

## 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

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