# **Medical Coverage Policy |** Topographic Brain Mapping



**EFFECTIVE DATE:** 04 | 20 | 2010

POLICY LAST REVIEWED: 02 | 21 | 2024

## **OVERVIEW**

Topographic brain mapping (TBM) is an extension of conventional electroencephalography.

#### **MEDICAL CRITERIA**

Not applicable

### **PRIOR AUTHORIZATION**

Not applicable

#### **POLICY STATEMENT**

# Medicare Advantage Plans

Topographic brain mapping is not covered as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## **Commercial Products**

Topographic brain mapping is considered not medically necessary as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

#### **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

#### **BACKGROUND**

TBM, sometimes referred to as brain electrical activity mapping (BEAM), involves the computerized analysis and topographic display of electroencephalogram (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 that distinguish pathological groups from normal ones.

There is no scientific literature to support the use of TBM, therefore, topographic brain mapping is considered not medically necessary.

# **CODING**

# Medicare Advantage Plans and Commercial Products

The following HCPCS code(s) is not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

\$8040 Topographic brain mapping

#### **RELATED POLICIES**

None

#### **PUBLISHED**

Provider Update, April 2024 Provider Update, April 2023 Provider Update, July 2022 Provider Update, December 2021 Provider Update, June 2020

## **REFERENCES**

1. American Academy of Neurology and the American Clinical Neurophysiology Society. Assessment of digital EEG, quantitative EEG, and EEG brain mapping. Neurology;1997;49:277-292.

# ----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

