type headache and cluster headache, are benign and account for the majority of headaches. They are usually recurrent and have no organic disease as their cause. Secondary headaches, are less common and caused by underlying organic diseases ranging from sinusitis to subarachnoid hemorrhage. In most instances, the physician can accurately diagnose a patient’s headache and determine whether additional laboratory testing or neuroimaging is indicated by considering the various headache types in each category (primary or secondary), obtaining a thorough headache history and performing a focused clinical examination.

The presence of warning signs of a possible disorder, other than primary headache, that should prompt further investigation (e.g. limited laboratory testing, neuroimaging, lumbar puncture) include:
- Subacute and/or progressive headaches that worsen over time (months)
- A new or different headache
- Any headache of maximum severity at onset
- Headache of new onset after age 50
- Persistent headache precipitated by a Valsalva maneuver
- Evidence such as fever, hypertension, myalgias, weight loss or scalp tenderness suggesting a systemic disorder
• Presence of neurological signs that may suggest a secondary cause
• Seizures

Studies designed to determine whether headache patients have an increased prevalence of EEG abnormalities report conflicting results. The American Academy of Neurology reports that EEG has no advantage over clinical evaluation in diagnosing headache, does not improve outcomes, and increases costs. A literature review of 40 articles describing EEG findings in headache patients reported that studies did not show that the EEG is an effective screen for structural causes of headache, nor does the EEG effectively identify headache subgroups with different prognoses.5

American Academy of Neurology (AAN)
AAN reports that no study has consistently demonstrated that the EEG improves diagnostic accuracy for the headache sufferer. The AAN makes the following recommendations:

• The EEG is not useful in the routine evaluation of patients with headache (guideline). This does not exclude the use of EEG to evaluate headache patients with associated symptoms suggesting a seizure disorder, such as atypical migrainous aura or episodic loss of consciousness. Assuming head imaging capabilities are readily available, EEG is not recommended to exclude a structural cause for headache (option).1
• EEG is not recommended in the routine evaluation of a child with recurrent headaches, as it is unlikely to provide an etiology, improve diagnostic yield, or distinguish migraine from other types of headaches (Level C; class II and class III evidence).2
• Although the risk for future seizures is negligible in children with recurrent headache and paroxysmal EEG, future investigations for epilepsy should be determined by clinical follow up (Level C; class II and class III evidence).5

International Headache Society
The EEG is not included in the diagnostic criteria of the International Headache Society for migraine or any other major headache categories.

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Table 1: CPT codes not medically necessary when billed with a corresponding ICD-10-CM in Table 2

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95812</td>
<td>Electroencephalogram (EEG) extended monitoring; 41-60 minutes</td>
</tr>
</tbody>
</table>
### CPT® Codes

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95813</td>
<td>Electroencephalogram (EEG) extended monitoring; greater than 1 hour</td>
</tr>
<tr>
<td>95816</td>
<td>Electroencephalogram (EEG); including recording awake and drowsy</td>
</tr>
<tr>
<td>95819</td>
<td>Electroencephalogram (EEG); including recording awake and asleep</td>
</tr>
</tbody>
</table>

### Table 2: ICD-10-CM codes not medically necessary when billed with a corresponding CPT code in Table 1.

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G43.00-G43.919</td>
<td>Migraine</td>
</tr>
<tr>
<td>G44.001-G44.89</td>
<td>Other headache syndromes</td>
</tr>
<tr>
<td>R51</td>
<td>Headache</td>
</tr>
</tbody>
</table>

### Reviews, Revisions, and Approvals

<table>
<thead>
<tr>
<th>Date</th>
<th>Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy developed</td>
<td>04/18</td>
</tr>
<tr>
<td>References reviewed and updated</td>
<td>01/19</td>
</tr>
</tbody>
</table>

### References

5. Gronseth GS, Greenberg MK. The utility of the electroencephalogram in the evaluation of patients presenting with headache: a review of the literature. Neurology. 1995 Jul;45(7):1263-7
8. Institute for Clinical Systems Improvement. Headache, Diagnosis and Treatment of. Eleventh edition Revision Date: January 2013