

POLICY AND PROCEDURE

DEPARTMENT: Utilization Management	DOCUMENT NAME: Video Electroencephalography (V-EEG)
PAGE: 1 of 3	REPLACES DOCUMENT:
APPROVED DATE: 9/13	RETIRED:
EFFECTIVE DATE: 9/13	REVIEWED/REVISED: 10/14, 10/15, 9/16, 8/17
PRODUCT TYPE:	REFERENCE NUMBER: WA.UM.23

SCOPE:

Coordinated Care Health Plan

PURPOSE:

This policy is to be used as a guideline for determining the medical necessity of hospital stay for members that are experiencing seizures where V-EEG monitoring is requested.

POLICY / CRITERIA:

PreAuthorization / Initial Review:

In general, Video Electroencephalography (V-EEG) monitoring is considered **medically necessary** when at least one of the following criteria is met:

- When standard EEG studies or ambulatory EEG monitoring results are inconclusive;
- Where withdrawal of anticonvulsant medications in an outpatient setting is considered unsafe;
- To differentiate suspected psychogenic seizures from epileptic seizures;
- Identification and localization of a focal point for seizures when surgery is being considered;
- In very young children or those with the inability to communicate (i.e., autism, encephalopathy), where there is an abnormal routine EEG that is consistent with epilepsy;

When one of the above criteria is met, three (3) days may initially be authorized to the facility up front.

Continued Stay Review, for two (2) additional days, up to five (5) days maximum:

- If member has no events after the initial 3 (three) days, additional days may be authorized if stimulation is created to induce seizures (i.e., sleep deprivation, exercise, caffeine, etc.)

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- If member has had seizures, additional days may be authorized for initiation / stabilization of anti-seizure medications if all the following occur:
 - labs to assess therapeutic levels must be drawn at least daily,
 - seizure precautions, including neuro checks every four (4) hrs,
 - medication changes if current medication is not working.

Continued Stay Review, after five (5) days total or if criteria not met for the two (2) additional days reviewed for concurrent review:

- Send to Medical Director for review.

ATTACHMENTS

DEFINITIONS:

REVISION LOG

REVISION	DATE
New Policy	9/2013
Annual Review	10/2015
Annual Review	9/2016
Annual Review - no changes to corporate or HCA criteria	8/2017

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

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