Magnetoencephalography (MEG) to Become a Benefit of Texas Medicaid January 1, 2016

Effective for dates of service on or after January 1, 2016, magnetoencephalography (MEG) will become a benefit of Texas Medicaid. Magnetoencephalography may be a benefit of Texas Medicaid when medically necessary for the presurgical evaluation of clients with intractable epilepsy (i.e., refractory or drug-resistant epilepsy), brain tumors, 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 noninvasive 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 presurgical 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.

MEG may assist in guiding the placement of intracranial Electroencephalography (EEG) and, in some patients, avoid an unnecessary intracranial EEG. In the case of presurgical mapping of patients with operable lesions, MEG provides non-invasive localization of eloquent cortices (e.g., motor, sensory, language, auditory, or visual).

Physicians must provide MEG services in a comprehensive level IV epilepsy center or a physiological laboratory. A neurologist, epileptologist, or neurosurgeon must order the MEG test.

Authorization Requirements

Prior authorization is required. The following apply:

Prior authorization requests must be submitted using the Special Medical Prior Authorization (SMPA) form. The ordering physician must sign and date the form and submit it to the SMPA department. All signatures must be current, unaltered, original, and handwritten. Computerized or stamped signatures will not be accepted. Requests must include documentation supporting the medical necessity of the study. The ordering physician must maintain all documentation.

Providers must include information about the MEG test facility. This information must be documented on the SMPA form.

- Prior authorization requests must include a completed SMPA request form plus the following:
  - Documentation of one of the following conditions: intractable epilepsy, brain tumors, or vascular malformations of the brain, and
  - The statement of medical necessity from the ordering physician, which 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, and
• Types of previous diagnostic testing used or considered and documentation that indicates 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.

  o Documentation from the ordering physician outlining how the MEG test will assist in identifying the area to be resected in instances when an MEG test is needed due to a tumor and surgery is the first option.
  o Documentation that includes the name and number of medications, tried and failed, to control the client's seizure activity when the MEG request is related to intractable epilepsy.
  o The date of prior MEG, the results of the previous MEG tests, and supporting medical documentation outlining the medical reasons for the repeat MEG requested if the request is for a repeat MEG.

Providers may submit prior authorization requests electronically, through the provider website, fax, or by standard mail.

The provider may complete and submit the required prior authorization documentation through any approved electronic method. The provider must maintain a copy of the prior authorization request as well as all submitted documentation in the client’s medical record at the performing provider’s place of business, in order to complete the prior authorization process electronically.

The provider may complete and submit the required prior authorization documentation through fax or standard mail and must maintain a copy of the prior authorization request as well as all submitted documentation in the client’s medical record at the performing provider’s place of business, to complete the prior authorization process by paper.

Providers must include correct and complete information, such as documentation of medical necessity for the service(s) requested, in order to avoid unnecessary denials. Providers must maintain documentation of medical necessity in the client’s medical record. The requesting provider may be asked for additional information to clarify or complete a request.

Requests for prior authorization with documentation supporting the medical necessity for the number of studies requested must be received on or before the requested date(s) of service.

**Note:** Requests received after the services are performed will be denied for dates of service that occurred before the date the request was received.

**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.

The following procedure codes may be reimbursed for Magnetoencephalography (MEG) services:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>95965, 95966, 95967+</td>
<td>Prior Authorization Required; providers must provide facility information on SMPA form</td>
</tr>
</tbody>
</table>

**Note:** + = 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:

<table>
<thead>
<tr>
<th>Revenue Codes</th>
<th>Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0860, 0861</td>
<td>95965, 95966</td>
</tr>
</tbody>
</table>

**Provider Types and Places of Service**

The following provider types and place of services will apply:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Type of Service</th>
<th>Provider Types</th>
<th>Place of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>95965, 95966, 95967</td>
<td>Radiology</td>
<td>Physician, Hospitals</td>
<td>Inpatient and Outpatient Hospital</td>
</tr>
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**Documentation Requirements**

In addition to documentation requirements outlined in the "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**

Magnetic Source Imaging (S8035) is not a benefit of Texas Medicaid, but it may be used for informational purposes.

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

- MEG when used as a stand-alone test for epilepsy
- MEG used as a first-line diagnostic screening
- MEG when used for 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.*

For more information, call the TMHP Contact Center at 1-800-925-9126.