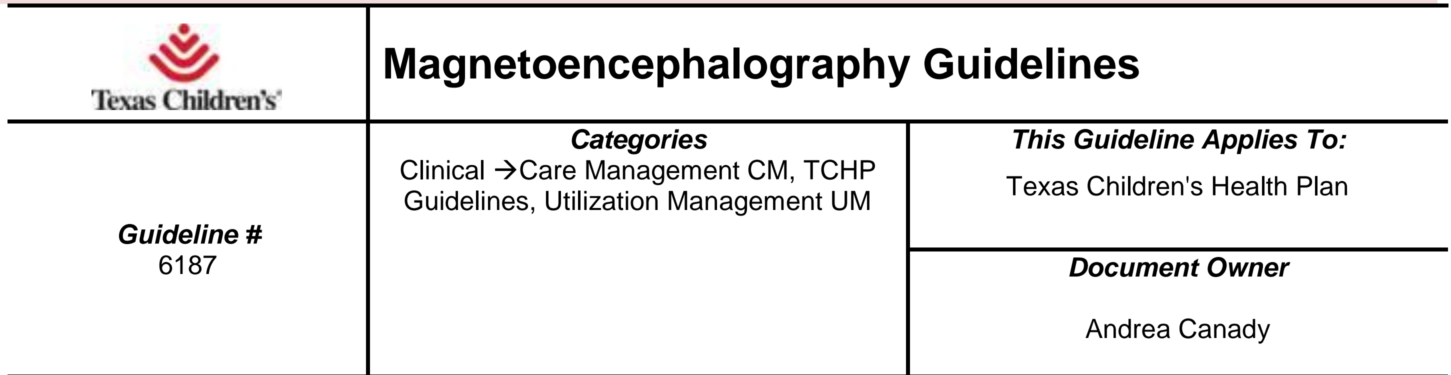

Texas Children's	Magnetoencephalography Guidelines	
Guideline # 6187	***Categories*** Clinical →Care Management CM, TCHP Guidelines, Utilization Management UM	***This Guideline Applies To:*** Texas Children's Health Plan ***Document Owner*** Andrea Canady

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all Magnetoencephalography or Magnetic Source Imaging.

DEFINITIONS:

- Magnetoencephalography (MEG) is a non-invasive method of measuring magnetic fields in the brain and is used to precisely localize both the essential functional cortex (i.e., eloquent cortex) and abnormal epileptogenic brain activity as part of a pre-surgical evaluation. The origin of abnormal MEG brain activity can be precisely localized (source localization) and displayed as a map or image.
- Magnetic Source Imaging (MSI) refers to an imaging technique that combines a MEG scan with an anatomic Magnetic Resonance Imaging (MRI) image of the brain to map or visualize brain activity.

PRIOR AUTHORIZATION GUIDELINES

1. All requests for prior authorization for Magnetoencephalography are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.

2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the MEG request as an eligible service.

3. To request prior authorization for MEG, the following documentation must be provided:
   3.1. Information about the facility where the test will be performed.
   3.2. Documentation of one of the following conditions:
      3.2.1. intractable epilepsy
      3.2.2. brain tumors
      3.2.3. vascular malformations of the brain.
   3.3. Statement of medical necessity from the ordering physician supporting the need for MEG including:
      3.3.1. History of treatment methods used.
      3.3.2. Length of treatment and treatment outcomes.
      3.3.3. Date of onset of supporting diagnoses.

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3.3.4. Types of previous diagnostic testing used or considered and how these tests have failed to provide the necessary information to address the client's medical needs or when one or more conventional measures of localizing the seizure focus have failed to provide sufficient information.

3.4. When the MEG test is needed due to a tumor the ordering physician must document how the MEG test will assist in identifying the area to be resected.

3.5. When the MEG request is related to intractable epilepsy, documentation must include the name and number of medications tried and failed, to control the client's seizure activity.

3.6. If the request is for a repeat MEG, documentation must include the date of the prior MEG, the results of the previous MEG tests, and supporting medical documentation outlining the medical reasons for the repeat MEG requested.

4. Magnetoencephalography (MEG) is considered **medically necessary** when ALL of the following criteria are met:
   4.1. ordered by an adult or pediatric neurologist, epileptologist, or neurosurgeon.

   4.2. provided by physicians in comprehensive level IV epilepsy centers or physiological laboratories.

   4.3. Used as part of:
      4.3.1. preoperative evaluation of individuals with intractable focal epilepsy to identify and localize area(s) of epileptiform activity when other techniques designed to localize a focus are indeterminate; **OR**
      4.3.2. preoperative localization of eloquent cortex prior to surgical resection of brain tumor or vascular malformations in order to maximize preservation of eloquent cortex.

5. The following MEG services are not benefits of TCHP:
   5.1. MEG when used as a stand-alone test for epilepsy.

   5.2. MEG used as a first-line diagnostic screening.

   5.3. MEG when used for the evaluation of:
      5.3.1. Alzheimer's disease
      5.3.2. Autism
      5.3.3. Cognitive and mental disorders
      5.3.4. Chronic Pain
      5.3.5. Developmental dyslexia
      5.3.6. Learning disorders
      5.3.7. Migraines
      5.3.8. Multiple sclerosis
      5.3.9. Parkinson's disease
      5.3.10. Schizophrenia
      5.3.11. Stroke rehabilitation
      5.3.12. Traumatic brain injury

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6. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.

7. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

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