



**Kaiser Foundation Health Plan of Washington**

**Clinical Review Criteria**  
**Pre Surgical Brain Mapping**

- Brain Functional MRI (fMRI)

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**Criteria**

**For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical Policy	Due to the absence of Medicare (CMS or MACs) coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, <b>"Pre Surgical Brain Mapping"</b> & <b>"Brain Functional MRI"</b> for medical necessity determinations. Refer to the Non-Medicare criteria below.

**For Non-Medicare Members**

Service	Criteria
<b>Pre Surgical Brain Mapping</b>	The use of brain mapping with quantitative EEG (qEEG) may be considered medically necessary when performed as part of presurgical planning to reduce morbidity after surgery to treat epilepsy or seizure disorders.
<b>Brain Functional MRI (fMRI)</b>	<p><b>Effective until July 1st, 2026</b>                      Review for <a href="#">High End Imaging Site of Care</a> no medical necessity review.</p> <p><b>Effective July 1<sup>st</sup>, 2026</b>                      Review for <a href="#">High End Imaging Site of Care</a> <b>AND</b> Kaiser Permanente has elected to use the MCG* <b>Brain Functional MRI (A-0539)</b> for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.</p>

See individual links below for related policies:

- [Biofeedback and Neurofeedback policy](#)
- [Brain MRI](#)
- [Cervical Spine MRI](#)

- [Lumbar Spine MRI](#)
- [Thoracic Spine MRI](#)

**If requesting this service (or these services), please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

A quantitative electroencephalogram (qEEG) involves the recording of EEG signals that are processed using mathematical algorithms to produce a graphic representation of EEG data. Computer-analyzed EEG data can be displayed as topographic brain maps and can allow for frequency analyses that can be compared with a reference database) Quantitative EEG-derived data can be reviewed based on distribution, power, ratio, coherence, and cortical connectivity. Clinical use of quantitative EEG has been proposed as an adjunct in the diagnosis of neuropsychiatric disorders (eg, attention-deficit hyperactivity disorder, depression, posttraumatic stress disorder), neurodegenerative disorders (eg, Alzheimer disease, Parkinson disease), and mild traumatic brain injury (including postconcussive syndrome), and for predicting and monitoring treatment response to psychotropic drugs.

## Applicable Codes

### Pre Surgical Brain Mapping

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® or HCPC Codes	Description
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 (List separately in addition to code for primary procedure)
95999	Unlisted neurological or neuromuscular diagnostic procedure
S8040	Topographic Brain Mapping

### Brain Functional MRI (fMRI)

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® or HCPC Codes	Description
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
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12/02/2025	12/02/2025 <sup>MPC</sup> ,	02/03/2026
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<sup>MPC</sup> Medical Policy Committee

Revision History	Description
12/02/2025	MPC approved to adopt criteria for Presurgical Brain Mapping. Requires 60-day notice, effective date 05/1/2026.
02/03/2026	MPC approved the to adopt clinical criteria functional MRI. Requires 60-day notice, effective 07/01/2026