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Medical Policy

Video Electroencephalographic (EEG) Facility-Based Monitoring

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Product Applicability	☒ **All Plan+ Products**
WellSense Health Plan ☒ NH Medicaid ☒ NH Medicare Advantage	**Boston Medical Center HealthNet Plan** ☒ MassHealth ACO ☒ MassHealth MCO ☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct ☒ Senior Care Options

+ Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

Facility-based video electroencephalographic (EEG) monitoring is considered **medically necessary** when the test is used to evaluate known seizures, suspected seizures, involuntary episodes of movement, and/or altered level of consciousness after non-neurological causes of symptoms have been ruled out and applicable Plan criteria are met. Facility-based video EEG monitoring is conducted when the adult or pediatric member's diagnosis cannot be made by neurological examination, standard EEG studies, ambulatory cassette EEG monitoring, ambulatory EEG monitoring with in-home video recording/monitoring, and/or in-home video EEG recording/monitoring (a type ambulatory EEG monitoring). Once the causes of seizures or symptoms and the specific type of epilepsy have been established, continued facility-based video EEG monitoring (e.g., monitoring the response to therapy or titrating medication dosages) is considered NOT medically necessary and/or when applicable Plan criteria specified in this policy are NOT met; in these cases, response to therapy can be assessed using standard EEG monitoring or ambulatory EEG monitoring.

Prior authorization is required for facility-based video EEG monitoring conducted in an observation setting or inpatient setting when the test is the reason for the inpatient admission. Video EEG monitoring conducted during an authorized inpatient stay does not require a SEPARATE prior authorization. It will be determined during the Plan's prior authorization process if the service is considered medically necessary for the requested indication.

Review the Plan's *Prior Authorization Matrix* and *Code Look-up Tools* for prior authorization requirements (categorized by applicable CPT and HCPCS codes) rather than the guidelines included in this Plan policy for ambulatory EEG monitoring, ambulatory EEG monitoring in conjunction with in-home video EEG recording/monitoring, or in-home video EEG recording/monitoring. The matrix and look-up tools are available at www.bmchp.org for services provided to members enrolled in a BMC HealthNet Plan product (including a Senior Care Options product) and are posted at www.wellsense.org for members enrolled in the WellSense New Hampshire Medicaid and WellSense Medicare Advantage HMO products.

Clinical Criteria

Facility-based video electroencephalographic (EEG) monitoring is considered medically necessary when the following applicable criteria are met in items A through C and documented in the member's medical record:

A. **Clinical Presentation Criteria for Facility-Based Video EEG Monitoring:**

1. A diagnosis cannot be made by neurological examination, standard EEG studies, ambulatory cassette EEG monitoring, ambulatory EEG monitoring with in-home video recording/ monitoring, or in-home video EEG recording/monitoring (a type ambulatory EEG monitoring) and criteria are met for ANY of the indications listed in items a through d:

   a. **Evaluation of Altered Level of Consciousness Without Confirmed Seizure Activity:**

      ALL criteria are met in items (1) through (4):

      (1) Testing indication includes ANY of the following conditions in item (a) or item (b):

         (a) Member is at risk for seizures based on clinical findings of elevated intracranial pressure or cerebral edema; OR

         (b) Member has recurrent symptoms not classic for seizures and testing will be used to differentiate epileptic events from psychogenic nonepileptic seizures (nonepileptic attack disorders) and quantify symptom frequency; AND

      (2) History and lab tests are non-diagnostic for etiology of altered level of consciousness; AND

(3) Routine EEG results are nonspecific or the treating provider has provided medical record documentation that a routine EEG is not medically necessary or not tolerated by the member (e.g., pediatric patient who cannot cooperate adequately for testing or a critically ill patient with conditions such as limbic encephalitis or frontal lobe seizures); AND

(4) For an adult member (i.e., an adult member is 21 years of age or older on the date of service), the results of an MRI◊ of the brain performed within the past 12 consecutive, calendar months is normal/non-diagnostic for etiology of altered level of consciousness; OR

