

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Topographic Brain Mapping

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	4/20/2010	Policy Last Updated:	6/4/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Topographic brain mapping (TBM) is an extension of conventional electroencephalography. TBM, sometimes referred to as brain electrical activity mapping (BEAM), involves the computerized analysis and topographic display of 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 Topographic brain mapping, therefore, Topographic brain mapping is considered not medically necessary.

Medical Criteria:

None

Policy:

All 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 Evidence of Coverage or Subscriber Agreement for applicable "**Services Not Medically Necessary**" benefit.

Coding:

All 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.

Also known as:

None

Related topics:

None

Published:

Provider Update, Aug 2013

Provider Update, June 2012

Provider Update, June 2011

Provider Update, June 2010

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