Medical Policy

Video Electroencephalographic (EEG) Monitoring

Policy Number: OCA 3.38
Version Number: 17
Version Effective Date: 07/01/19

Product Applicability

<table>
<thead>
<tr>
<th>Well Sense Health Plan</th>
<th>Boston Medical Center HealthNet Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Well Sense Health Plan</td>
<td>☒ MassHealth ACO</td>
</tr>
<tr>
<td></td>
<td>☒ MassHealth MCO</td>
</tr>
<tr>
<td></td>
<td>☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct</td>
</tr>
<tr>
<td></td>
<td>☒ Senior Care Options ◊</td>
</tr>
</tbody>
</table>

Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.

Policy Summary

Facility-based video electroencephalographic (EEG) monitoring is considered medically necessary when the test is used to evaluate known seizures, suspected seizures, involuntary episodes of movement, and/or altered level of consciousness after non-neurological causes of symptoms have been ruled out and applicable Plan criteria are met. Facility-based video EEG monitoring is conducted when the adult or pediatric member’s diagnosis cannot be made by neurological examination, standard EEG studies, ambulatory cassette EEG monitoring, ambulatory EEG monitoring with in-home video recording/monitoring, and/or in-home video EEG recording/monitoring (a type ambulatory EEG monitoring). Once the causes of seizures or symptoms and the specific type of epilepsy have been

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
established, continued facility-based video EEG monitoring (e.g., monitoring the response to therapy or titrating medication dosages) is considered NOT medically necessary and/or when applicable Plan criteria specified in this policy are NOT met; in these cases, response to therapy can be assessed using standard EEG monitoring or ambulatory EEG monitoring.

Prior authorization is required for facility-based video EEG monitoring conducted in an observation setting or inpatient setting when the test is the reason for the inpatient admission. Video EEG monitoring conducted during an authorized inpatient stay does not require a SEPARATE prior authorization. It will be determined during the Plan’s prior authorization process if the service is considered medically necessary for the requested indication. The Medically Necessary medical policy, policy number OCA 3.14, includes the Plan’s product-specific definitions of medically necessary treatment. Review the Plan’s applicable medical policies and reimbursement policies available at www.bmchp.org for BMC HealthNet Plan and Senior Care Options products and posted at www.wellsense.org for the Well Sense Health Plan products.

Review the Plan’s Code Look-up Tools for prior authorization requirements (categorized by applicable CPT and HCPCS codes) rather than the clinical guidelines and applicable coding included in this Plan policy for ambulatory EEG monitoring, ambulatory EEG monitoring in conjunction with in-home video EEG recording/monitoring, or in-home video EEG recording/monitoring (a type ambulatory EEG monitoring). The Code Look-up Tools are available at www.bmchp.org for services provided to members enrolled in a BMC HealthNet Plan product (including a Senior Care Options product) and are posted at www.wellsense.org for members enrolled in a Well Sense Health Plan product.

**Description of Item or Service**

**Facility-Based Video Electroencephalographic (EEG):** A facility-based diagnostic test that uses video and EEG recordings to continuously observe behavioral activity (i.e., seizure activity and/or involuntary episodes of movement or consciousness) while simultaneously recording electrical brain activity. Facility-based video EEG is used to diagnose seizure disorders, to classify seizure types and locations, and is used in the pre-surgical evaluation of intractable seizures. Medically refractory epilepsy is amenable to neurosurgical intervention if the epileptogenic focus is accurately localized.

Facility-based video EEG monitoring is generally performed using external electrodes placed on the patient’s scalp surface to locate where seizures activity is originating; more invasive monitoring using intracranial electrode placement directly on the surface of the brain may be required to precisely map epileptic areas of the brain during video EEG monitoring. During testing, seizures may be provoked by antiepileptic medication withdrawal, sleep deprivation, or exercise, and then the individual is monitored. Long-term, facility-based video EEG recordings in an observation setting or inpatient setting may be conducted to monitor and register member testing for 24 hours a day for 1 to 3 days (or longer with intracranial electrode placement, when medically necessary and Plan criteria are met).
Medical Policy Statement

