INPATIENT VIDEO ELECTROENCEPHALOGRAPHIC (EEG) MONITORING OF CHILDREN

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for video EEG monitoring of children when performed in an inpatient setting. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Video electroencephalography (EEG) monitoring is the synchronous recording and display of EEG patterns and video-recorded clinical behavior. Short recordings of several hours can be performed as an outpatient in an EEG laboratory, while lengthier recordings of 24 hours or more are typically done in a hospital inpatient setting. Video EEG monitoring can provide families, caregivers and the individual's health care team with the information necessary to make fully informed health-care decisions and ensure that individuals receive the necessary supports and services that will appropriately meet their medical and developmental needs and allow for optimal coordination of care.

CLINICAL GUIDELINE
Coverage guidelines for video EEG monitoring are made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Inpatient video EEG monitoring of children may be considered medically necessary in any of the following circumstances:
1. Definitive diagnosis cannot be made despite a thorough neurological examination, a negative EEG using provocative measures during the test (such as hyperventilation, sleep deprivation and intermittent photic stimulation) to induce epileptic activity, and negative ambulatory cassette monitoring;
2. An individual has medically refractory seizure activity despite therapeutic drug levels of anti-epileptic drugs;
3. Precise classification of seizure-type and localization of seizure foci is needed in order to provide surgical intervention for intractable epilepsy;
4. To quantify seizure frequency; and
5. Seizure monitoring is needed to develop or modify treatment, or to establish the diagnosis of epilepsy in young children with clinical symptoms consistent with epilepsy, but who present with diagnostic difficulties after clinical assessment and standard EEG.

Video EEG monitoring for all other indications is typically not considered medically necessary due to a lack of evidence in the peer reviewed literature; however Video EEG monitoring may be considered medically necessary based on an assessment of the individual and his or her unique clinical needs.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the Benefit and Authorization Grids summaries on www.huskyhealth.com by clicking here. For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.
NOTE: EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE
Prior authorization of inpatient video EEG monitoring is required. Requests for coverage will be reviewed in accordance with procedures in place for reviewing requests for inpatient services. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for video EEG monitoring:
1. Fully completed Prior Authorization Request Form or fully completed request via on-line web portal;
2. Documentation from the requesting physician supporting the medical necessity of the requested study e.g., copies of pertinent medical records, neurological exam findings, prior EEG reports, recent lab reports; and
3. Other medical record documentation as requested.

EFFECTIVE DATE
This Policy is effective for prior authorization requests for inpatient video EEG monitoring for individuals covered under the HUSKY Health Program beginning October 1, 2014.

LIMITATIONS
N/A

CODES:

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<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>
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DEFINITIONS
1. **Electroencephalogram (EEG):** A diagnostic test which records brain waves detected by electrodes placed on the scalp. An EEG is the most common diagnostic test for epilepsy and can detect abnormalities in the brain’s electrical activity.
2. **Epilepsy:** A disorder in which the normal pattern of neuronal activity in the brain becomes disturbed, causing strange sensations, emotions, and behavior, and sometimes convulsions, muscle spasms, and loss of consciousness.
3. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
4. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for...
HUSKY B (also known as the Children’s Health Insurance Program) depending on their family income level. Family cost-sharing may apply.

5. HUSKY C: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.

6. HUSKY D: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).


8. HUSKY Limited Benefit Program or HUSKY, LBP: Connecticut’s implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.

9. Medically Necessary or Medical Necessity: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B)recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.

10. Prior Authorization: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:


Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

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Health Services /Technology Assessment Text. Electroencephalographic (EEG) Video Monitoring.

Herman ST, Walczak TS, Bazil CW. Distribution of partial seizures during the sleep-wake cycle: differences by seizure onset site. Neurology 2001; 56:1453–1458.


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Thomas, RH, King, WH, Johnston, JA, Smith, PE. Awake seizures after pure sleep-related epilepsy: a systematic review and implications for driving law. J Neurol Neurosurg Psychiatry 2010; 81:130


Zsuzsa S, Ideggyogy Sz. 10 years, 600 monitoring sessions, our experience with the video EEG monitoring of children. 30-MAR-2013; 66(3-4): 107-14.

**PUBLICATION HISTORY**

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<tr>
<th>Status</th>
<th>Date</th>
<th>Action Taken</th>
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<tr>
<td>Original publication</td>
<td>October 1, 2014</td>
<td>DSS review. Approved by DSS on September 12, 2014. Approved at the December 15, 2014 Clinical Quality Sub-Committee meeting.</td>
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<tr>
<td>Updated</td>
<td>August 2015</td>
<td>Updated definitions for HUSKY A, B, C and D programs at request of DSS.</td>
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<td>Updated</td>
<td>March 2016.</td>
<td>Updates to language in introductory paragraph pertaining to purpose of policy. Updates to Clinical Guideline section pertaining to definition of Medical Necessity. Updates throughout policy to reflect importance of person-centeredness when reviewing requests for this service. Changes approved at the March 21, 2016 Clinical Quality Subcommittee meeting. Changes approved by DSS on April 26, 2016.</td>
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