Medica Coverage Policy

Policy Name: Magnetoencephalography and Magnetic Source Imaging
Effective Date: 11/18/2019

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Magnetoencephalography/magnetic source imaging is COVERED for:
1. Localization of epileptic lesion foci in patients being considered for surgery,
2. Mapping of eloquent cortex (e.g., sensory, visual, motor, auditory, and/or language) prior to excision of cerebral lesions such as tumors or epileptic foci in the proximity of any functional area.

Magnetoencephalography/magnetic source imaging is investigative and therefore NOT COVERED for all other indications including, but not limited to, the diagnosis and treatment of Alzheimer’s disease, autism, cognitive and mental disorders, schizophrenia, Parkinson’s disease, multiple sclerosis, stroke, traumatic brain injury, and arteriovenous malformations (AVMs). There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description
Magnetoencephalography (MEG) and magnetic source imaging (MSI) are non-invasive functional imaging techniques used in brain imaging. Using MEG, the weak magnetic forces associated with electrical activity of the brain are monitored externally on the scalp to track changes in brain activity. MSI, using information obtained from the MEG, superimposes the functional imaging results onto an anatomic image of the brain obtained previously from either magnetic resonance imaging (MRI) or a computed tomography (CT) scan. The proposed advantage of MEG/MSI is that, while the measurement of electrical activities is affected by surrounding brain structures, magnetic fields are not. This results in a combined high-resolution functional/anatomic image which can more precisely localize the focus of lesions.

MEG/MSI has been studied as an alternate or adjunct to other methods of evaluating brain function in patients with epilepsy, tumor, AVMs, trauma, stroke, and other psychiatric and neurological conditions. The most commonly reported applications are presurgical evaluation of patients with medically refractory epilepsy, brain masses, or AVMs. Presurgical evaluations are normally two-pronged. First, the lesion focus is identified. Secondly, critical cortical functions at or near the focus of the lesion are identified and localized. The intent is to spare injury to critical brain tissue during the subsequent surgical procedure. MEG/MSI can be performed in an outpatient or inpatient setting.
FDA Approval
MEG imaging machines are Class II devices subject to FDA 510(k) clearance. A number of MEG devices have received FDA clearance, including but not limited to:
1. Magnes® Whole Head MEG 2500 and 3600 Series (4-D Neuroimaging, San Diego, CA.)
2. CTF Whole-Cortex MEG System (CTF Systems, British Columbia, Canada.)
3. Neumonag™ Series (Elekta AB, Sweden)
4. MEGvision EQ1000C Series (Eagle Technology, Inc. Santa Fe, NM)
5. 700 Series Biomagnetometer (Biomagnetic Technologies, San Diego, CA)
6. Elekta Oy (Elekta Neuromag, Helsinki, Finland)

Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes
- 95965 - Magnetoencephalography (MEG) recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
- 95966 - Magnetoencephalography (MEG) recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)
- 95967 - Magnetoencephalography (MEG) recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)

HCPC Code:
- S8035 - Magnetic source imaging

Original Effective Date: 1/1/2006
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