Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature (NCD 160.8)

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<tr>
<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
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<tr>
<td>160.8</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>12/18/2013</td>
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis.
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Summary

Overview
Electroencephalographic (EEG) monitoring is a safe and reliable technique for the assessment of gross cerebral blood flow during general anesthesia and is covered under Medicare. Very characteristic changes in the EEG occur when cerebral perfusion is inadequate for cerebral function. EEG monitoring as an indirect measure of cerebral perfusion requires the expertise of an electroencephalographer, a neurologist trained in EEG, or an advanced EEG technician for its proper interpretation.

Reimbursement Guidelines
The EEG monitoring may be covered routinely in carotid endarterectomies and in other neurological procedures where cerebral perfusion could be reduced. Such other procedures might include aneurysm surgery where hypotensive anesthesia is used or other cerebral vascular procedures where cerebral blood flow may be interrupted.

ICP/PCS Codes

<table>
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<tr>
<th>ICP Code</th>
<th>Description</th>
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<tr>
<td>89.19</td>
<td>Video and radio-telemetered electroencephalographic monitoring</td>
<td>4A1034Z</td>
<td>Monitoring of Central Nervous Electrical Activity, Percutaneous Approach</td>
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<td>4A10X4Z</td>
<td>Monitoring of Central Nervous Electrical Activity, External Approach</td>
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<td></td>
<td>4A1134Z</td>
<td>Monitoring of Peripheral Nervous Electrical Activity, Percutaneous Approach</td>
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<td>4A11X4Z</td>
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References Included (but not limited to):

CMS NCD
NCD 160.8 Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature

UnitedHealthcare Medicare Advantage Coverage Summaries
Neurologic Services and Procedures

History

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<th>Date</th>
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<tr>
<td>12/18/2013</td>
<td>Annual review, removed CPT code 95955</td>
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<tr>
<td>12/14/2011</td>
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