◊ Note: MRI of the brain is NOT required for a pediatric member prior to facility-based video EEG monitoring but may be recommended by the treating provider; a pediatric member is a member less than 21 years of age on the date of service (i.e., until the member's 21st birthday).

b. **Evaluation of Suspected Seizures (Including Involuntary Episodes of Movement):**

ALL criteria are met in items (1) through (4):

(1) Member has suspected nocturnal seizures, suspected nocturnal hypermotor seizures with repetitive motor activity, or recurrent symptoms not classic for seizures and testing will be used to differentiate epileptic events from psychogenic nonepileptic seizures (nonepileptic attack disorders) and quantify symptom frequency; AND

(2) History and lab tests are non-diagnostic for etiology of symptoms; AND

(3) Routine EEG results are nonspecific or the treating provider has provided medical record documentation that a routine EEG is not medically necessary or not tolerated by the member (e.g., pediatric patient who cannot cooperate adequately for testing or a critically ill patient with conditions such as limbic encephalitis or frontal lobe seizures); AND

(4) For an adult member, MRI ◊ of the brain performed within the past 12 consecutive, calendar months is normal/non-diagnostic for etiology of symptoms (with an adult member defined as a member 21 years of age or older on the date of service); OR

◊ Note: MRI of the brain is NOT required for a pediatric member prior to facility-based video EEG monitoring but may be recommended by the treating provider; a pediatric member is a member less than 21 years of age on the date of service (i.e., until the member's 21st birthday).

c. **Evaluation of Known Seizures:**

ALL of the following criteria are met, as specified below in items (1) through (4):

(1) Routine EEG results are nonspecific; AND

(2) For an adult member, MRI◊ of the brain performed within the past 12 consecutive, calendar months is normal/non-diagnostic for seizure etiology (with an adult member defined as a member 21 years of age or older on the date of service); AND

◊ Note: MRI of the brain is NOT required for a pediatric member prior to facility-based video EEG monitoring but may be recommended by the treating provider; a pediatric member is a member less than 21 years of age on the date of service (i.e., until the member's 21st birthday).

(3) Facility-based video EEG monitoring will be done to correctly classify seizure type and quantify seizure frequency in a member where such characterization is medically necessary to select the most appropriate therapeutic regimen (or for modification of anticonvulsant medication when deemed unsafe without the use of facility-based video EEG monitoring); AND

(4) Results of facility-based video EEG monitoring will guide further treatment options in a member with medically refractory seizure activity despite therapeutic antiepileptic drug levels; refractory to treatment is defined as ALL of the following, as specified below in items (a) through (c):

(a) ONE (1) of the following criteria is met, as specified below in item i (when treatment with anticonvulsant medication is appropriate) or item ii (when medication trial is contraindicated):

i. Refractory to treatment with $\geq$ 2 anticonvulsant medications attempted and documented in the member's medical record; OR

ii. Medication trial is contraindicated for the member, as determined by the treating provider (e.g., member with status epilepticus or medication trial has caused worsening of EEG results); AND

(b) Member has had no sudden cessation of heavy alcohol use within 48 hours of the seizure; AND

(c) Member has no intoxication due to drugs of abuse within 48 hours of seizure; OR

d. **Pre-surgical Evaluation:**

ALL of the following criteria are met, as specified below in items (1) through (3):

(1) Facility-based video EEG monitoring will be used to localize the seizure focus in a member with refractory seizures prior to epilepsy surgery; AND

(2) Duration of monitoring criteria (item B below) are met; AND

(3) Testing frequency criteria (item C below) are met; AND

B. **Duration of Monitoring Criteria for Facility-Based Video EEG Monitoring:**

When facility-based video EEG monitoring is medically necessary, this service is initially authorized in an observation setting. The treating provider must contact the Plan to obtain an additional authorization for an inpatient admission for video EEG monitoring at the time it is identified that 49 to 72 hours of monitoring is medically necessary within the same episode of care. ONE (1) of the following criteria in item 1 or item 2 must be met with each request for prior authorization:

1. **Facility-Based Video EEG Monitoring Up to 48 Hours in an Observation Setting:**

When Plan criteria are met, video EEG monitoring will be initially authorized in an observation setting; OR