Facility-based video electroencephalographic (EEG) monitoring is considered medically necessary when the following clinical presentation criteria (item A), duration of monitoring criteria (item B), and testing frequency criteria (item C) are met and documented in the member’s medical record for adult and pediatric members (including neonates and young children):

A. Clinical Presentation Criteria for Facility-Based Video EEG Monitoring:

1. A diagnosis cannot be made by neurological examination, standard EEG studies, ambulatory cassette EEG monitoring, ambulatory EEG monitoring with in-home video recording/monitoring, or in-home video EEG recording/monitoring (a type ambulatory EEG monitoring) and criteria are met for at least ONE (1) of the indications specified below in items a through d in this Clinical Presentation Criteria section:

   a. Evaluation of Altered Level of Consciousness Without Confirmed Seizure Activity:

      ALL of the following criteria are met, as specified below in items (1) through (4):

      (1) Testing indication includes at least ONE (1) of the following, as specified below in item (a) or item (b):

         (a) Member is at risk for seizures based on clinical findings of elevated intracranial pressure or cerebral edema; OR

         (b) Member has recurrent symptoms not classic for seizures and testing will be used to differentiate epileptic events from psychogenic non-epileptic seizures (non-epileptic attack disorders) and quantify symptom frequency; AND

      (2) History and lab tests are non-diagnostic for etiology of altered level of consciousness; AND

      (3) Routine EEG results are nonspecific or the treating provider has provided medical record documentation that a routine EEG is not medically necessary or not tolerated by the member (e.g., pediatric patient who cannot cooperate adequately for testing or a critically ill patient with conditions such as limbic encephalitis or frontal lobe seizures); AND

      (4) For an adult member (i.e., an adult member is 21 years of age or older on the date of service), the results of an MRI of the brain performed within the past 12 consecutive, calendar months is normal/non-diagnostic for etiology of altered level of consciousness; OR
b. Evaluation of Suspected Seizures (Including Involuntary Episodes of Movement):

ALL of the following criteria are met, as specified below in items (1) through (4):

(1) Member has recurrent symptoms not classic for seizures, and testing will be used to
differentiate epileptic events from psychogenic non-epileptic seizures (non-epileptic
attack disorders) and quantify symptom frequency; AND

(2) History and lab tests are non-diagnostic for etiology of symptoms; AND

(3) Routine EEG results are nonspecific or the treating provider has provided medical
record documentation that a routine EEG is not medically necessary or not tolerated
by the member (e.g., pediatric patient who cannot cooperate adequately for testing or
a critically ill patient with conditions such as limbic encephalitis or frontal lobe
seizures); AND

(4) For an adult member, MRI of the brain performed within the past 12 consecutive,
calendar months is normal/non-diagnostic for etiology of symptoms (with an adult
member defined as a member 21 years of age or older on the date of service); OR

◊ Note: MRI of the brain is NOT required for a pediatric member prior to facility-based
video EEG monitoring but may be recommended by the treating provider; a
pediatric member is a member less than 21 years of age on the date of service (i.e.,
until the member’s 21st birthday).

c. Evaluation of Known Seizures:

ALL of the following criteria are met, as specified below in items (1) through (4):

(1) Routine EEG results are nonspecific; AND

(2) For an adult member, MRI of the brain performed within the past 12 consecutive,
calendar months is normal/non-diagnostic for seizure etiology (with an adult member
defined as a member 21 years of age or older on the date of service); AND

◊ Note: MRI of the brain is NOT required for a pediatric member prior to facility-based
video EEG monitoring but may be recommended by the treating provider; a

Video Electroencephalographic (EEG) Monitoring

◊ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
pediatric member is a member less than 21 years of age on the date of service (i.e., until the member’s 21st birthday).

