

## Corporate Medical Policy

### Magnetoencephalography/Magnetic Source Imaging

<b>File Name:</b>	magnetoencephalography_magnetic_source_imaging
<b>Origination:</b>	3/2002
<b>Last CAP Review:</b>	6/2011
<b>Next CAP Review:</b>	6/2012
<b>Last Review:</b>	8/2011

#### Description of Procedure or Service

---

Magnetoencephalography (MEG) is a noninvasive functional imaging technique in which the weak magnetic forces associated with the electrical activity of the brain are recorded externally on the scalp. Using mathematical modeling, the recorded data are then analyzed to provide an estimated location of the electrical activity. This information can be superimposed on an anatomic image of the brain, typically a magnetic resonance imaging (MRI) scan, to produce a functional/anatomic image of the brain, referred to as magnetic source imaging (MSI). The primary advantage of MSI is that while the conductivity and thus measurement of electrical activity as recorded by the electroencephalogram (EEG) is altered by surrounding brain structures, the magnetic fields are not. Therefore, MSI permits a high resolution image.

One clinical application is localization of the pre- and postcentral gyri as a guide to surgical planning in patients scheduled to undergo neurosurgery for epilepsy, brain neoplasms, arteriovenous malformations, or other brain disorders. These gyri contain the "eloquent" sensorimotor areas of the brain, the preservation of which is considered critical during any type of brain surgery. Localization of the eloquent cortex often requires intraoperative invasive functional techniques as cortical stimulation with the patient under local anesthesia or somatosensory-evoked responses on electrocorticography. While these techniques can be done at the same time as the planned resection, they are cumbersome and can add up to 45 minutes of anesthesia time. Furthermore, sometimes these techniques can be limited by the small surgical field. A preoperative test which is often used to localize the eloquent hemisphere is the Wada test. MEG/MSI has been proposed as a substitute for the Wada test.

Another related clinical application is localization of epileptic foci, particularly for screening of surgical candidates and surgical planning. In a small subset of patients, extended electrocorticography or stereotactic electroencephalography with implanted electrodes is considered the gold standard for localizing epileptogenic foci. MEG/MSI has principally been investigated as a supplement to or an alternative to invasive monitoring.

**\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

#### Policy

---

**BCBSNC will provide coverage for Magnetoencephalography/Magnetic Source Imaging when it is determined to be medically necessary because the medical criteria and guidelines shown below have been met.**

#### Benefits Application

---

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

# Magnetoencephalography/Magnetic Source Imaging

## **When Magnetoencephalography/Magnetic Source Imaging is covered**

---

Magnetoencephalography/magnetic source imaging may be considered medically necessary as a substitute for the Wada test, for the purpose of determining the laterality of language function, , in patients being prepared for surgery for epilepsy, brain tumors, and other indications requiring brain resection, .

Magnetoencephalography/magnetic source imaging as part of the preoperative evaluation of patients with intractable epilepsy (seizures refractory to medical therapy) may be considered medically necessary when standard techniques, such as MRI and EEG, do not provide satisfactory localization of the epileptic lesion(s).

## **When Magnetoencephalography/Magnetic Source Imaging is not covered**

---

Magnetoencephalography and magnetic source imaging are considered investigational for all other indications. BCBSA does not provide coverage for investigational services or procedures.

## **Policy Guidelines**

---

### Localization of Seizure Focus

Based on review of the scientific literature and the clinical input, MEG/MSI may be considered medically necessary as part of the preoperative evaluation of patients with intractable epilepsy (seizures refractory to medical therapy) when standard techniques, such as MRI, are inconclusive.

### Localization of Eloquent and Sensorimotor Areas

The determination of the laterality of the language function is important to know to determine the suitability of a patient for surgery and what types of additional functional testing might be needed prior to or during surgery. The Wada test requires catheterization of the internal carotid arteries, which carries the risk of complications. Several studies have shown high concordance between the Wada test and MEG. However, it should be noted that the Wada test is not a perfect reference standard, and some discordance may reflect inaccuracy of the reference standard.

The other potential use of MEG would be for the purpose of mapping the sensorimotor area of the brain, again to avoid such areas in the surgical resection area. Intraoperative mapping just before resection is generally done as the reference standard. Preoperative mapping as potentially done by MEG might aid in determining the suitability of the patient for surgery or for assisting in the planning of other invasive testing. However, studies do not demonstrate that MEG would replace intraoperative mapping or reduce the morbidity of such mapping by allowing a more focused procedure.

## **Billing/Coding/Physician Documentation Information**

---

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: 95965, 95966, 95967, S8035*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

# Magnetoencephalography/Magnetic Source Imaging

## Medical Term Definitions

---

### Wada Test

unilateral internal carotid injection of amobarbital to determine the laterality of speech; injection on the dominant side causes transient aphasia or mutism; used prior to surgical treatment of epilepsy

## Scientific Background and Reference Sources

---

BCBSA Medical Policy Reference Manual, 2/15/2002; 6.01.21.

