Neurology Diagnostics EEG - 2014 Reimbursement Information*

Common CPT® codes for neurology diagnostics and Medicare national average reimbursement. Please note reimbursement in your state or by your carrier may vary.

Commonly used EEG Ambulatory CPT Codes
Commonly used Routine EEG CPT Codes

Common CPT® Codes for EEG

Code	Description	Medicare
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	$433.81
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	$507.61
95816	Electroencephalogram (EEG); including recording awake and drowsy; 20-40 minutes	$354.65
95819	Electroencephalogram (EEG); including recording awake and asleep; 20-40 minutes	$404.80
95822	Electroencephalogram (EEG); recording in coma or sleep only; 20-40 minutes	$360.74
95824	Electroencephalogram (EEG); cerebral death evaluation only	$0.00
95827	Electroencephalogram (EEG); all night recording	$779.50
95829	Electrocorticogram at surgery (separate procedure) (aka “iEEG”)	$1857.77
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	$253.63
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	$335.30
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	$0.00
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	$434.17
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	$440.62
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	$229.62
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	$1669.34
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) When extra time is needed by the technician to process the data or physician to analyze the data (eg, dipole analysis).	$442.77
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	$567.79
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	$287.30
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	$253.27
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	$378.29 (facility)
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	$62.33 (facility)
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	$0.00

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Source: ama-assn.org

Q: What is the difference between 95816 (EEG recording including awake and drowsy) and code 95819 (EEG recording including awake and asleep)?

A: The answer is that to use 95819 the patient must have fallen asleep and if not 95816 should be used. However, the line between drowsy and asleep can often be difficult to determine and it is permissible to use 95819 if a sleep study was intended, but, despite the best efforts of the technician, sleep was not obtained.

Source: https://www.aan.com/practice/billing-and-coding/coding-faqs/ *(Must log-in as an active AAN member.)*

Q: What is the minimum number of channels or electrodes to be used in order to report codes 95812, 95813, 95955 and 95822?

A: One has to meet the minimum technical standards for an EEG test, not only with a minimum of 20 minutes of monitoring, but with a minimum of eight channels and other rules as set forth by national organizations such as the American Clinical Neurophysiology Society.

Q: When should I not use Code 95957? When do I use Code 95957?

A: Code 95957 should not be used simply when the EEG was recorded digitally. There is no additional charge for turning on an automated spike and seizure detector on a routine EEG, ambulatory EEG, or video-EEG monitoring. Nor is there an additional code for performing EEG on a digital machine instead of an older generation analog machine. Some features of digital EEG make it easier and quicker to read, and other features slow it down by providing new optional tricks and tools. Overall, it is about the same amount of work as an analog EEG.

Code 95957 is used when substantial additional digital analysis was medically necessary and was performed, such as 3D dipole localization. In general, this would entail an extra hour's work by the technician to process the data from the digital EEG, and an extra 20-30 minutes of physician time to review the technician's work and review the data produced.
Most practitioners would not have the opportunity to do this advanced procedure. It would be more commonly used at specialty centers, e.g. epilepsy surgery programs. Note that the codes for "monitoring for identification and lateralization of cerebral seizure focus" already include epileptic spike analysis.

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Q: Where can I find ICD-10-CM diagnosis coding information?

A: http://www.icd10data.com/