

Electroencephalogram (EEG)

Also known as	1. Scalp Electroencephalogram (EEG)				
Description	A test to assess the brain’s electrical activity. It is used to evaluate the nature or cause of seizures, diagnose coma, evaluate sleep disorders, establish the presence and location of brain tumors, abscesses or brain injuries, diagnose and evaluate the severity of stroke, and identify certain brain or spinal cord infections.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.20.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.20.24	Refreshed due to age.
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Commercial

Introduction	This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.				
Benefits (all except MMP)	Quote office visit or outpatient hospital benefits.				
Mayo Medical Plan (MMP)	Quote office visit or outpatient hospital benefits.				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.20.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.20.24	Refreshed due to age.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	Medicaid only groups: <ul style="list-style-type: none">• See Medicaid below. Medicare eligible groups: <ul style="list-style-type: none">• Quote office visit or outpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	Quote office visit or outpatient hospital benefits. <ul style="list-style-type: none">• Medica is the only payer.				
Cost (Prime)	Quote outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details. <ul style="list-style-type: none">• Follows Medicare guidelines.				
Med Advantage	Quote outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details. <ul style="list-style-type: none">• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	Quote office visit or outpatient hospital benefits. <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	Quote office visit or outpatient hospital benefits.				
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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.				
Benefits	<p>Quote diagnostic services. If section doesn't exist, quote other outpatient hospital services received from a physician.</p> <p>Medica IFB DOS prior to 1.1.24: Office visit or outpatient hospital benefits applied.</p>				
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