

MEDICAL POLICY



SUBJECT: TOPOGRAPHIC BRAIN MAPPING	EFFECTIVE DATE: 07/02/99 REVISED DATE: 02/01/01 ARCHIVED: 01/17/02 EDITED DATE: 11/10/05, 12/21/06, 12/20/07, 1/18/08 12/17/09, 12/16/10, 11/17/11, 11/15/12, 11/21/13
POLICY NUMBER: 2.01.22 CATEGORY: Technology Assessment	PAGE: 1 OF: 2
<ul style="list-style-type: none"><i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i><i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i><i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

Based upon our criteria and our assessment of peer-reviewed literature, topographic brain mapping has not been proven to be medically effective and therefore, is considered **investigational**.

Refer to Corporate Medical Policy # 11.01.03 regarding Experimental and Investigational Services.

POLICY GUIDELINES:

The Federal Employee Health Benefit Program (FEHBP/FEP) dictates that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION:

Topographic brain mapping (TBM) is an extension of conventional electroencephalography. TBM, sometimes referred to as brain electrical activity mapping (BEAM), involves the computerized analysis and topographic display of EEG rhythms and evoked potential data on a color video screen. A wide assortment of maps can be created to represent different measurement patterns. The purpose of TBM is to identify patterns, which distinguish pathological groups from normal ones.

RATIONALE:

There is not sufficient data published in the peer-reviewed literature to permit conclusions about the clinical utility of topographic brain mapping or its impact on health outcomes.

CODES:

<u>Number</u>	<u>Description</u>
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Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT: No specific codes

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HCPCS: S8040 (E/I) Topographic brain mapping

ICD9: Investigational for all codes

ICD10: Investigational for all codes

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REFERENCES:

BlueCross BlueShield Association. Topographic brain mapping. Medical Policy Reference Manual Policy #2.01.10. Archived 2009 July 9.

KEY WORDS:

BEAM, Brain electrical activity mapping, Quantitative encephalogram, QEEG, Topographic brain mapping

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, there is no specific National or Regional coverage determination addressing topographic brain mapping.