Specialty Matched Consultant Advisory Panel - 8/2002

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.21, 7/17/03

BCBSA TEC Assessment [Electronic Version]. August 2003.

Specialty Matched Consultant Advisory Panel - 7/2004

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.21, 8/17/05

Baumgartner C & Pataraja E (2006). Revisiting the role of magnetoencephalography in epilepsy. *Current Opinion in Neurology*, 19:181-186.

Knowlton RC, Elgavish R, Howell J, Blount J, Burneo JG, Faught E, et al. (May 2006). Magnetic source imaging versus intracranial electroencephalogram in epilepsy surgery: a prospective study. *Annals of Neurology*, 59:835-842.

Papanicolaou AC, Pataraja E, Billingsley-Marshall R, Castillo EM, Wheless JW, Swank P, et al. (August 2005). Toward the substitution of invasive electroencephalography in epilepsy surgery. *Journal of Clinical Neurophysiology*. 22:231-237.

Ontario Ministry of Health, Medical Advisory Secretariat (MAS). Ontario Health Technology Advisory Committee (OHTAC). Recommendation Functional Brain Imaging. Toronto, ON: MAS; January 25, 2007. Retrieved 2/19/08 from

[http://www.health.gov.on.ca/english/providers/program/ohtac/tech/reviews/pdf/rev\\_fbi\\_012507.pdf](http://www.health.gov.on.ca/english/providers/program/ohtac/tech/reviews/pdf/rev_fbi_012507.pdf)

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.21, 12/12/06

BCBSA 2008 TEC Special Report. Magnetoencephalography and Magnetic Source Imaging for the Purpose of Presurgical Localization of Epileptic Lesions-A Challenge for Technology Evaluation.

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.21, 12/11/08

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.21, 12/10/09

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.21, 01/13./11

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.21, 5/12/11

## Policy Implementation/Update Information

---

3/02 Original policy issued.

9/02 Specialty Matched Consultant Advisory Panel - 8/2002

1/03 Code S8035 added to Billing/Coding section. System coding changes.

5/04 Benefits Application and Billing/Coding sections updated for consistency.

8/26/04 Specialty Matched Consultant Advisory Panel review 7/15/2004 with no changes to policy

# Magnetoencephalography/Magnetic Source Imaging

- criteria. References added.
- 6/5/06 Rationale added to Policy Guidelines to support Investigational status. Policy number added to Key Words. References updated. Specialty Matched Consultant Advisory Panel 5/3/2006 with no changes to policy coverage criteria.
- 6/16/08 References updated. Specialty Matched Consultant Advisory Panel review 5/15/08. No change in policy statement. (adn)
- 3/30/09 Description of procedure expanded for clarity. Policy statement changed: magnetoencephalography/Magnetic Source Imaging is covered when the medical necessity criteria are met. Statement in the When MEG/MSI is Covered section changed to read, "Magnetoencephalography may be considered medically necessary for the purpose of determining the laterality of language function, as a substitute for the Wada test, in patients undergoing diagnostic workup for evaluation of surgery for epilepsy, brain tumors, and other indications requiring brain resection." Statement in the When MEG/MSI is Not Covered revised to read, "MEG and MSI are considered investigational for all other indications, including localization of seizure focus for patients undergoing evaluation for surgical treatment of intractable seizures." References updated. (adn)
- 6/22/10 Policy Number(s) removed (amw)
- 9/28/10 Statement in the When MEG/MSI is Covered section reworded for clarity: Magnetoencephalography may be considered medically necessary ~~for the purpose of determining~~ to determine the laterality of language function, as a substitute for the Wada test, ~~in patients undergoing diagnostic workup for evaluation of surgery for epilepsy~~ and for localization of eloquent and sensorimotor areas prior to surgery for epilepsy, brain tumors, and other indications requiring brain resection. Specialty Matched Consultant Advisory Panel review 8/25/10. Draft accepted as written. (adn)
- 7/19/11 Specialty Matched Consultant Advisory Panel review 6/29/11. Policy accepted as written. (adn)
- 8/30/11 Description section revised. The statement in the When MEG/MSI Is Covered section was revised to read: Magnetoencephalography/magnetic source imaging may be considered medically necessary as a substitute for the Wada test for the purpose of determining the laterality of language function in patients being prepared for surgery for epilepsy, brain tumors, and other indications requiring brain resection. Magnetoencephalography/magnetic source imaging as part of the preoperative evaluation of patients with intractable epilepsy (seizures refractory to medical therapy) may be considered medically necessary when standard techniques, such as MRI and EEG do not provide satisfactory localization of the epileptic lesions(s). The statement in the When MEG/MSI Is Not Covered section was revised to read: Magnetoencephalography and magnetic source imaging are considered investigational for all other indications. BCBSA does not provide coverage for investigational services or procedures. Coverage rationale in the Policy Guidelines section updated. (adn)

---

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.