

# Evo™ Cortical Electrodes Coding Reference Guide

Cortical or subdural electrodes are used in electrocorticography (ECoG) and intracranial electroencephalography (iEEG) surgeries to monitor, record and stimulate the subdural surface of the brain for up to 30 days. The product portfolio consists of various contact configurations of strip and grid electrode arrays.

Physician	
CPT® Code	Description
<b>Strip/Grid Electrode Implantation for Electroencephalogram (EEG) - ECoG or iEEG</b>	
<b>61531</b>	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring
<b>61533</b>	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring
<b>Electroencephalogram (EEG)</b>	
<b>95700</b>	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
<b>95705</b>	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored
<b>95706</b>	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
<b>95707</b>	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
<b>95708</b>	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
<b>95709</b>	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
<b>95710</b>	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
<b>95711</b>	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
<b>95712</b>	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
<b>95713</b>	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
<b>95714</b>	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
<b>95715</b>	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
<b>95716</b>	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
<b>95717</b>	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
<b>95718</b>	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)
<b>95719</b>	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
<b>95720</b>	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)
<b>95721</b>	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
<b>Electroencephalogram (EEG) (cont.)</b>	
<b>95722</b>	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)
<b>95723</b>	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
<b>95724</b>	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)
<b>95725</b>	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
<b>95726</b>	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)
<b>95812</b>	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
<b>95813</b>	Electroencephalogram (EEG) extended monitoring; 61-119 minutes
<b>95816</b>	Electroencephalogram (EEG); including recording awake and drowsy
<b>95819</b>	Electroencephalogram (EEG); including recording awake and asleep
<b>95822</b>	Electroencephalogram (EEG); recording in coma or sleep only
<b>95824</b>	Electroencephalogram (EEG); cerebral death evaluation only
<b>95829</b>	Electrocorticogram at surgery (separate procedure)
<b>95957</b>	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
<b>95958</b>	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
<b>95961</b>	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
<b>95962</b>	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
<b>Revision or Removal</b>	
<b>61535</b>	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
<b>61880</b>	Revision or removal of intracranial neurostimulator electrodes

### Hospital Inpatient: ICD-10-PCS Code and Description

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

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
<b>Strip/Grid Electrode Implantation for Electroencephalogram (EEG) - ECoG or iEEG</b>				
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	C	--	NA
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	C	--	NA

**Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.)**

CPT Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
<b>Electroencephalogram (EEG)</b>				
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	5722	NA
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	S	5722	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

<b>Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.)</b>				
<b>CPT Code</b>	<b>Description</b>	<b>OPPS Status Indicator</b>	<b>APC Assignment</b>	<b>ASC Payment Indicator</b>
<b>Electroencephalogram (EEG) (cont.)</b>				
<b>95719</b>	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
<b>95720</b>	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
<b>95721</b>	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
<b>95722</b>	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
<b>95723</b>	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
<b>95724</b>	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
<b>95725</b>	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
<b>95726</b>	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
<b>95812</b>	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	S	5722	NA
<b>95813</b>	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	S	5722	NA
<b>95816</b>	Electroencephalogram (EEG); including recording awake and drowsy	S	5722	NA
<b>95819</b>	Electroencephalogram (EEG); including recording awake and asleep	S	5722	NA

Hospital Outpatient and Ambulatory Surgical Center (ASC) (cont.)				
CPT Code	Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
<b>Electroencephalogram (EEG) (cont.)</b>				
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
<b>Revision or Removal</b>				
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	C	--	NA
61880	Revision or removal of intracranial neurostimulator electrodes	J1	5461	G2

**OPPS** - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

**Status Indicator:** C - Inpatient Only; J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service, with limited exceptions;; 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.

**APC:** 5461 - Level 1 Neurostimulator and Related Procedures; 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:** G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight; NA - This procedure is not on Medicare's ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
S8040	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.

**For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or [reimbursement@zimmerbiomet.com](mailto:reimbursement@zimmerbiomet.com), or visit our reimbursement web site at [zimmerbiomet.com/reimbursement](http://zimmerbiomet.com/reimbursement).**

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