

Medical Coverage Policy | Topographic Brain Mapping



EFFECTIVE DATE: 04|20|2010
POLICY LAST UPDATED: 06|17|2014

OVERVIEW

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

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Topographic brain mapping is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

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.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

CODING

BlueCHiP for Medicare and Commercial

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	Aug 2014
Provider Update	Aug 2013
Provider Update	Jun 2012
Provider Update	Jun 2011

REFERENCES

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

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