

# New 2020 Long-term EEG Monitoring CPT Coding Structure and Relative Value Units

## 2020 Coding Structure:

- Professional component (physician work) 95717 – 95726 and technical component (technologist work) 95700, 95705 – 95716 of the services will now be reported *separately*.
- Long-term EEG Monitoring codes 95950, 95951, 95953, and 95956 will be deleted in 2020.

2020 Long-term EEG Professional Services (Professional Component Codes)					
Duration of LTEEG Professional Service	2 to 12 hours recording <i>Typical 8 hours</i>	12 to 26 hours recording <i>Typical 24 hours</i>	36 to 60 hours recording <i>Typical 2 Days</i>	60 to 84 hours recording <i>Typical 3 Days</i>	Greater than 84 hours recording <i>Typical 4 Days</i>
Recording Type	Reports are Generated Daily – Physician access to data throughout recording		Entire Report is Retroactively Generated – Physician access to data at end of recording		
EEG alone	<b>95717</b> 2.00 wRVUs 2.90 Total RVUs	<b>95719*</b> 3.00 wRVUs 4.50 Total RVUs	<b>95721</b> 3.86 wRVUs 5.92 Total RVUs	<b>95723</b> 4.75 wRVUs 7.33 Total RVUs	<b>95725</b> 5.40 wRVUs 8.34 Total RVUs
EEG w/video	<b>95718</b> 2.50 wRVUs 3.81 Total RVUs	<b>95720*</b> 3.86 wRVUs 5.90 Total RVUs	<b>95722</b> 4.70 wRVUs 7.20 Total RVUs	<b>95724</b> 6.00 wRVUs 9.18 Total RVUs	<b>95726</b> 7.58 wRVUs 11.60 Total RVUs
Note: “wRVU” refers to the number of RVUs assigned to physician work for the code. “Total” refers to all the RVUs assigned to the code in the facility setting (physician work, practice expense, and malpractice). *95719 and 95720 are reported for each 24-hour recording period. Additional units are reported for each 24-hour period.					

<b>2020 Long-Term EEG Technical Services (Technical Component Codes)*</b>				
<b>Recording Type</b>	<b>Duration of LTEEG</b>	95700 (1) Set Up Code billed – Set Up Includes Take Down		
		<b>Unmonitored</b> Or 13+ patients monitored	<b>Intermittent</b> Or 5 to 12 patients monitored	<b>Continuous</b> Or up to 4 patients monitored
<b>EEG Alone</b>	2 to 12 hours recording <i>Typical service is 8 hours</i>	<b>95705</b>	<b>95706</b>	<b>95707</b>
	12 to 26 hours recording <i>Typical service is 24 hours</i>	<b>95708</b>	<b>95709</b>	<b>95710</b>
<b>EEG w/video</b>	2 to 12 hours recording <i>Typical service is 8 hours</i>	<b>95711</b>	<b>95712</b>	<b>95713</b>
	12 to 26 hours recording <i>Typical service is 24 hours</i>	<b>95714</b>	<b>95715</b>	<b>95716</b>

**\*Medicare has assigned contractor pricing for 95700, 95705 – 95716 for 2020. Rates will be set by each Medical Administrative Contractors (MACs) for their geographic jurisdiction.**

## Case Studies

The following case studies will help you understand the correct coding for long-term EEG monitoring services.

For those services provided in the inpatient setting, we have provided coding guidance on the professional services only. While we recognize some hospitals require reporting of the technical component for revenue tracking, this tool is meant to be a coding guide for the reporting of physician services.

### Case Study #1

A 40-year-old female with intractable epilepsy is admitted to the epilepsy monitoring unit for pre-surgical evaluation to localize the seizure focus. Long-term Video EEG (VEEG) recording is started. Anti-epileptic medications are tapered to provoke seizures. Five typical seizures are captured over the course of 4 days of VEEG recording and patient is discharged on preadmission anti-epileptic medication in the afternoon of day 5.

2019 CPT Code	2019 Work Value	2020 CPT Code	2020 Work Value
95951-26 x 4	5.99 wRVU x 4 = <b>23.96</b>	95720 x 4	3.86 wRVU x 4 = <b>15.44</b>

### Case Study #2

A 57-year-old male is admitted to the Intensive Care Unit following convulsive status epilepticus requiring intubation for airway protection. Long-term Video EEG (VEEG) was ordered which revealed frequent, lateralized, periodic discharges, evolving into focal seizures with no observable clinical correlate on video during the first 2 days of monitoring. Based on VEEG findings, anti-seizure medication management is pursued by intensivists. Patient remains free of clinical and electrographic seizures for 30 hours before the long-term VEEG is discontinued for brain imaging.

2019 CPT Code	2019 Work Value	2020 CPT Code	2020 Work Value
95951-26 x 1 95951-26 with 52 modifier* x 1	5.99 wRVU x 1 5.99 wRVU x 1/2 = <b>8.99</b>	95718 x 1 95720 x 1	2.50 wRVU x 1 3.86 wRVU x 1 = <b>6.36</b>

\*52 reduced services modifier = typically reduced by ½

### Case Study #3

An 18-month-old boy recently began having frequent spasms. Daytime EEG monitoring was ordered to evaluate whether these represent infantile epileptic spasms. Video was ordered with the EEG to identify the timing of the spasms. A parent watched over the patient and made note of the timing of events. No further technologist monitoring was conducted during recording. At the end of the day, a neurologist interpreted the 8-hour recording, confirming that these events were infantile epileptic spasms. A report was generated, and the patient was referred back to the clinic to discuss initiating medical therapy.

2019 CPT Code	2019 Work Value	2020 CPT Code	2020 Work Value
95951-26 with 52 modifier*	5.99 wRVU x 1/2 = <b>3.00</b>	95718 x 1	2.50 wRVU x 1 = <b>2.50</b>
*52 reduced services modifier = typically reduced by ½			

### Case Study #4

A 28-year-old female with no prior medical history is admitted to an inpatient neurology service for characterization of events of loss of consciousness. Long-term EEG monitoring without video was started. During her stay, the neurologist generated formal EEG reports each morning after reviewing the EEG recording from the prior day and overnight. On the first day, the patient had a typical event which was determined to be epileptic on EEG review. Levetiracetam was started the following morning and she was discharged that afternoon after 30 hours of monitoring.

2019 CPT Code	2019 Work Value	2020 CPT Code	2020 Work Value
95956-26 x 1	3.61 wRVU x 1 = <b>3.61</b>	95717 x 1 95719 x 1	2.00 wRVU x 1 3.00 wRVU x 1 = <b>5.00</b>

### Case Study #5

A 67-year-old male with a history of coronary artery disease, diabetes, and hypertension began having falls with loss of consciousness provoked with exertion. His cardiac evaluation was unremarkable, and he was then referred to a neurology clinic. An ambulatory EEG was ordered. A week after his clinic visit, the patient presented to the clinic where the EEG was connected by an EEG technologist. After 4 days of recording, he returned the equipment to the clinic and the study was uploaded for review by the neurologist. The neurologist generated a single report for this 96-hour recording.

2019 CPT Code	2019 Work Value	2020 CPT Code	2020 Work Value
95953 x 4	3.08 wRVU (PC) 7.85 PE RVU  <b>Total = 43.72 (10.93 x 4)</b>	97525 x 1 (PC) 95700 x 1 (TC) 95708 x 4 (TC)	5.40 wRVU (PC)  TC rates will vary based on MAC assigned values