Medical Coverage Policy | Digital Electroencephalography (DEEG)



EFFECTIVE DATE: 12|01|2014 **POLICY LAST UPDATED:** 03|15|2016

OVERVIEW

Ambulatory electroencephalography (AEEG) monitoring allows a prolonged electroencephalographic recording of the electrical current potential or brain activity through the skull. EEG is generally used to show brain activity of patients who suffer from epilepsy during a seizure event and between seizure events. Digital electroencephalography (DEEG) is the paperless acquisition, recording, and analysis of the EEG via computer-based instrumentation, with waveform storage in a digital format on electronic media, and waveform display on an electronic monitor or other computer output device.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Digital analysis of electroencephalogram is a covered service, but is not separately reimbursed.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for limitations of benefits/coverage for diagnostic testing.

BACKGROUND

The procedure for an electroencephalogram (EEG) involves placing a series of electrodes, with at least four recording channels, on the patient. A very low electrical current is sent through the electrodes and the baseline brain energy is recorded on a diagnostic machine. Electrical activity is recorded and analyzed. Patients are then exposed to a variety of external stimuli, including bright or flashing light, noise or certain drugs, or asked to open and close their eyes, or to change breathing patterns. The electrodes transmit the resulting changes in brain wave patterns. Variations in wave characteristics correlate with neurological conditions and are used to diagnose specific medical conditions. Virtually all contemporary EEG recordings use digital recording methods, which involves the use of a digital EEG recorder (machine), but still involves visual analysis of the wave forms.

Digital analysis requires the use of quantitative analytical techniques. Data selection, quantitative software processing, and dipole source analysis are some of the techniques utilized. Ideally, DEEG creates a recording on a digital medium without the loss of anything except the paper itself. DEEG allows for simple but extremely useful digital utilities such as post hoc changes in filters, horizontal and vertical display scale, and montage reformatting that allow greater flexibility in reading the EEG. These tools allow for better visual reading of the record that can be achieved with an analog paper record.

DEEG is significantly more comprehensive than just a digital recording of the EEG. DEEG represents an EEG with extensive digital analysis over a traditional EEG or digital recording. In general, this would entail

an extra hour's work by the technician to process the data from the EEG, and an extra 20-30 minutes of physician time to review the technician's work and review the data produced.

CODING

BlueCHiP for Medicare and Commercial Products The following code is not separately reimbursed: 95957

RELATED POLICIES

Non Reimbursable Health Service Codes

PUBLISHED

Provider Update, May 2016 Provider Update, October 2015 Provider Update, October 2014

REFERENCES

- American Clinical Neurophysiology Society. Guideline Twelve: Guidelines for long term monitoring for epilepsy (2008).
- 2. Faulkner H. et al. The utility of prolonged outpatient ambulatory EEG. Seizure (September 2012); 21(7):491-5.
- Long Term Monitoring for Epilepsy. Electroencephalography and Clinical Neurophysiology (1993) 87: 437-458.
- 4. Nuwer M. Assessment of digital EEG, quantitative EE and EEG brain mapping: Report of the American Academy of Neurology and the American Clinical Neurophysiology Society. Neurology 1997; 49:277-292.
- 5. Nayak DS, Sajeesh P. Technical standards for digital electroencephalogram recording in epilepsy practice. Ann Indian Accad Neurol 2007:10:121-7.
- 6. Van Cott A, Brenner RP. Technical advantages of digital EEG. J Clin Neurophys 1998;15(6):464-75.
- 7. American Academy of Neurology. http://www.aan.com/go/practice/coding/faqs

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.

