IEHP UM Subcommittee Approved Authorization Guidelines

Video Electroencephalogram (EEG)

Policy:
IEHP considers the use of standard EEG testing with video monitoring as medically necessary when the following criteria are met:

1. Diagnosis cannot be made on the basis of neurological examination, standard EEG studies and ambulatory EEG monitoring;
2. Recurring seizures over a period of years with unsatisfactory response to conventional treatment including anti-epileptic monitoring;
3. Evaluation has shown that the patient is compliant with ingestion of recommended medication dosages; and
4. Non-epileptic seizures secondary to other diagnoses have been ruled (e.g. syncope, transient ischemic attacks, narcolepsy, etc.).

The stated intent of the Video EEG are:

A. To correctly classify seizure type where treatment is defined by seizure type in patients with documented seizures; and
B. To localize the seizure focus in patients with documented medically refractory seizures prior to possible resective epilepsy surgery.

The initial goal length of stay for Video EEG would be 23-hour observation. However, the event being monitored may not occur in this timeframe. Admission may be necessary for further monitoring or for pre-operative location of seizure foci prior to resective epilepsy surgery. Authorization for additional length of stay is provided on a per day basis. The period of study varies – usually not to exceed seven (7) days. Based on clinical review, up to 4 days of inpatient stay may be authorized without physician review.

Effective Date: February 28, 2008
Reviewed Annually: November 11, 2015

Revised:
Bibliography:

10. CareFirst BCBS: Video electroencephalographic (EEG) Monitoring.
15. CMS Medicare NCD: Telephone Transmission of Electroencephalograms (EEGs)

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