

## **Magnetoencephalography (MEG) to Become a Benefit of Texas Medicaid**

*Note: All new and updated procedure codes and their associated reimbursement rates are proposed benefits pending a rate hearing and approval of expenditures. Providers will be notified when the rates and expenditures are approved.*

Effective for dates of service on or after January 1, 2016, Magnetoencephalography (MEG) will become a benefit of Texas Medicaid.

MEG may be a benefit of Texas Medicaid Program when medically necessary for the pre-surgical evaluation of clients with intractable epilepsy (i.e., refractory or drug-resistant epilepsy), brain tumors, or vascular malformations of the brain, or when one or more conventional measures of localizing the seizure focus have failed to provide sufficient information.

MEG is a non-invasive method of measuring magnetic fields in the brain and is used to precisely localize both the essential functional cortex (i.e., eloquent cortex) and abnormal epileptogenic brain activity as part of a pre-surgical evaluation. The origin of abnormal MEG brain activity can be precisely localized (source localization) and displayed as a map or image.

The term Magnetic Source Imaging (MSI) refers to an imaging technique that combines a MEG scan with an anatomic Magnetic Resonance Imaging (MRI) image of the brain to map or visualize brain activity.

The following applies for MEG Services:

- MEG services provided by physicians in comprehensive level IV epilepsy centers or physiological laboratories.
- The MEG test must be ordered by an adult or pediatric neurologist, epileptologist, or neurosurgeon.
- MEG may assist in guiding the placement of intracranial Electroencephalography (EEG) and, in some clients, avoid an unnecessary intracranial EEG. In the case of pre-surgical mapping of clients with operable lesions, MEG provides non-invasive localization of eloquent cortices (e.g., motor, sensory, language, auditory, or visual).
- MEG is not a stand-alone test. Pre-surgical evaluation with MEG testing must include a comprehensive evaluation by the medical team.

### **Prior Authorization Requirements (Fee-For-Service (FFS))**

Prior authorization is required in FFS for MEG. The following is required with the authorization request for MEG:

The prior authorization request form must be signed and dated by the ordering physician.. Requests must include documentation supporting the medical necessity of the study. All documentation must be maintained by the ordering physician.

FFS prior authorization requests must include a completed request form and all of the following documentation:

- Information about the facility where the MEG test will be performed.
- Documentation of one of the following conditions: intractable epilepsy, brain tumors, or vascular malformations of the brain.

- The statement of medical necessity from the ordering physician must support the need for MEG with identified medical conditions as applicable, including:
  - History of treatment methods used.
  - Length of treatment and treatment outcomes.
  - Date of onset of supporting diagnoses.
  - Types of previous diagnostic testing used or considered and how these tests have failed to provide the necessary information to address the client's medical needs or when one or more conventional measures of localizing the seizure focus have failed to provide sufficient information.
- When an MEG test is needed due to a tumor, and surgery is the first option, the ordering physician must also document how the MEG test will assist in identifying the area to be resected.
- When the MEG request is related to intractable epilepsy, documentation must include the name and number of medications tried and failed, to control the client's seizure activity.
- If the request is for a repeat MEG, documentation must include the date of the prior MEG, the results of the previous MEG tests, and supporting medical documentation outlining the medical reasons for the repeat MEG requested.

**Reimbursement/Billing Guidelines\***

Procedure codes 95965, 95966, and 95967 may be reimbursed by Texas Medicaid when medically necessary for the pre-surgical evaluation of Medicaid clients of all ages with intractable epilepsy (i.e., refractory or drug-resistant epilepsy), brain tumors, or vascular malformations of the brain, or when one or more conventional measures of localizing the seizure focus have failed to provide sufficient information.

**\*Pending rate hearing**

The following procedure codes may be reimbursed for MEG services:

Procedure Codes	Additional Information
95965, 95966, 95967+	Prior Authorization required (FFS); providers must provide facility information on form
+ = Indicates an add-on code, which must be submitted with CPT 95966.	

An outpatient facility must use one of the following revenue codes with the appropriate CPT code:

Revenue Codes*	Procedure code
0860, 0861	95965, 95966

**\*Pending rate hearing**

**Provider Types and Places of Service**

The following provider types and place of services will apply:

Procedure Codes	Type of Service	Provider Type	Place of Service
95965, 95966, 95967	Radiology	Physician, Hospitals	Inpatient and Outpatient Hospital

## **Documentation Requirements**

In addition to documentation requirements outlined in the "Prior Authorization Requirements" section the following requirements apply:

All MEG services are subject to retrospective review to ensure that the documentation in the client's medical record supports the medical necessity of the service(s) provided.

## **Exclusions**

MSI (procedure code S8035) is not a benefit of Texas Medicaid, but may be used for informational purposes.

The following MEG services are not benefits of Texas Medicaid Program:

- MEG when used as a stand-alone test for epilepsy.
- MEG used as a first-line diagnostic screening.
- MEG when used for the evaluation of:
  - Alzheimer's disease
  - Autism
  - Cognitive and mental disorders
  - Developmental dyslexia
  - Learning disorders
  - Migraines
  - Multiple sclerosis
  - Parkinson's disease
  - Schizophrenia
  - Stroke rehabilitation
  - Traumatic brain injury

**Note:** *This exclusions list is not all inclusive.*