

	Electroencephalogram (EEG) Video Monitoring	
	Policy Number: POL-PP-227	Original Creation Date 2/1/2021
	Version Number: 06	Version Effective Date 2/1/2021
	Policy Status: Active	Next Review Date: 2/1/2027

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Electroencephalogram (EEG) video monitoring is a diagnostic test used on patients with epilepsy to monitor seizures and record important data about them.

Routine EEGs capture brain-wave activity within a short duration of testing, defined as less than 2 hours. Long-term continuous recording EEGs capture brain-wave activity for durations of time equal to or greater than 2 hours.

The length of recording is based on a number of factors, including the clinical indication for the test and the frequency of seizures.

Policy

Place of Service

EEG video monitoring may be performed on an outpatient or inpatient basis, depending on the frequency and duration of seizure activity and length of time necessary to collect data.

Patients with frequent intractable minor seizures (at least three per week) and those patients being evaluated for efficacy of drug treatment can be evaluated on an outpatient basis, in 3-12 hours.

EEG video monitoring codes are separated into professional (physician) and technical (facility/technologist) components. Monitoring is included in the CPT code that represents the technical component and cannot be reported with observation code G0378.

HCPCS code G0378 is used for billing facility charges to monitor a patient to decide whether the patient requires admission to the hospital or can be treated and discharged.

Inpatient admission may be necessary when monitoring goes beyond 48 hours for patients such as those with seizures that are infrequent, are clinically severe (such as prolonged complex partial seizures) or are provoked by drug withdrawal.

Diagnostic EEG recording time of less than 2 hours (i.e., 1 minute, up to 1 hour and 59 minutes) is not reported separately as a long-term EEG service.

Long Term Monitoring

Monitoring beyond 72 hours (at least three per week) must be supported by written documentation for each additional 24 hours of monitoring and be made available to Blue KC upon request.

For pre-surgical evaluation – Seven to ten days may be required to capture at least three or four seizures in order to be sure of seizure onset location reliability. Two to three days are usually sufficient for follow-up.

To see clinical indications for EEG Video monitoring please see MCG policy
M-580 EEG Video Monitoring
P-580 EEG Video Monitoring, Pediatric

<https://bluekc.access.mcg.com/index>

<https://bluekcnew.carewebqi.com/>

Observation code G0378 should not be used for EEG monitoring. Monitoring is included in the CPT code that represents the technical component.

For EEG services without Video monitoring see codes 95705 – 95710 (facility) and 95717, 95719, 95721, 95723, and 95725 (professional).

Coding

Codes	Description
95700	Electroencephalogram (EEG) continuous recording, with video when performed, set up, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation, and report after each 24-hour period; without video
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation, and report after each 24-hour period; with video (VEEG)
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)

References and Resources

Blue KC Provide Reference Guide
 American Medical Association
 Centers for Medicare and Medicaid Services

Related Documents

POL-PP-258 Facility Observation G0378 and G0379

Revision History

Version	Date	Summary of Revisions
001	2/1/2022	Initial Version
002	2/1/2023	Annual review, no updates or changes were made to the policy
003	2/1/2024	Annual review, no updates or changes were made to the policy
004	2/1/2025	Annual review, removed clinical indications and added MCG with links
005	2/1/2026	Annual review added technical and professional CPT codes for VEEG. Added Observation code G0378 should not be used for EEG monitoring. Monitoring is included in the CPT code that represents the technical component and Inpatient admit may be necessary when monitoring goes beyond 48-hours