2. **Facility-Based Video EEG Monitoring 49 Hours to 72 Hours in an Inpatient Setting: ****

When facility-based video EEG monitoring is required beyond 48 hours, BOTH criteria must be met in items a and b:

a. Plan prior authorization has been obtained for facility-based video EEG monitoring and has been conducted in an observation setting for this episode of care; AND

b. Additional time is required during this episode of care to evaluate the member's symptoms after 48 hours of observation; AND

****** Note: The use of intracranial electronics with facility-based video EEG monitoring may require additional monitoring time when Plan medical criteria are met (until the causes of seizures, specific type of epilepsy, and response to therapy have been safely established). Facility-based video EEG monitoring conducted during an authorized inpatient stay does NOT require a separate prior authorization for the video EEG monitoring.

C. **Testing Frequency Criteria:**

ANY of the criteria must be met in items 1 through 3:

1. Facility-based video EEG monitoring will be conducted for a diagnostic purpose, and the adult member or pediatric member has not had the test performed within the past 12 consecutive calendar months; OR

2. Facility-based video EEG monitoring will be conducted to assist with treatment adjustment, and the adult member or pediatric member has not had the test performed more than twice within the past 12 consecutive calendar months; OR

3. The member is less than 21 years of age on the date of service (i.e., until the member's 21st birthday) and has at least ONE (1) of the following conditions, as specified below in items a through c:

   a. Epileptic encephalopathy (e.g., Landau-Kleffner syndrome or syndrome of continuous spikes and waves during slow-wave sleep); OR

   b. Infantile spasms refractory to treatment; OR

   c. Recurrent status epilepticus.

Limitations and Exclusions

1. When Plan criteria are met for facility-based video EEG monitoring (in an observation setting which may not exceed 48 hours or in an inpatient setting), the following guidelines apply:

   a. The Plan will pre-authorize a total of three (3) inpatient days for eligible members if the applicable medical necessity criteria are met.

   b. Up to two (2) additional days for medication management and/or titration of medication dosages for facility-based video EEG monitoring are considered medically necessary when at least ONE (1) of the following criteria is met, as specified below in item (1) or item (2):

      (1) There is documentation of infrequent or insufficient EEG changes; OR

      (2) The presence of EEG changes is indicative of seizure activity without clinical manifestations of this activity.

   c. Other factors may influence the length of monitoring and **require Plan Medical Director review,** including ANY of the following, as specified below in items (1) through (4):

(1) The overall impact and sequential timing of antiepileptic drug discontinuation; OR

(2) Patient comorbidities; OR

(3) The need to capture at least three (3) events in the evaluation of patients for epilepsy surgery; OR

(4) The use of intracranial electrodes during facility-based video EEG monitoring.

2. Facility-based video EEG monitoring conducted in an outpatient setting (other than in an observation setting) is considered experimental and investigational or NOT medically necessary due to the limited amount of time to evaluate the member's symptoms during monitoring.

3. Contraindications include ANY of the following listed in items a through d:

   a. Concurrent use of seizure-provoking medication; OR

   b. Sudden cessation of heavy alcohol use within 48 hours of a seizure; OR

   c. Intoxication due to drugs of abuse within 48 hours of a seizure; OR

   d. Testing of unattended member and/or non-cooperative member.

4. Limitations on testing frequency for facility-based video EEG monitoring include ANY of the following, as specified below in item a or item b:

   a. A request for facility-based video EEG monitoring conducted for a diagnostic purpose requires Plan Medical Director review when the testing is more frequent than once in a 12-consecutive-month period; OR

   b. A request for facility-based video EEG monitoring conducted for treatment adjustment requires Plan Medical Director review when the testing is more frequent than twice within a 12-consecutive-month period.

5. Any request for facility-based video EEG monitoring that does NOT meet the Plan's applicable medical necessity criteria is generally considered experimental and investigational or NOT medically necessary due to limited documentation of the clinical utility and clinical validity of testing for other indications, including but not limited to facility-based video EEG monitoring to assess the effectiveness of drug treatment in epilepsies, determine prognosis of cardiac arrest treated with hypothermia or prognosis of newborns with hypoxic-ischemic encephalopathy treated with hypothermia, and/or diagnose attention-deficit/hyperactivity disorder (ADHD). Plan Medical Director review is required for individual consideration.