(3) Facility-based video EEG monitoring will be done to correctly classify seizure type and quantify seizure frequency in a member where such characterization is medically necessary to select the most appropriate therapeutic regimen; AND

(4) Results of facility-based video EEG monitoring will guide further treatment options in a member with medically refractory seizure activity despite therapeutic antiepileptic drug levels; refractory to treatment is defined as ALL of the following, as specified below in items (a) through (c):

(a) ONE (1) of the following criteria is met, as specified below in item i (when treatment with anticonvulsant medication is appropriate) or item ii (when medication trial is contraindicated):

i. Refractory to treatment with > 2 anticonvulsant medications attempted and documented in the member’s medical record; OR

ii. Medication trial is contraindicated for the member, as determined by the treating provider (e.g., member with status epilepticus or medication trial has caused worsening of EEG results); AND

(b) Member has had no sudden cessation of heavy alcohol use within 48 hours of the seizure; AND

(c) Member has no intoxication due to drugs of abuse within 48 hours of seizure; OR

d. Pre-surgical Evaluation:

ALL of the following criteria are met, as specified below in items (1) through (3):

(1) Facility-based video EEG monitoring will be used to localize the seizure focus in a member with refractory seizures prior to epilepsy surgery; AND

(2) Duration of monitoring criteria (item B below) are met; AND

(3) Testing frequency criteria (item C below) are met; AND
B. Duration of Monitoring Criteria for Facility-Based Video EEG Monitoring:

When facility-based video EEG monitoring is medically necessary, this service is initially authorized in an observation setting. The treating provider must contact the Plan to obtain an additional authorization for an inpatient admission for video EEG monitoring at the time it is identified that 49 to 72 hours of monitoring is medically necessary within the same episode of care. ONE (1) of the following criteria must be met with each request for prior authorization, as specified below in item 1 or item 2:

1. **Facility-Based Video EEG Monitoring Up to 48 Hours in an Observation Setting:**

   When Plan criteria are met, video EEG monitoring will be initially authorized in an observation setting; OR

2. **Facility-Based Video EEG Monitoring 49 Hours to 72 Hours in an Inpatient Setting:**

   When facility-based video EEG monitoring is required beyond 48 hours, BOTH of the following criteria must be met, as specified below in item a and item b:

   a. Plan prior authorization has been obtained for facility-based video EEG monitoring and has been conducted in an observation setting for this episode of care; AND

   b. Additional time is required during this episode of care to evaluate the member’s symptoms after 48 hours of observation; AND

   ** Note: The use of intracranial electronics with facility-based video EEG monitoring may require additional monitoring time when Plan medical criteria are met (until the causes of seizures, specific type of epilepsy, and response to therapy have been safely established). Facility-based video EEG monitoring conducted during an authorized inpatient stay does NOT require a separate prior authorization for the video EEG monitoring.

C. Testing Frequency Criteria:

At least ONE (1) of the following criteria must be met, as specified below in items 1 through 3:

1. Facility-based video EEG monitoring will be conducted for a diagnostic purpose, and the adult member or pediatric member has not had the test performed within the past 12 consecutive calendar months; OR

2. Facility-based video EEG monitoring will be conducted to assist with treatment adjustment, and the adult member or pediatric member has not had the test performed more than twice within the past 12 consecutive calendar months; OR
3. The member is less than 21 years of age on the date of service (i.e., until the member’s 21st birthday) and has at least ONE (1) of the following conditions, as specified below in items a through c:

   a. Epileptic encephalopathy (e.g., Landau-Kleffner syndrome or syndrome of continuous spikes and waves during slow-wave sleep); OR

   b. Infantile spasms refractory to treatment; OR

   c. Recurrent status epilepticus.

Limitations

Limitations related to facility-based video electroencephalographic (EEG) monitoring are specified below in items 1 through 6.

1. When Plan criteria are met for facility-based video EEG monitoring (in an observation setting which may not exceed 48 hours or in an inpatient setting), the following prior authorization guidelines and considerations apply, as specified below in items a through c:

   a. The Plan will pre-authorize a total of three (3) inpatient days for eligible members if the applicable criteria are met, as specified in the Medical Policy Statement section.

   b. Up to two (2) additional days for medication management and/or titration of medication dosages for facility-based video EEG monitoring are considered medically necessary when at least ONE (1) of the following criteria is met, as specified below in item (1) or item (2):

      (1) There is documentation of infrequent or insufficient EEG changes; OR

      (2) The presence of EEG changes is indicative of seizure activity without clinical manifestations of this activity.

   c. Other factors may influence the length of monitoring and require Plan Medical Director review, including ANY of the following, as specified below in items (1) through (4):

      (1) The overall impact and sequential timing of antiepileptic drug discontinuation; OR

      (2) Patient comorbidities; OR

      (3) The need to capture at least three (3) events in the evaluation of patients for epilepsy surgery; OR
(4) The use of intracranial electrodes during facility-based video EEG monitoring.

