

A L E R T

May 30, 2024

TO: Physicians and Independent Radiology Clinic Providers

RE: Rate Change for EEG Procedure Codes

Effective for dates of service on and after **October 1, 2024**, the Alabama Medicaid Agency will change the reimbursement rates for the following EEG procedure codes:

CPT	Description	Current Medicaid Reimbursement Rate	New Medicaid Reimbursement Rate (Effective 10/01/2024)
95700	EEG CONT REC W/ VID EEG TECH	\$78.65	\$93.25
95706	EEG W/O VID 2-12HR INTMT MNTR	\$78.65	\$132.73
95707	EEG W/O VID 2-12HR CONT MNTR	\$78.65	\$243.75
95708	EEG W/O VID EA 12-26HR UNMNTR	\$78.65	\$112.50
95709	EEG W/O VID EA 12-26HR INTMT	\$78.65	\$279.94
95710	EEG W/O VID EA 12-26HR CONT	\$78.65	\$487.50
95712	VEEG 2-12 HR INTMT MNTR	\$186.65	\$206.25
95713	VEEG 2-12 HR CONT MNTR	\$186.65	\$281.25
95715	VEEG EA 12-26HR INTMT MNTR	\$186.65	\$412.50
95716	VEEG EA 12-26HR CONT MNTR	\$186.65	\$562.50

NOTE: These new rates do not impact Physician Teaching rates.

Providers with billing questions should contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.