The Evo® SEEG System Coding Reference Guide

ZIMMER BIOMET
Moving You Forward.™

The Evo® sEEG System is intended for temporary (less than 30 days) use with recording, monitoring, and stimulation equipment for the recording, monitoring, and stimulation of electrical signals at the subsurface level of the brain.

Physician	
CPT® Code	**Description**
Depth Electrodes Implantation for Stereoelectroencephalogram (SEEG)	
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring
Electroencephalogram (EEG)	
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video

Physician (cont.)	
CPT Code	**Description**
Electroencephalogram (EEG) (cont.)	
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes
95816	Electroencephalogram (EEG); including recording awake and drowsy
95819	Electroencephalogram (EEG); including recording awake and asleep
95822	Electroencephalogram (EEG); recording in coma or sleep only
95824	Electroencephalogram (EEG); cerebral death evaluation only
95829	Electrocorticogram at surgery (separate procedure)
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional
Temperature Controlled sEEG Radiofrequency Ablation	
64999	Unlisted procedure, nervous system

Hospital Inpatient: ICD-10-PCS Code and Description

Destruction *(Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent. None of the body part is physically taken out)*

Ø Medical and Surgical
Ø Central Nervous System and Cranial Nerves
5 Destruction

Body Part	**Approach**	**Device**	**Qualifier**
Ø Brain	**3** Percutaneous	**Z** No Device	**4** Stereoelectroencephalographic Radiofrequency Ablation

Insertion *(Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part)*

Ø Medical and Surgical
Ø Central Nervous System and Cranial Nerves
H Insertion

Body Part	**Approach**	**Device**	**Qualifier**
Ø Brain	**Ø** Open **3** Percutaneous	**2** Monitoring Device	**Z** No Qualifier

Measurement *(Determining the level of a physiological or physical function at a point in time)*			
4 Measurement and Monitoring **A** Physiological Systems **Ø** Measurement			
Body Part	**Approach**	**Device**	**Qualifier**
Ø Central Nervous	**Ø** Open **3** Percutaneous	**4** Electrical Activity	**Z** No Qualifier
Monitoring *(Determining the level of a physiological or physical function repetitively over a period of time)*			
4 Measurement and Monitoring **A** Physiological Systems **1** Monitoring			
Body Part	**Approach**	**Device**	**Qualifier**
Ø Central Nervous	**Ø** Open **3** Percutaneous	**4** Electrical Activity	**Z** No Qualifier
Removal *(Taking out or off a device from a body part)*			
Ø Medical and Surgical **Ø** Central Nervous System and Cranial Nerves **P** Removal			
Body Part	**Approach**	**Device**	**Qualifier**
Ø Brain	**Ø** Open **3** Percutaneous	**2** Monitoring Device	**Z** No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	**Description**
023	Craniotomy W Major Device Implant Or Acute Complex Cns Pdx W MCC Or Chemotherapy Implant Or Epilepsy W Neurostimulator
024	Craniotomy W Major Device Implant/Acute Complex Cns Pdx W/O MCC
025	Craniotomy & Endovascular Intracranial Procedures W MCC
026	Craniotomy & Endovascular Intracranial Procedures W CC
027	Craniotomy & Endovascular Intracranial Procedures W/O CC/MCC
040	Peripheral, Cranial Nerve & Other Nervous System Procedures W MCC
041	Peripheral, Cranial Nerve & Other Nervous System Procedures W CC Or Peripheral Neurostimulator
042	Peripheral, Cranial Nerve & Other Nervous System Procedures W/O CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.
*Other MS-DRGs may be applicable. MS-DRG will be determined by the patient's diagnosis and any procedure(s) performed.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT Code	**Description**	**OPPS Status Indicator**	**APC Assignment**	**ASC Payment Indicator**
Depth Electrodes Implantation for Stereoelectroencephalogram (SEEG)				
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	C	--	NA
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	C	--	NA
Electroencephalogram (EEG)				
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	S	5721	NA
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	S	5721	NA

95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	S	5722	NA
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	S	5722	NA
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	S	5723	NA
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	S	5723	NA
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	S	5723	NA
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	S	5722	NA
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	S	5722	NA
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	S	5723	NA
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	S	5723	NA
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	S	5723	NA
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	S	5724	NA
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	M	--	NA
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	M	--	NA
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	M	--	NA

95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	M	--	NA
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	M	--	NA
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	M	--	NA
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	M	--	NA
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	M	--	NA
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	M	--	NA
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	M	--	NA
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	S	5722	NA
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	S	5722	NA
95816	Electroencephalogram (EEG); including recording awake and drowsy	S	5722	NA
95819	Electroencephalogram (EEG); including recording awake and asleep	S	5722	NA
95822	Electroencephalogram (EEG); recording in coma or sleep only	S	5722	NA
95824	Electroencephalogram (EEG); cerebral death evaluation only	S	5723	NA
95829	Electrocorticogram at surgery (separate procedure)	N	--	NA
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	N	--	NA
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	S	5724	NA

95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	S	5724	NA
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional	N	--	NA
Temperature Controlled sEEG Radiofrequency Ablation				
64999	Unlisted procedure, nervous system	T	5441	NA

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center
Status Indicator: : C - Inpatient Only; M - Not Billable Items and Services Not Billable to the MAC; N – Payment is packaged into payment for other services; no separate APC payment; S - Procedure or Service, Not Discounted When Multiple Paid under OPPS; separate APC payment; T - Significant Procedure, Multiple Procedure Reduction Applies..
APC: 5441 - Level 1 Nerve Injections ; 5721 – Level 1 Diagnostic Tests and Related Services; 5722 – Level 2 Diagnostic Tests and Related Services; 5723 - Level 3 Diagnostic Tests and Related Services; 5724 - Level 4 Diagnostic Tests and Related Services.
Payment Indicator: NA – This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	**Description**
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)
S8040[1]	Topographic brain mapping

Note: HCPCS codes report devices used in conjunction with outpatient procedures billed and paid for under Medicare's Outpatient Prospective Payment System.

[1]S codes are used by commercial and other health insurance plans to report drugs, services, and supplies for which there are no national codes but for which codes are needed by the private sector to implement policies, programs, or claims processing. These codes are also used by Medicaid programs, but they are not payable by Medicare.

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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This material is intended for health care professionals.

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