2. Facility-based video EEG monitoring conducted in an outpatient setting (other than in an observation setting) is considered experimental and investigational due to the limited amount of time to evaluate the member’s symptoms during monitoring.

3. Contraindications to facility-based video EEG monitoring include at least ONE (1) of the following, as specified below in items a through d:
   a. Concurrent use of seizure-provoking medication; OR
   b. Sudden cessation of heavy alcohol use within 48 hours of a seizure; OR
   c. Intoxication due to drugs of abuse within 48 hours of a seizure; OR
   d. Testing of unattended member and/or non-cooperative member.

4. Limitations on testing frequency for facility-based video EEG monitoring include ANY of the following, as specified below in item a or item b:
   a. A request for facility-based video EEG monitoring conducted for a diagnostic purpose requires Plan Medical Director review when the testing is more frequent than once in a 12-consecutive-month period; OR
   b. A request for facility-based video EEG monitoring conducted for treatment adjustment requires Plan Medical Director review when the testing is more frequent than twice within a 12-consecutive-month period.

5. Any request for facility-based video EEG monitoring that does NOT meet applicable medical necessity criteria specified in the Medical Policy Statement section of this policy is generally considered experimental and investigational or NOT medically necessary due to limited documentation of the clinical utility and clinical validity of testing for other indications, including but not limited to facility-based video EEG monitoring to assess the effectiveness of drug treatment in epilepsies, determine prognosis of cardiac arrest treated with hypothermia or prognosis of newborns with hypoxic-ischemic encephalopathy treated with hypothermia, and/or diagnose attention-deficit/hyperactivity disorder (ADHD). Plan Medical Director review is required for individual consideration. The Plan Medical Director will evaluate the individual member’s clinical needs and circumstances based on the guidelines included in the Plan’s Clinical Review Criteria administrative policy, policy number OCA 3.201.

6. In-home video EEG monitoring is NOT considered medically necessary when used as an alternative to facility-based video EEG monitoring, even when applicable criteria are met in the Medical Policy Statement section.
Review the Plan’s Code Look-up Tools for prior authorization requirements (categorized by applicable CPT and HCPCS codes) rather than the clinical guidelines and applicable coding included in this Plan policy for ambulatory EEG monitoring, ambulatory EEG monitoring in conjunction with in-home video EEG recording/monitoring, or in-home video EEG recording/monitoring (a type ambulatory EEG monitoring). The Code Look-up Tools are available at www.bmchp.org for services provided to members enrolled in a BMC HealthNet Plan product (including a Senior Care Options product) and are posted at www.wellsense.org for members enrolled in a Well Sense Health Plan product.

Definitions

Ambulatory 24-Hour Electroencephalography (EEG) Monitoring: A diagnostic test that is used to record the electrical activity of the brain on a continuous outpatient basis for 24 hours. Scalp electrodes are secured to the patient’s head along with a digital or cassette recorder that is secured to the patient’s waist or via shoulder harness. The EEG information is stored in the recorder for analysis. An ambulatory EEG monitor has the ability to continuously record any seizure activity over a period of 24 hours. Ambulatory EEG monitoring may include in-home video recording/monitoring.

Electroencephalography (EEG): A diagnostic test that measures the electrical activity of the brain using scalp electrodes attached to sensitive recording equipment. A typical EEG takes about 90 minutes.

Epileptic Encephalopathy: A heterogeneous group of epilepsy syndromes associated with severe cognitive and behavioral disturbances. These disorders vary in their age of onset, developmental outcome, etiologies, neuropsychological deficits, electroencephalographic (EEG) patterns, seizure types, and prognosis, but all may have a significant impact on neurological development and are believed to contribute to a progressive disturbance in cerebral function. This category includes the following epilepsy syndromes: early myoclonic encephalopathy, early infantile epileptic encephalopathy (Ohtahara syndrome), infantile spasm (IS or West syndrome), severe myoclonic epilepsy in infancy (Dravet syndrome), migrating partial seizures in infancy, myoclonic status in non-progressive encephalopathy, Lennox-Gastaut syndrome (LGS), Landau-Kleffner syndrome (LKS), and/or epilepsy with continuous spike-waves during slow wave sleep (CSWS).

