

Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	Submission Date: 6/1/2022
Policy Number: PA.CP.MP.177	Effective Date: 1/1/2020 Revision Date: 5/25/2022
Policy Name: Video Electroencephalographic (VEEG) Monitoring	
Type of Submission – Check all that apply: ☐ New Policy ☐ Revised Policy* ☒ Retiring Policy – <i>This option indicates the retirement of an active policy. If there is no indicated replacement, then “NONE” will be listed as the New/Replacement Policy.</i> ☐ Annual Review – No Revisions ☐ Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i>	
*All revisions to the policy must be highlighted using track changes throughout the document. Please provide any clarifying information for the policy below: <u>Policy is being retired with no replacement indicated.</u>	
Name of Authorized Individual (Please type or print): Carla Huitt, MD MPH	Signature of Authorized Individual: 

Clinical Policy: Video Electroencephalographic (VEEG) Monitoring

Reference Number: PA.CP.MP.177

Effective Date: 01/20

Last Review Date: 2/18/2021

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Description

Video electroencephalographic (VEEG) monitoring is the synchronous recording and display of EEG patterns and video-recorded clinical behavior. Short recordings of several hours can be performed in an ambulatory and monitored setting in an EEG laboratory, while longer recordings of 24 hours or more are generally done in a hospital inpatient setting under observation or admitted status.¹

Policy/Criteria

- I. It is the policy of health plans affiliated with PA Health & Wellness® that *video electroencephalographic (VEEG) monitoring* performed in a monitored hospital or ambulatory setting is **medically necessary** for any of the following:
 - A. Known seizure disorder, any of the following:
 1. Continued seizures despite antiepileptic medication and no concurrent seizure-provoking medications;
 2. Modification of anticonvulsant medication when outpatient observation is deemed unsafe;
 3. Suspected nocturnal seizures or nocturnal repetitive motor activity;
 4. Necessary determination of the nature and frequency of seizures when the patient has limited awareness of events or the behavioral manifestations are minimal;
 - B. Suspected epileptic seizures, when single event EEG or ambulatory EEG monitoring is inconclusive;
 - C. Suspected non-epileptic seizure (pseudoseizures, psychogenic nonepileptic seizures, or other recurring seizure-like behavior), all of the following:
 1. Recurrent symptoms are not obviously due to seizures;
 2. History or laboratory results are nondiagnostic for etiology of seizure;
 3. Routine EEG is nonspecific;
 - D. Preoperative evaluation of patient undergoing epilepsy surgery or implantation of intracranial electrodes.
- II. It is the policy of health plans affiliated with PA Health & Wellness that outpatient video electroencephalography (EEG) monitoring in the home is **not medically necessary**.

Background

VEEG is considered for differentiating epileptic seizures from nonepileptic seizures (physiologic or psychogenic). A psychogenic non-epileptic seizure is an event with short, non-stereotyped, frequent changes in behavior, movements, sensations or consciousness that resemble a seizure but are not associated with epileptiform activity. VEEG is considered the gold standard for confirming the diagnosis of psychogenic non-epileptic seizure. It is also used to classify seizure type when the diagnosis is unclear or when seizures are refractory. In drug-resistant focal epilepsy it can localize, by means of surface and/or intracranial electrodes, a region of epileptogenic brain tissue that is the site of origin of recurrent seizures and that is amenable to

surgical removal. VEEG is useful in children in whom clinical differentiation of seizures may be more difficult due to the inability to describe subjective symptoms.

The duration of recording depends on the indication for monitoring and the frequency of seizure occurrence. Classifying a rare event or recording multiple events, as required for a presurgical evaluation, usually requires longer recordings as compared to classifying a frequently occurring event, (i.e., seizure or nonepileptic seizure.) The likelihood of recording an event (and therefore making a diagnosis) increases with the duration of recording. Diagnostic efficacy requires the ability to record continuously until sufficient data are obtained.² Non-epileptic events, poorly characterized, or localized seizures will require provocation of seizures. A number of techniques can be used to provoke typical events including, but not limited to, sleep deprivation, hyperventilation, photic stimulation, and reducing or withdrawing anti-epileptic medication. Inpatient VEEG monitoring is necessary to maintain safety when reducing or withdrawing anti-epileptic medication.

During VEEG monitoring, the patient wears an EEG transmitter connected to a wall outlet by coaxial cable. Wall-mounted video cameras provide continuous behavioral observation. Both EEG and video signals are transmitted to a control room, where the EEG is reformatted and conducted to a video monitor. The EEG signal and video are displayed simultaneously for on-line observation, and both are recorded on videotape. The EEG may be recorded on paper or stored on optical disc.

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 2020, 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.

PA.CPT® Codes	Description
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
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike

PA.CPT® Codes	Description
	and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)
95720	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; with video (VEEG)
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)
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)
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)

HPA.CPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
F44.5	Conversion disorder with seizures or convulsions
G40.001-G40.919	Epilepsy and recurrent seizures
P90	Convulsions of newborn
R25.0-R25.8	Abnormal involuntary movements
R56.1	Post traumatic seizures
R56.9	Unspecified convulsions

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date. Internal and external specialist review.	09/19	10/19
New Policy Created	12/19	1/29/2020

Reviews, Revisions, and Approvals	Date	Approval Date
Removed CPT code 95951 – code deleted 1/1/2020. Added the following CPT codes: 95700, 95713, 95716, 95718, 95720, 95722, 95724, and 95726. Revised policy statement, from “monitored setting (ambulatory or inpatient, including observation),” to “monitored hospital or ambulatory setting.” References reviewed and updated. Specialist Reviewed.	2/18/2021	
Policy is being retired with no replacement indicated.	5/25/2022	11/10/2022

References

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