Medical Policy

BlueCross BlueShield Kansas
An Independent licensee of the
Blue Cross Blue Shield Association

Title: Video Electroencephalogram (EEG) Monitoring

Professional / Institutional
Original Effective Date: February 25, 1986 / February 1, 2007
Latest Review Date: January 9, 2025
Current Effective Date: January 9, 2025

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

A. 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:
   1. To differentiate epileptic events from psychogenic seizures; **or**
   2. 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; **or**
   3. Upon individual case review, to establish the diagnosis of epilepsy in very young children; **or**
   4. For identification and localization of a seizure focus in persons with intractable epilepsy who are being considered for surgery; **or**
   5. Recurrent seizures when medicated with 2 or more anticonvulsants with therapeutic levels and no concurrent seizure-provoking medications.

B. 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.

C. Inpatient EEG video monitoring is considered **medically necessary** under the following conditions:
   1. The individual is undergoing surgical evaluation planning; **or**
   2. The individual has a known seizure disorder with continued seizures despite antiepileptic medications and no concurrent seizure provoking medications; **or**
   3. The plan includes rapid tapering and/or weaning of prescriptive antiepileptic drugs (AEDs); **or**
   4. The events under study are potential major motor and sustained life threatening.

D. Inpatient EEG video monitoring is considered **not medically necessary** for all other indications.

E. EEG video monitoring is **experimental / investigational** for all other indications.

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.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. This may not be a comprehensive list of procedure codes applicable to this policy.

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.

The code(s) listed below are medically necessary ONLY if the procedure is performed according to the "Policy" section of this document.

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

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:

REVISIONS	
	▪ Added ICD-10 Diagnosis *(Effective October 1, 2014)*
09-15-2016	Policy Reviewed with no changes made.
01-01-2020	Updated Coding section: ▪ Added CPT Codes: 95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95726 ▪ Removed CPT Code: 95819, 95950, 95951, 95956
06-07-2021	Updated Coding section: ▪ Added CPT Codes: 95722, 95724 ▪ Added ICD-10 Codes: G40.833, G40.834
06-15-2022	Medical policy reviewed with no revisions made
08-08-2023	Updated Coding Section ▪ Removed ICD-10 Codes
11-20-2024	Medical policy reviewed with no revisions made.
Posted 12-10-2024 Effective 01-09-2025	Updated Policy Section ▪ Added Section C and D C. Inpatient EEG video monitoring is considered medically necessary under the following conditions: 1. The individual is undergoing surgical evaluation planning; or 2. The individual has a known seizure disorder with continued seizures despite antiepileptic medications and no concurrent seizure provoking medications; or 3. The plan includes rapid tapering and/or weaning of prescriptive antiepileptic drugs (AEDs); or 4. The events under study are potential major motor and sustained life threatening. D. Inpatient EEG video monitoring is considered not medically necessary for all other indications.

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