6. In-home video EEG monitoring is NOT considered medically necessary when used as an alternative to, or in combination with, facility-based video EEG monitoring, even when applicable criteria are met in the Clinical Criteria section.

Variations

The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for Senior Care Options (SCO) members and WellSense Medicare Advantage HMO members, including but not limited to national coverage determinations (NCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. At the time of the Plan's most recent policy review, NCD 160.22 includes guidelines on the use of ambulatory electroencephalograms (EEG) but does not reference video EEG monitoring as a component of testing. LCD L33399 does include the use video monitors with ambulatory EEG. Verify CMS guidelines in effect on the date of the prior authorization request. When there is no guidance from CMS for the requested service, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United Stated by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria section and Limitations and Exclusions section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in this Applicable Coding section. Review the Plan's reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member's benefit plan in effect at the time of the service. Member benefit documents are available at the following websites: www.bmchp.org for BMC HealthNet Plan members, www.SeniorsGetMore.org for Senior Care Options members, www.wellsense.org for WellSense New Hampshire Medicaid members, and www.WellSense.org/Medicare for WellSense Medicare Advantage HMO members.

CPT Codes	Description: Code Covered When Medically Necessary
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
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
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)
95720	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)
95722	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)
95724	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)
95726	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)

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Policy History

Original Approval Date	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 05/09/06	06/09/06 Version 1	Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)	Quality and Clinical Management Committee (Q&CMC)

*Effective Date for the BMC HealthNet Plan Commercial Product: 01/01/12
*Effective Date for the WellSense New Hampshire Medicaid Product: 01/01/13
*Effective Date for the Senior Care Options Product: 01/01/16
*Effective Date for the WellSense Medicare Advantage HMO Product: 01/01/22

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date and Version Number**	**Approved by**
05/08/07	Updated clinical criteria, references, template, added coding.	Version 2	05/08/07: MPCTAC 05/24/07: Utilization Management Committee (UMC) 07/12/07: QIC
05/13/08	No changes.	Version 3	05/13/08: MPCTAC 05/20/08: UMC 05/28/08: QIC
05/26/09	No changes to criteria or applicable code list. Updated references.	Version 4	05/26/09: MPCTAC 05/26/09: UMC 06/24/09: QIC
05/01/11	Updated references and the clinical criteria section by changing the criteria from the evaluation and treatment of complex partial and secondary seizures to: Differentiate epileptic events from pseudo-seizures; or to quantify seizure frequency; or to correctly classify seizure type in patients where such characterization is medically necessary to select the most appropriate therapeutic regimen; or to localize the seizure focus in patients with refractory seizures prior to epilepsy	Version 5	05/18/11: MPCTAC 06/22/11: QIC

Policy Revisions History			
	surgery; or to establish a diagnosis in neonates or very young children; or in a patient with medically refractory seizure activity despite therapeutic antiepileptic drug levels.		
05/01/12	References updated and applicable code list revised to include only video EEG monitoring.	Version 6	05/16/12: MPCTAC 06/27/12: QIC
07/30/12	Off cycle review for WellSense New Hampshire Medicaid product. Reformatted Medical Policy Statement and deleted reference to inpatient days.	Version 7	08/03/12: MPCTAC 09/05/12: QIC
03/01/13	Review for effective date 07/01/13. Updated References, Summary, and Description of Item or Service sections. Referenced Plan policy, *Medically Necessary*, policy number OCA: 3.14. Updated language in Applicable Coding section, revised Medical Policy Statement section (formerly titled Clinical Guideline Statement section), and revised and added to Limitations section. Changed name of policy category from "Clinical Coverage Guidelines" to "Medical Policy."	07/01/13 Version 8	03/20/13: MPCTAC 04/18/13: QIC
08/14/13 and 08/15/13	Off cycle review. Incorporate policy revisions dated 03/01/13 (as specified above) for the WellSense New Hampshire Medicaid product; these policy revisions were approved by MPCTAC on 03/20/13 and QIC on 04/18/13 for applicable Plan products. Additional review of policy conducted.	Version 9	08/14/13: MPCTAC (electronic vote) 08/15/13: QIC
10/01/13 and 11/08/13	Review for effective date 02/01/14. Revised title, Summary section, Description of Item or Service section, and Clinical Background Information section to include testing in the observation setting and inpatient setting. Revised Medical Policy Statement section to add and categorize criteria by clinical indication, location of care, and testing frequency. Revised limitations. Added limitations for home video EEG monitoring and outpatient video EEG monitoring (in a setting other than	02/01/14 Version 10	11/08/13: MPCTAC (electronic vote after MPCTAC meeting on 10/16/13) 11/21/13: QIC

