

LCD for EEG – 24 Hour Monitoring (L26664)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05102, 05202, 05302, 05402

Contractor Type

MAC - Part B

LCD Information

LCD ID Number

L26664

LCD Title

EEG – 24 Hour Monitoring

Contractor's Determination Number

NEURO-506

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(7) excludes routine physical examination and screening tests performed in the absence of signs or symptoms from coverage.

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) allows coverage and payment for services considered medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Oversight Region

Region I
Region X

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 08/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

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

EEGs can be recorded by 24-hour ambulatory cassette. Twenty four hour ambulatory cassette-recorded EEGs offer the ability to record the EEG on a long-term, outpatient basis. Electrodes for at least four (4) recording channels are placed on the patient. The cassette recorder is attached to the patient's waist or on a shoulder harness. Recorded electrical activity is analyzed by playback through an audio amplifier system and video monitors.

Ambulatory EEG monitoring may facilitate the differential diagnosis between seizures and syncopal attacks, sleep apnea, cardiac arrhythmias or hysterical episodes. The test may also allow the investigator to identify the epileptic nature of some episodic periods of disturbed consciousness, mild confusion, or peculiar behavior, where resting EEG is not conclusive. It may also allow an estimate of seizure frequency, which may at times help to evaluate the effectiveness of a drug and determine its appropriate dosage.

Clinical Indications:

1. Inconclusive EEGs;
2. Experiencing episodic events where you suspect epilepsy but the history, examination, and routine EEG do not resolve the diagnosis uncertainties;
3. Patients with confirmed epilepsy who are experiencing suspected non-epileptic events or for classification of seizure type (only ictal recordings can reliably be used to classify seizure type (or types) which is important in selecting appropriate anti-epileptic drug therapy;
4. Differentiating between neurological and cardiac related problems;
5. Adjusting anti-epileptic medication levels;
6. Localizing seizure focus for enhanced patient management;
7. Identifying and medicating absence seizures;
- 8 For suspected seizures of sleep disturbances;
9. Seizures which are precipitated by naturally occurring cyclic events or environmental stimuli which are not reproducible in the hospital or clinic setting.

Ambulatory monitoring, however, is not necessary to evaluate most seizures, which are usually readily diagnosed by routine EEG studies and history.

Not Covered:

1. Study of neonates or unattended, non-cooperative patients;
2. Localization of seizure focus/foci when the seizure symptoms and/or other EEG recordings indicate the presence of bilateral foci or rapid generalization; and
3. Final evaluation of patients being considered as candidates for resective surgery.

Video recording with EEG is usually an inpatient procedure.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC (EG, 8 CHANNEL EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION (EG, FOR PRESURGICAL LOCALIZATION), EACH 24 HOURS
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG, ELECTROENCEPHALOGRAPHIC (EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS
95956	

MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, ELECTROENCEPHALOGRAPHIC (EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS

ICD-9 Codes that Support Medical Necessity

345.00	GENERALIZED NONCONVULSIVE EPILEPSY WITHOUT INTRACTABLE EPILEPSY
345.01	GENERALIZED NONCONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY
345.10	GENERALIZED CONVULSIVE EPILEPSY WITHOUT INTRACTABLE EPILEPSY
345.11	GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY
345.2	PETIT MAL STATUS EPILEPTIC
345.3	GRAND MAL STATUS EPILEPTIC
345.40	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY
345.41	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY
345.50	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY
345.51	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY
345.60	INFANTILE SPASMS WITHOUT INTRACTABLE EPILEPSY
345.61	INFANTILE SPASMS WITH INTRACTABLE EPILEPSY
345.70	EPILEPSIA PARTIALIS CONTINUA WITHOUT INTRACTABLE EPILEPSY
345.71	EPILEPSIA PARTIALIS CONTINUA WITH INTRACTABLE EPILEPSY
345.80	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY

345.81	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITH INTRACTABLE EPILEPSY
345.90	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY
345.91	EPILEPSY UNSPECIFIED WITH INTRACTABLE EPILEPSY
780.39	OTHER CONVULSIONS

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

1. Documentation supporting the medical necessity of this item, such as ICD-9-CM codes, must be submitted with each claim. Claims submitted without such evidence will be denied as being not medically necessary.
2. Documentation supporting medical necessity should be legible, maintained in the patient's medical record and must be available to Medicare upon request

Appendices

Utilization Guidelines

1. Number of 24-hour segments of recordings for testing
2. Diagnostic test - 2-3 days is usually sufficient when looking for seizures or interictal activity
3. Pre-surgical evaluation - 7-10 days to capture at least 3 or 4 seizures in order to be sure of seizure onset location reliability. For follow-up 2-3 days is usually sufficient.

Sources of Information and Basis for Decision

WPS has consolidated the existing LCDs for MAC Jurisdiction 5 according to the instructions provided by CMS so that they are the same throughout the jurisdiction. In the vast majority of cases, one least restrictive LCD was selected as the jurisdictional LCD. In some cases, appropriate revisions, such as combining sections of LCDs that only addressed a portion of a general topic into a single, more complete document, were made to improve the clinical appropriateness of the LCD while keeping with the least restrictive requirement.

In situations where one or more of the states in the jurisdiction does not have an LCD on a topic, then the existing LCDs were reviewed and, based on the merits of the LCD, a decision was made to make the LCD jurisdictional or to have no LCD on that topic with the approval of CMS.

Some revisions of the existing LCDs were necessary to remove references to the former contractor and to update the Sources of Information and Basis for Decision. CPT, HCPCS and ICD-9 codes will be updated as necessary.

According to the J5 MAC contract, the J5 consolidated LCDs are posted on the web site for the 45 day final notification period prior to the policy implementation date. The MAC contractor is not required to utilize the formal notice and comment revision process specified in Chapter 13 of the Program Integrity Manual (PIM) until the consolidation process is final. However, WPS welcomes provider input regarding the J5 consolidated LCDs. Based on the comments received, LCDs will be revised as necessary during the transition from the existing to new contractor.

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in consideration of the active LCDs maintained by the preceding Medicare contractors for Jurisdiction 5.

1. Electroencephalograms. Blue Cross Blue Shield of North Carolina Corporate Medical Policy (MED1120).
2. Espinosa MI, Garcia PR, Rodriquez A. Ambulatory monitoring of the EEG (A/EEG). Guidelines, methodology and indications. Neurol 1998 Mar; 26 (151):417-9.
3. Ambulatory Electroencephalography. Aetna (0425). September 27, 2005.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/15/2007

Revision History Number

2

Revision History Explanation

07/30/2009: Restored accidental removal of contract number 05392 (WPS Part B MAC Eastern Missouri), effective 03/01/08. Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS Part B MAC Missouri - Entire State.)

06/30/2009 The contractor number 05392 will no longer be valid as of 8/1/2009 as it will be joining with the W MO number.

added Missouri Eastern

Reason for Change

Last Reviewed On Date

11/01/2007

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 03/01/2008 - 07/31/2009

Updated on 07/17/2009 with effective dates 03/01/2008 - N/A

Updated on 05/23/2008 with effective dates 03/01/2008 - N/A

Updated on 03/28/2008 with effective dates 03/01/2008 - N/A

Updated on 03/07/2008 with effective dates 03/01/2008 - N/A

Updated on 12/07/2007 with effective dates 02/01/2008 - N/A