**Title:** Video EEG Monitoring

**Professional**
Original Effective Date: February 25, 1986
Revision Date(s): July 1, 1993; April 18, 2005; April 1, 2006; November 2, 2006; February 1, 2007; June 26, 2013; February 20, 2014; September 15, 2016; January 1, 2020
Current Effective Date: February 20, 2014

**Institutional**
Original Effective Date: February 1, 2007
Revision Date(s): February 1, 2007; Jun 26, 2013; February 20, 2014; September 15, 2016; January 1, 2020
Current Effective Date: February 20, 2014

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member’s benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

**DESCRIPTION**
Electroencephalographic video monitoring is the simultaneous recording of the EEG and video monitoring of patient behavior. This allows for the correlation of ictal and interictal electrical events with demonstrated or recorded seizure symptomatology. This type of monitoring allows the patient’s face or entire body to be displayed on a video screen.
POLICY
I. EEG video monitoring is **medically necessary** for the following indications, where the diagnosis cannot be made by neurological examination, standard EEG studies, and ambulatory cassette EEG monitoring, and non-neurological causes of symptoms (e.g., syncope, cardiac arrhythmias) have been ruled out:
   A. To differentiate epileptic events from psychogenic seizures; or
   B. To establish the specific type of epilepsy in poorly characterized seizure types where such characterization is medically necessary to select the most appropriate therapeutic regimen
   C. Upon individual case review, to establish the diagnosis of epilepsy in very young children
   D. For identification and localization of a seizure focus in persons with intractable epilepsy who are being considered for surgery
   E. Recurrent seizures when medicated with 2 or more anticonvulsants with therapeutic levels and no concurrent seizure-provoking medications.

II. Once a diagnosis is determined, continued video EEG monitoring (e.g., for monitoring response to therapy or titrating medication dosages) is considered **not medically necessary**. Response to therapy can be assessed using standard EEG monitoring or ambulatory cassette EEG monitoring. The duration of ambulatory EEG monitoring that is considered medically necessary depends on the frequency of the person’s symptoms that are being investigated, and generally can be completed in 3 to 5 days.

III. EEG video monitoring is **experimental and investigational** for all other indications.

CODING
The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
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<tbody>
<tr>
<td>95700</td>
<td>Electroencephalogram, includes video. Also includes setup and patient education</td>
</tr>
<tr>
<td>95711</td>
<td>Electroencephalogram with video, 2-12 hours; unmonitored</td>
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<tr>
<td>95712</td>
<td>Electroencephalogram with video, 2-12 hours; with intermittent monitoring and maintenance</td>
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<tr>
<td>95713</td>
<td>Electroencephalogram with video, 2-12 hours; with continuous, real-time monitoring and maintenance</td>
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<tr>
<td>95714</td>
<td>Electroencephalogram with video, each increment of 12-26 hours; unmonitored</td>
</tr>
<tr>
<td>95715</td>
<td>Electroencephalogram with video, each increment of 12-26 hours; with intermittent monitoring and maintenance</td>
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</tbody>
</table>
95716  Electroencephalogram with video, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95718  Electroencephalogram, continuous recording, 2-12 hours of EEG recording; with video
95720  Electroencephalogram, each increment of greater than 12 hours, up to 26 hours of EEG recording; with video
95726  Electroencephalogram; greater than 84 hours of EEG recording, with video

ICD-10 Diagnoses (Effective October 1, 2015)
G40.001  Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40.009  Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
G40.011  Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019  Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.101  Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109  Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.111  Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119  Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.201  Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209  Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.211  Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219  Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.309  Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311  Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319  Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.401  Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409  Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411  Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419  Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.501  Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509  Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.801  Other epilepsy, not intractable, with status epilepticus
G40.802  Other epilepsy, not intractable, without status epilepticus
G40.803  Other epilepsy, intractable, with status epilepticus
G40.804  Other epilepsy, intractable, without status epilepticus
G40.811  Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40.812  Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40.813  Lennox-Gastaut syndrome, intractable, with status epilepticus
G40.814  Lennox-Gastaut syndrome, intractable, without status epilepticus
G40.821  Epileptic spasms, not intractable, with status epilepticus
G40.822  Epileptic spasms, not intractable, without status epilepticus
G40.823  Epileptic spasms, intractable, with status epilepticus
G40.824  Epileptic spasms, intractable, without status epilepticus
G40.89  Other seizures
G40.901  Epilepsy, unspecified, not intractable, with status epilepticus
G40.909  Epilepsy, unspecified, not intractable, without status epilepticus
G40.911  Epilepsy, unspecified, intractable, with status epilepticus
G40.919  Epilepsy, unspecified, intractable, without status epilepticus
G40.A01  Absence epileptic syndrome, not intractable, with status epilepticus
G40.A09  Absence epileptic syndrome, not intractable, without status epilepticus
G40.A11  Absence epileptic syndrome, intractable, with status epilepticus
G40.A19  Absence epileptic syndrome, intractable, without status epilepticus
G40.B01  Juvenile myoclonic epilepsy, not intractable, with status epilepticus
G40.B09  Juvenile myoclonic epilepsy, not intractable, without status epilepticus
G40.B11  Juvenile myoclonic epilepsy, intractable, with status epilepticus
G40.B19  Juvenile myoclonic epilepsy, intractable, without status epilepticus

**REVISIONS**

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<tr>
<th>Date</th>
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<tr>
<td>06-26-2013</td>
<td>Policy reviewed.</td>
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<tr>
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<td>In Coding section:</td>
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<tr>
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<td>- Added CPT codes: 95819 and 95956.</td>
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<tr>
<td>02-20-2014</td>
<td>Policy reviewed.</td>
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<td>In Policy section:</td>
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<td></td>
<td>- Added Item E, &quot;Recurrent seizures when medicated with 2 or more</td>
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<td>anticonvulsants with therapeutic levels and no concurrent seizure-provoking</td>
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<td>medications.&quot;</td>
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<td>In Coding section:</td>
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<td>- Added ICD-10 Diagnosis (Effective October 1, 2014)</td>
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<td>01-01-2020</td>
<td>In Coding section:</td>
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<td>- Added CPT Codes: 95700, 95711, 95712, 95713, 95714, 95715, 95716,</td>
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<td>95718, 95720, 95726</td>
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<tr>
<td></td>
<td>- Removed CPT Code: 95819, 95950, 95951, 95956</td>
</tr>
</tbody>
</table>
REFERENCES

Other References
1. Blue Cross and Blue Shield of Kansas Internal Medicine Liaison Committee, August 30, 2006 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC–03-06).
2. Blue Cross and Blue Shield of Kansas Medical Advisory Committee (MAC) meeting, November 2, 2006 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC–03-06).