

2020 Long-term EEG Monitoring CPT® Coding Structure and Definitions

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2020 Coding Structure:

- Long-term EEG Monitoring codes 95950, 95951, 95953, and 95956 will be deleted for 2020 and should no longer be reported.
- Professional component (physician work) 95717 – 95726 and technical component (technologist work) 95700, 95705 – 95716 of the services will now be reported *separately*.

Technical Services

Long-term EEG Setup

95700 Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels

(95700 should be reported once per recording period)

(For EEG using patient-placed electrode sets, use 95999)

(For setup performed by non-EEG technologist or remotely supervised by an EEG technologist, use 95999)

Monitoring

95705 Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored

95706 with intermittent monitoring and maintenance

- 95707 with continuous, real-time monitoring and maintenance
- 95708 Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
- 95709 with intermittent monitoring and maintenance
- 95710 with continuous, real-time monitoring and maintenance
- 95711 Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
- 95712 with intermittent monitoring and maintenance
- 95713 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 with intermittent monitoring and maintenance
- 95716 with continuous, real-time monitoring and maintenance

(95705, 95706, 95707, 95711, 95712, 95713 may be reported a maximum of once for an entire longer-term EEG service to capture either the entire time of service or the final 2-12 hour increment of a service extending beyond 26 hours)

Professional Services

95717 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; without video

95718 with video (VEEG)

(For recording greater than 12 hours, see 95719, 95720, 95721, 95722, 95723, 95724, 95725, 95726)

(95717, 95718 may be reported a maximum of once for an entire long-term EEG service to capture either the entire time of service or the final 2-12 hour increment of a service extending beyond 24 hours)

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 with video (VEEG)

(95719, 95720 may be reported only once for a recording period greater than 12 hours up to 26 hours. For multiple-day studies, 95719, 95720 may be reported after each 24-hour period during the extended recording period. 95719, 95720 describe reporting for a 26-hour recording period, whether done as a single report or as multiple reports during the same time)

(95717, 95718 may be reported in conjunction with 95719, 95720 for studies lasting greater than 26 hours)

(Do not report 95717, 95718, 95719, 95720 for professional interpretation of long-term EEG studies when the recording is greater than 36 hours and the entire professional report is retroactively generated, even if separate daily reports are rendered after the completion of recording)

(When the entire study includes recording greater than 36 hours, and the professional interpretation is performed after the entire recording is completed, see 95721, 95722, 95723, 95724, 95725, 95726)

- 95721 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, without video
- 95722 greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)
- 95723 greater than 60 hours, up to 84 hours of EEG recording, without video
- 95724 greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)
- 95725 greater than 84 hours of EEG recording, without video
- 95726 greater than 84 hours of EEG recording, with video (VEEG)

(When the entire study includes recording greater than 36 hours, and the professional interpretation is performed after the entire recording is completed, see 95721, 95722, 95723, 95724, 95725, 95726)

(Do not report 95721, 95722, 95723, 95724, 95725, 95726 in conjunction with 95717, 95718, 95719, 95720)

Definitions:

EEG technologist: An individual who is qualified by education, training, licensure / certification / regulation (when applicable) in seizure recognition. An EEG technologist(s) performs EEG setup, takedown when performed, patient education, technical description, maintenance, and seizure recognition when within his or her scope of practice and as allowed by law, regulation, and facility policy (when applicable).

Unmonitored: Services that have no real-time monitoring by an EEG technologist(s) during the continuous recording. If the criteria for intermittent or continuous monitoring are not met, then the study is an unmonitored study.

Intermittent monitoring (remote or on-site): Requires an EEG technologist(s) to perform and document real-time review of data at least every 2 hours during the entire recording period to assure the integrity and quality of the recording (ie, EEG, VEEG), identify the need for maintenance, and, when necessary, notify the physician or other qualified health care professional of clinical issues. For intermittent monitoring, a single EEG technologist may monitor a maximum of 12 patients concurrently. If the number of intermittently monitored patients exceeds 12, then all of the studies are reported as unmonitored.

Continuous real-time monitoring (may be provided remotely): Requires all elements of intermittent monitoring. In addition, the EEG technologist(s) performs and documents real-time concurrent monitoring of the EEG data and video (when performed) during the entire recording period. The EEG technologist(s) identifies when events occur and notifies, as instructed, the physician or other qualified health care professional. For continuous monitoring, a single EEG technologist may monitor a maximum of four patients concurrently. If the number of concurrently monitored patients exceeds four, then all of the studies are reported as either unmonitored or intermittent studies. If there is a break in the real-time monitoring of the EEG recording, the study is an intermittent study.

Technical description: The EEG technologist(s)'s written documentation of the reviewed EEG/VEEG data, including technical interventions. The technical description is based on the EEG technologist(s)'s review of data and includes the following required elements: uploading and/or transferring EEG/VEEG data from EEG equipment to a server or storage device; reviewing raw EEG/VEEG data and events and automated detection, as well as patient activations; and annotating, editing, and archiving EEG/VEEG data for review by the physician or other qualified health care professional. For unmonitored services, the EEG technologist(s) annotates the recording for review by the physician or other qualified health care professional and creates a single summary.