GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Ambulatory electroencephalography (EEG) is a monitoring technique that allows the recording of continuous EEG activity when patients are at home, without the necessity of admission to the hospital for prolonged video-EEG monitoring. This monitoring is accomplished by a cassette recorder that continuously records brain wave patterns during 24 hours of a patient's routine daily activities and sleep. The monitoring equipment consists of an electrode set, preamplifiers, and a cassette recorder. The electrodes attach to the scalp, and their leads are connected to a recorder, usually worn on a belt.

POLICY
Ambulatory EEG monitoring does not require prior authorization for ≤ 3 days.

Ambulatory EEG monitoring requires prior authorization for > 3 days.

HMO, PPO, Individual Marketplace, Elite, Advantage
Ambulatory EEG monitoring is considered an established technique and covered with the following guidelines:
- Ambulatory EEG monitoring is a diagnostic procedure for patients in whom a seizure diathesis is suspected but not defined by history, physical or resting EEG.
- Ambulatory EEG can be utilized in the differential diagnosis of syncope and transient ischemic attacks if not elucidated by conventional studies.
- Ambulatory EEG should always be preceded by a resting EEG.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>95950</td>
<td>Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours</td>
</tr>
<tr>
<td>95951</td>
<td>Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours</td>
</tr>
<tr>
<td>95953</td>
<td>Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended</td>
</tr>
<tr>
<td>95956</td>
<td>Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse</td>
</tr>
<tr>
<td>95957</td>
<td>Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)</td>
</tr>
</tbody>
</table>

REVISION HISTORY EXPLANATION
07/14/15: Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.
05/11/16: Added verbiage to clarify this policy is referring to in-home EEG testing per administrative review/direction.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.