



VIDEO MONITORING EEG ORDER FORM

(1) PATIENT DEMOGRAPHICS

Patient Name: _____ Email Address: _____
 Patient Phone: _____ Patient Cell: _____ Patient DOB: _____
 Patient Address: _____ City, State, ZIP: _____
 Primary Insurance: _____ Ins. ID#: _____ Group #: _____
 Secondary Insurance: _____ Ins. ID#: _____ Group #: _____

(2) CLINICAL HISTORY - MEDICARE ACCEPTED ICD-10 CODES - CHECK ALL THAT APPLY

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| <input type="checkbox"/> F44.5 Conversion disorder with seizures or convulsions | <input type="checkbox"/> G40.A11 Absence epileptic syndrome, intractable, with status epilepticus | <input type="checkbox"/> G40.919 Epilepsy, unspecified, intractable, without status epilepticus |
| <input type="checkbox"/> G40.101 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus | <input type="checkbox"/> G40.A19 Absence epileptic syndrome, intractable, without status epilepticus | <input type="checkbox"/> P91.60 Hypoxic ischemic encephalopathy [HIE], unspecified |
| <input type="checkbox"/> G40.109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus | <input type="checkbox"/> G40.B09 Juvenile myoclonic epilepsy not, intractable, without status epilepticus | <input type="checkbox"/> P91.61 Mild hypoxic ischemic encephalopathy [HIE] |
| <input type="checkbox"/> G40.111 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus | <input type="checkbox"/> G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus | <input type="checkbox"/> P91.62 Moderate hypoxic ischemic encephalopathy [HIE] |
| <input type="checkbox"/> G40.119 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus | <input type="checkbox"/> G40.409 Other generalized epilepsy and epileptic syndromes not intractable, without status epilepticus | <input type="checkbox"/> P91.63 Severe hypoxic ischemic encephalopathy [HIE] |
| <input type="checkbox"/> G40.201 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus | <input type="checkbox"/> G40.802 Other epilepsy: Other epilepsy, not intractable, without status epilepticus | <input type="checkbox"/> R40.4 Transient alteration of awareness |
| <input type="checkbox"/> G40.209 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus | <input type="checkbox"/> G40.812 Lennox-Gastaut syndrome not intractable, without status epilepticus | <input type="checkbox"/> R41.0 Disorientation, unspecified |
| <input type="checkbox"/> G40.211 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus | <input type="checkbox"/> G40.814 Lennox-Gastaut syndrome intractable, without status epilepticus | <input type="checkbox"/> R41.82 Altered mental status, unspecified |
| <input type="checkbox"/> G40.219 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus | <input type="checkbox"/> G40.821 Epileptic spasms, not intractable, with status epilepticus | <input type="checkbox"/> R42 Dizziness and giddiness (EGK ONLY) |
| <input type="checkbox"/> G40.309 Generalized idiopathic epilepsy and epileptic syndromes not intractable, without status epilepticus | <input type="checkbox"/> G40.822 Epileptic spasms, not intractable, without status epilepticus | <input type="checkbox"/> R55 Syncope and Collapse |
| <input type="checkbox"/> G40.319 Generalized idiopathic epilepsy and epileptic syndromes intractable, without status epilepticus | <input type="checkbox"/> G40.824 Epileptic spasms, intractable, without status epilepticus | <input type="checkbox"/> R56.01 Complex febrile convulsions |
| <input type="checkbox"/> G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus | <input type="checkbox"/> G40.89 Other seizures | <input type="checkbox"/> R56.1 Post traumatic seizures |
| <input type="checkbox"/> G40.A09 Absence epileptic syndrome, not intractable, without status epilepticus | <input type="checkbox"/> G40.901 Epilepsy, unspecified not intractable, with status epilepticus | <input type="checkbox"/> R56.9 Unspecified convulsions |
| | <input type="checkbox"/> G40.909 Epilepsy, unspecified, not intractable, without status epilepticus | <input type="checkbox"/> S06.2X0A Diffuse traumatic brain injury |
| | <input type="checkbox"/> G40.911 Epilepsy, unspecified, intractable, with status epilepticus | <input type="checkbox"/> Other (Please Specify): _____ _____ _____ |

(3) PROCEDURE ORDERED Long-Term Video Ambulatory EEG

Length of Monitoring

48 HRS 72 HRS 96 HRS 120 HRS 144 HRS 168 HRS

• Previous EEG: REEG SDEEG A-EEG EMU

If previous EEG is not indicated a Routine EEG (95816) will be performed if required by payer.

• Results: Normal Abnormal Slowing

HISTORY:

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(4) ORDERING PHYSICIAN INFORMATION

Physician Name: _____ NPI#: _____

Physician Address: _____ City, State, ZIP: _____

Physician Phone: _____ Physician Fax: _____ Email: _____

Physician Statement: *I certify that I am referring the above named patient for long-term electroencephalographic (EEG) Monitoring or video long-term EEG monitoring as listed above and to the best of my knowledge this test is medically necessary in order to diagnose the patient.*

Physician Signature: _____ Date Ordered: _____