

Medical Policy



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; June 7, 2021
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Institutional

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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.

CPT/HCPCS

95700	Electroencephalogram, includes video. Also includes setup and patient education
95711	Electroencephalogram with video, 2-12 hours; unmonitored
95712	Electroencephalogram with video, 2-12 hours; with intermittent monitoring and maintenance
95713	Electroencephalogram with video, 2-12 hours; with continuous, real-time monitoring and maintenance
95714	Electroencephalogram with video, each increment of 12-26 hours; unmonitored
95715	Electroencephalogram with video, each increment of 12-26 hours; with intermittent monitoring and maintenance

- 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
- 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; 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
- G40.833 Dravet syndrome, intractable, with status epilepticus
- G40.834 Dravet syndrome, 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

06-26-2013	Policy reviewed. In Coding section: ▪ Added CPT codes: 95819 and 95956.
02-20-2014	In Policy section: ▪ Added Item E, "Recurrent seizures when medicated with 2 or more anticonvulsants with therapeutic levels and no concurrent seizure-provoking medications."

	In Coding section: <ul style="list-style-type: none"> ▪ Added ICD-10 Diagnosis (<i>Effective October 1, 2014</i>)
09-15-2016	Policy Reviewed with no changes made.
01-01-2020	In Coding section: <ul style="list-style-type: none"> ▪ Added CPT Codes: 95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95726 ▪ Removed CPT Code: 95819, 95950, 95951, 95956
06-07-2021	In Coding section: Added CPT Codes: 95722, 95724 Added ICD-10 Codes: G40.833, G40.834

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