Infantile Spasm (IS) or West Syndrome: One of the most recognized types of epileptic encephalopathy, it is a distinct and often catastrophic form of epilepsy of early infancy. The disorder presents with a unique seizure type, infantile spasms, which are characterized by flexor, extensor, and mixed flexor-extensor spasms and frequently occur in clusters.

Status Epilepticus: A common, life-threatening neurologic disorder that is essentially an acute, prolonged epileptic crisis. Status epilepticus can represent an exacerbation of a preexisting seizure disorder, the initial manifestation of a seizure disorder, or an insult other than a seizure disorder. In
patients with known epilepsy, the most common cause is a change in medication. Most seizures terminate spontaneously.

**Applicable Coding**

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement section and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the service to determine coverage or non-coverage as it applies to an individual member.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description: Code Covered When Medically Necessary</th>
</tr>
</thead>
<tbody>
<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 (e.g., for pre-surgical localization), each 24 hours</td>
</tr>
<tr>
<td></td>
<td>Plan note: This is NOT an applicable code for in-home video EEG monitoring/ recording.</td>
</tr>
</tbody>
</table>

**Clinical Background Information**

Epilepsy is a recurrent paroxysmal disorder of cerebral function that is associated with a sudden and brief attack of altered consciousness, motor activity, or sensory phenomena. Convulsive seizures are the most common form of epilepsy. Epilepsy can be the result of injury, infection, structural abnormalities in the brain, abnormal fetal brain development, or exposure to toxins, but in many cases the cause is unknown. Seizures have been defined as paroxysmal disorder of the central nervous system that is associated with abnormal cerebral neuronal discharge, with or without loss of

---

"Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan."
consciousness. Seizures have been further sub-classified into those with a generalized onset, beginning throughout the brain, and those with a partial onset, having a discrete focal onset. EEG, computed tomography (CT), positron emission tomography (PET), and magnetic resonance imaging (MRI) scans are common diagnostic tests for epilepsy.

Facility-based (attended) video EEG monitoring is used in clinical practice to verify the diagnosis and type of seizure and to localize the area of seizure foci if epilepsy surgery is being considered. Facility-based (attended) video EEG monitoring consists of the simultaneous recording of EEG brain wave activity combined with a time-synchronized video recording of the patient. This procedure is performed on an inpatient monitoring unit or observation unit and requires specialized equipment. Patients are monitored for several hours a day in order to capture any seizure events on video, and at the same time to capture EEG activity during the event. The duration of facility-based (attended) video EEG monitoring depends upon the frequency of the patient’s symptoms but generally can be completed within one (1) to three (3) days; testing is conducted in an observation setting or an inpatient setting (when additional time is medically appropriate). Factors that may influence the length of monitoring include the following: infrequent or insufficient EEG changes, the overall impact and sequential timing of antiepileptic drug discontinuation, the presence of EEG changes indicative of seizure activity without clinical manifestations of this activity, and/or patient comorbidities. Synchronized recordings of the patient’s behavior can contribute significantly to the diagnosis, as video recordings of the patient during and after a seizure are useful. For most patients who have epilepsy, the routine EEG, 24 ambulatory EEG test, and/or ambulatory EEG monitoring with in-home video recording/monitoring is sufficient for physicians to evaluate the type of seizure and initiate medical therapy.

At the time of the Plan’s most recent policy review, no clinical guidelines were found from the Centers for Medicare & Medicaid Services (CMS) for video EEG monitoring, including the use of at-home video EEG monitoring. Determine if applicable CMS criteria are in effect for this service in a national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request for a Senior Care Options member.

References


Hayes Search & Summary. Home Video Electroencephalogram (VEEG) for Diagnosis and Management of Epilepsy and Seizures in Adults. Winifred Hayes, Inc. 2019 Jan 8.


*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.


"Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan."

17 of 24


*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.