Policy Revisions History			
	observation). Updated References section.		
06/25/14	Review for effective date 10/01/14. Revised the Summary section and added a reference to the WellSense New Hampshire Medicaid reimbursement policy, *Reimbursement Guidelines – Hospital* (policy number WS 4.21). Updated Description of Item or Service section and Clinical Background Information section. Added definitions in Definitions section. Revised criteria in the Medical Policy Statement section and Limitations section. Updated references. Defined an adult member as a member age 21 years or older on the date of service.	10/01/14 Version 11	06/30/14: MPCTAC (electronic vote) 07/09/14: QIC
04/01/15	Review for effective date 06/01/15. Removed Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available. Clarified Medical Policy Statement section and Limitations section without changing criteria. Updated references.	06/01/15 Version 12	04/01/15: MPCTAC 05/13/15: QIC
11/25/15	Review for effective date 01/01/16. Updated template with list of applicable products and notes. Revised language in the Applicable Coding section.	01/01/16 Version 13	11/18/15: MPCTAC 11/25/15: MPCTAC (electronic vote) 12/09/15: QIC
04/01/16	Review for effective date 08/01/16. Revised the Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections. Administrative changes made to the Limitations section. Criteria changes made in the Medical Policy Statement section.	08/01/16 Version 14	04/20/16: MPCTAC 05/23/16: QIC
04/01/17	Review for effective date 05/08/17. Updated References section.	05/08/17 Version 15	04/19/17: MPCTAC
04/01/18	Review for effective date 05/01/18. Administrative changes made to the Policy Summary, Medical Policy Statement, Limitations, References, and Other Applicable Policies sections.	05/01/18 Version 16	04/18/18: MPCTAC
04/01/19	Review for effective date 07/01/19. Administrative changes made to the Policy	07/01/19 Version 17	04/18/19: MPCTAC (electronic vote)

Policy Revisions History			
	Summary, Description of Item or Service, Medical Policy Statement, Definitions, Clinical Background Information, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections. Plan note added to the Applicable Coding section. Criteria updated in the Limitations section.		
12/01/19	Review for effective date 01/01/20. Administrative changes made to the References and Reference to Applicable Laws and Regulations sections. Industry-wide code updates made to the Applicable Coding section.	01/01/20 Version 18	12/18/19: MPCTAC
04/01/20.	Review for effective date 05/01/20. Administrative changes made to the References and Reference to Applicable Laws and Regulations sections. Updated the policy title.	05/01/20 Version 19	04/15/20: MPCTAC
04/01/21	Review for effective date 07/01/21. Criteria revised in the Medical Policy Statement Limitations sections. Updated the References section.	07/01/21 Version 20	04/21/21: MPCTAC
11/01/21	Review for effective date 12/01/21. Adopted new medical policy template; removed administrative sections, the Medical Policy Statement section renamed the Clinical Criteria section, and the Limitations section renamed the Limitations and Exclusions section. Added WellSense Medicare Advantage HMO as an applicable product effective 01/01/22. Administrative changes made to the Policy Summary, Clinical Criteria, Limitations and Exclusions, Applicable Coding, and References sections.	12/01/21 Version 21	11/17/21: MPCTAC

Next Review Date

04/01/22

Authorizing Entity

MPCTAC

Disclaimer Information: +

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.