

Medical Coverage Policy | Topographic Brain Mapping



EFFECTIVE DATE: 04|20|2010
POLICY LAST UPDATED: 03|06|2018

OVERVIEW

Topographic brain mapping (TBM) is an extension of conventional electroencephalography.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Topographic brain mapping is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for services not medically necessary.

BACKGROUND

TBM, sometimes referred to as brain electrical activity mapping (BEAM), involves the computerized analysis and topographic display of electroencephalogram (EEG) rhythms and evoked potential data on a color video screen. A wide assortment of maps can be created to represent different measurement patterns. The purpose of TBM is to identify patterns that distinguish pathological groups from normal ones.

There is no scientific literature to support the use of TBM, therefore, topographic brain mapping is considered not medically necessary.

CODING

BlueCHiP for Medicare and Commercial Products

The following code is considered not medically necessary:

S8040 Topographic brain mapping

S8040 is the correct code for topographic brain mapping and must be used. Use of a CPT code in its place would be considered incorrect coding.

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, May 2018

Provider Update, May 2017

Provider Update, May 2016

Provider Update, October 2015

Provider Update, August 2014

Provider Update, August 2013
Provider Update, June 2012

REFERENCES

Blue Cross and Blue Shield Association. Topographic Brain Mapping 2.01.10. Policy archived July 2009

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