### Policy History

<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Original Policy Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory Approval: N/A</td>
<td>06/09/06 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)</td>
<td>Quality and Clinical Management Committee (Q&amp;CMC)</td>
</tr>
<tr>
<td>Internal Approval: 05/09/06</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Effective Date for the BMC HealthNet Plan Commercial Product(s): 01/01/12
*Effective Date for the Well Sense Heath Plan New Hampshire Medicaid Product(s): 01/01/13
*Effective Date for the Senior Care Options Product(s): 01/01/16

### Policy Revisions History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/08/07</td>
<td>Updated clinical criteria, references, template, added coding.</td>
<td>Version 2</td>
<td>05/08/07: MPCTAC 05/24/07: Utilization Management Committee (UMC) 07/12/07: QIC</td>
</tr>
<tr>
<td>05/13/08</td>
<td>No changes.</td>
<td>Version 3</td>
<td>05/13/08: MPCTAC 05/20/08: UMC 05/28/08: QIC</td>
</tr>
<tr>
<td>05/26/09</td>
<td>No changes to criteria or applicable code list. Updated references.</td>
<td>Version 4</td>
<td>05/26/09: MPCTAC 05/26/09: UMC 06/24/09: QIC</td>
</tr>
</tbody>
</table>

---

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
## Policy Revisions History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Version</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/01/11</td>
<td>Updated references and the clinical criteria section by changing the criteria from the evaluation and treatment of complex partial and secondary seizures to: Differentiate epileptic events from pseudo-seizures; or to quantify seizure frequency; or to correctly classify seizure type in patients where such characterization is medically necessary to select the most appropriate therapeutic regimen; or to localize the seizure focus in patients with refractory seizures prior to epilepsy surgery; or to establish a diagnosis in neonates or very young children; or in a patient with medically refractory seizure activity despite therapeutic antiepileptic drug levels.</td>
<td>Version 5</td>
<td>05/18/11: MPCTAC 06/22/11: QIC</td>
</tr>
<tr>
<td>05/01/12</td>
<td>References updated and applicable code list revised to include only video EEG monitoring.</td>
<td>Version 6</td>
<td>05/16/12: MPCTAC 06/27/12: QIC</td>
</tr>
<tr>
<td>07/30/12</td>
<td>Off cycle review for Well Sense Health Plan. Reformatted Medical Policy Statement and deleted reference to inpatient days.</td>
<td>Version 7</td>
<td>08/03/12: MPCTAC 09/05/12: QIC</td>
</tr>
<tr>
<td>03/01/13</td>
<td>Review for effective date 07/01/13. Updated References, Summary, and Description of Item or Service sections. Referenced Plan policy, <em>Medically Necessary</em>, policy number OCA: 3.14. Updated language in Applicable Coding section, revised Medical Policy Statement section (formerly titled Clinical Guideline Statement section), and revised and added to Limitations section. Changed name of policy category from “Clinical Coverage Guidelines” to “Medical Policy.”</td>
<td>Version 8</td>
<td>03/20/13: MPCTAC 04/18/13: QIC</td>
</tr>
<tr>
<td>08/14/13 and 08/15/13</td>
<td>Off cycle review. Incorporate policy revisions dated 03/01/13 (as specified above) for the Well Sense Health Plan product; these policy revisions were approved by MPCTAC on 03/20/13 and QIC on 04/18/13 for applicable Plan products. Additional review of policy conducted.</td>
<td>Version 9</td>
<td>08/14/13: MPCTAC (electronic vote) 08/15/13: QIC</td>
</tr>
<tr>
<td>10/01/13 and 11/08/13</td>
<td>Review for effective date 02/01/14. Revised title, Summary section, Description</td>
<td>Version 10</td>
<td>02/01/14: MPCTAC (electronic vote) 11/08/13: QIC</td>
</tr>
</tbody>
</table>

