Medical Policy: Ambulatory Monitoring Electroencephalogram (EEG) (Commercial/Medicare)

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>APPROVED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MG.MM.ME.76</td>
<td>08/08/2020</td>
<td>MPC (Medical Policy Committee)</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

**Background**

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 ambulatory cassette. 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.

Guideline
Ambulatory EEG is considered medically necessary for any of the following indications:

- Inconclusive EEGs
- Experiencing episodic events where epilepsy is suspected but the history, examination, and routine EEG do not resolve the diagnostic uncertainties
- 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
- Differentiating between neurological and cardiac related problems
- Adjusting anti-epileptic medication levels
- Localizing seizure focus for enhanced patient management
- Identifying and medicating absence seizures
- For suspected seizures of sleep disturbances
- Seizures which are precipitated by naturally occurring cyclic events or environmental stimuli which are not reproducible in the hospital or clinic setting

Limitation/Exclusion
Ambulatory EEG is not considered medically necessary for the following:

- Study of neonates or unattended, non-cooperative patients
- Localization of seizure focus/foci when the seizure symptoms and/or other EEG recordings indicate the presence of bilateral foci or rapid generalization

Applicable Coding
To access the codes, please download the policy to your computer, and click on the paperclip icon within the policy

Applicable CPT and Diagnosis Codes

References

Specialty matched clinical peer review.

Revision history

<table>
<thead>
<tr>
<th>DATE</th>
<th>REVISION</th>
</tr>
</thead>
</table>
| 05/08/2020 | New policy effective August 8, 2020
|            | Connecticare has adopted the clinical criteria of its parent corporation, EmblemHealth. |