

EEG / ERP Test Protocol & Billing Illustration

Pre-test Office Visit Protocol (99202-5 or 99212-5)

- Review all Questionnaire(s) completed by patient at home or in-office that you have chosen.
- TBI specific Patient Consult – consider using CDC ACE as guide
- Concussion specific exam including balance testing (BESS/VNG) & cranial nerves
- Separate patient & family interviews based on Questionnaire information as needed
- EEG ERP medical decision-making
- (ICD-10; Z04.1 - Encounter for exam following a transport accident)

Perform EEG/ERP test, if indicated, within a reasonable time frame.

- Neurologist report will be received a few days after testing. Incorporate that report into your reporting

EEG/ ERP Billing Technical Component

- **CPT 95812** – EEG; extended monitoring; **41-60** minutes **or** **CPT 95816** - Electroencephalogram (EEG); including recording awake & drowsy; **20-40** minutes.
- Concussion ICD 10 S06.0X0 for concussion without loss of consciousness
- S06.0X1 et al, Concussion with loss of consciousness
(Billing is based on actual test time and many doctors bill 2-3x Medicare)

For more information on Concussion and TBI diagnosis codes visit <https://www.madpi.info/concussion-chronic-pain>.

Post-test Office Visit Protocol (99201-5 or 99211-5)

- Review EEG ERP test results
- Treatment plan review
- Possible referral recommendations

Disclaimer: For Illustration purposes only. Testing decision always based on medical necessity only. Doctor establishes UCR fees. Always check with your medical billing & ICD-10 coding specialist before billing. Concussion evaluation may be done on initial office visit if indicated. Visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/> for Medicare reimbursement information.

Purchase pre-pay EEG / ERP Tests:

<https://www.madpi.info/pre-pay-tests>