

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 20.5
TITLE: ELECTROCORTICOGRAPHY

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4 (a)(1), (b)(2)(vii), and (c)(2)(i) and (iii)

TRICARE POLICY MANUAL: Chapter 1, Section 22.4

I. EFFECTIVE DATE

October 25, 1993

II. PROCEDURE CODE(S)

61533-61539, and 95829

III. DESCRIPTION

Electrocorticography is an invasive procedure in which needle like electrodes are implanted into the skull by craniotomy, into a specific brain area, usually the cerebral cortex, to record the electroencephalogram. The purpose of an electrocorticography is to localize a suspected seizure focus in patients who are candidates for surgery. Electrocorticography may be performed as either an extraoperative or intraoperative procedure. The intraoperative procedure is a technique used to map abnormal brain tissue in the motor and/or sensory cortex immediately prior to resection of the abnormal tissue.

IV. POLICY

Extraoperative and intraoperative electrocorticography may be considered for CHAMPVA cost sharing when all of the following criteria are met:

1. the patient's seizures are intractable to medical therapy;
2. prior diagnostic studies suggest, but do not confirm, the presence of a localized seizure focus; and
3. the seizure focus is located in an area of the brain amenable to surgical resection.

V. POLICY CONSIDERATIONS

A. Intraoperative electrocorticography is considered an integral part of the surgical procedure and is not eligible for separate cost sharing.

B. Related surgical codes are 61533-61539.

VI. EXCLUSIONS

Extraoperative electrocorticography for stimulation and recording in order to determine electrical thresholds of neurons as an indicator of seizure focus.

END OF POLICY