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
<table>
<thead>
<tr>
<th>Date</th>
<th>Revision Details</th>
<th>Effective Date</th>
<th>Version</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/25/14</td>
<td>Revised the Summary section and added a reference to the Well Sense reimbursement policy, <em>Reimbursement Guidelines – Hospital</em> (policy number WS 4.21). Updated Description of Item or Service section and Clinical Background Information section. Added definitions in Definitions section. Revised criteria in the Medical Policy Statement section and Limitations section. Updated references. Defined an adult member as a member age 21 years or older on the date of service.</td>
<td>10/01/14</td>
<td>11</td>
<td>10/01/14: MPCTAC (electronic vote)</td>
</tr>
<tr>
<td>04/01/15</td>
<td>Removed Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available. Clarified Medical Policy Statement section and Limitations section without changing criteria. Updated references.</td>
<td>06/01/15</td>
<td>12</td>
<td>04/01/15: MPCTAC</td>
</tr>
<tr>
<td>11/25/15</td>
<td>Updated template with list of applicable products and notes. Revised language in the Applicable Coding section.</td>
<td>01/01/16</td>
<td>13</td>
<td>11/18/15: MPCTAC (electronic vote)</td>
</tr>
<tr>
<td>04/01/16</td>
<td>Revised the Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections. Administrative changes made to the Limitations section. Criteria changes made in the Medical Policy Statement section.</td>
<td>08/01/16</td>
<td>14</td>
<td>04/20/16: MPCTAC</td>
</tr>
</tbody>
</table>
**Policy Revisions History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision Details</th>
<th>Version</th>
<th>Authorizing Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/17</td>
<td>Review for effective date 05/08/17. Updated References section.</td>
<td>05/08/17</td>
<td>04/19/17: MPCTAC</td>
</tr>
<tr>
<td>04/01/18</td>
<td>Review for effective date 05/01/18. Administrative changes made to the Policy Summary, Medical Policy Statement, Limitations, References, and Other Applicable Policies sections.</td>
<td>05/01/18</td>
<td>04/18/18: MPCTAC</td>
</tr>
<tr>
<td>04/01/19</td>
<td>Review for effective date 07/01/19. Administrative changes made to the Policy Summary, Description of Item or Service, Medical Policy Statement, Definitions, Clinical Background Information, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections. Plan note added to the Applicable Coding section. Criteria updated in the Limitations section.</td>
<td>07/01/19</td>
<td>04/18/19: MPCTAC (electronic vote)</td>
</tr>
</tbody>
</table>

**Last Review Date**

04/01/19

**Next Review Date**

04/01/20

**Authorizing Entity**

MPCTAC

**Other Applicable Policies**

Medical Policy - *Experimental and Investigational Treatment*, policy number OCA 3.12
Medical Policy - *Medically Necessary*, policy number OCA 3.14
Reimbursement Policy - *General Billing and Coding Guidelines*, policy number 4.31
Reimbursement Policy - *General Billing and Coding Guidelines*, policy number SCO 4.31
Reimbursement Policy - *General Billing and Coding Guidelines*, policy number WS 4.17
Reimbursement Policy - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number 4.108
Reimbursement Policy - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy SCO 4.108
Reimbursement Policy - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number WS 4.18

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
Reimbursement Policy - *Hospital*, policy number WS 4.21
Reimbursement Policy - *Inpatient Hospital*, policy number 4.110
Reimbursement Policy - *Inpatient Hospital*, policy number SCO 4.110
Reimbursement Policy - *Non-Participating Provider*, policy number WS 4.5
Reimbursement Policy - *Non-Reimbursed Codes*, policy number 4.38
Reimbursement Policy - *Non-Reimbursed Codes*, policy number WS 4.38
Reimbursement Policy - *Observation Services*, policy number 4.36
Reimbursement Policy - *Outpatient Hospital*, policy number 4.17
Reimbursement Policy - *Outpatient Hospital*, policy number SCO 4.17
Reimbursement Policy - *Physician and Non-Physician Practitioner Services*, policy number 4.608
Reimbursement Policy - *Physician and Non-Physician Practitioner Services*, policy number SCO 4.608
Reimbursement Policy - *Physician and Non-Physician Practitioner Services*, policy number WS 4.28
Reimbursement Policy - *Provider Preventable Conditions and Serious Reportable Events*, policy number 4.610
Reimbursement Policy - *Provider Preventable Conditions and Serious Reportable Events*, policy number SCO 4.610
Reimbursement Policy - *Provider Preventable Conditions and Serious Reportable Events*, policy number WS 4.29

**Reference to Applicable Laws and Regulations**


**Disclaimer Information:**

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical

---

*Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.*
necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.