

## Medical Coverage Policy | Topographic Brain Mapping



**EFFECTIVE DATE:** 04|20|2010  
**POLICY LAST UPDATED:** 03|15|2016

### 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 there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

### 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 when services are 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**

**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 2016

Provider Update, October 2015

Provider Update, August 2014

Provider Update, August 2013

Provider Update, June 2012  
Provider Update, June 2011  
Provider Update, June 2010

## REFERENCES

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

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