

# Routine EEG - Order Form Instructions

You are always welcome to submit your orders via fax to either: 877-492-1768 or 877-944-2111, however if you prefer to submit your orders online go to [www.integrisneuro.com/order-forms](http://www.integrisneuro.com/order-forms) and follow the instructions below.

1 Navigate to <https://www.integrisneuro.com/order-forms>

2 Click "Submit Online"



## Routine EEG Order

Submit Online

Download A Copy

3 Click "Start Filling"

**INTEGRIS NEURO** Routine EEG Order Form

Procedure:  Routine EEG (95819) Awake & Sleep Sleep Deprived?  Yes  No  Additional Orders:  
 Routine EEG (95816) Awake & Drowsy Description

Patient (Last, First) DOB Sex (M/F) Primary Language  
Address City State Zip Code  
Patient Phone Number Alternate Phone Number Parent/Guardian Name (Required For Minors) Parent/Guardian Phone #  
Primary Insurance Secondary Insurance  
Primary Insurance (Member ID) Secondary Insurance (Member ID)

**Medicare Accepted ICD-10 Codes**  
Check All That Apply  
 I92.0 Health disorder  
 I92.3 Myocardial  
 G46.101 Localization related focal partial or complex partial seizures, not intractable, with onset age 16 to 18  
 G46.102 Localization related focal partial or complex partial seizures, not intractable, with onset age 19 to 20  
 G46.111 Localization related focal partial or complex partial seizures, intractable, with onset age 16 to 18  
 G46.112 Localization related focal partial or complex partial seizures, intractable, with onset age 19 to 20  
 G46.201 Localization related focal partial or complex partial seizures, not intractable, with onset age 16 to 18  
 G46.202 Localization related focal partial or complex partial seizures, not intractable, with onset age 19 to 20  
 G46.211 Localization related focal partial or complex partial seizures, intractable, with onset age 16 to 18  
 G46.212 Localization related focal partial or complex partial seizures, intractable, with onset age 19 to 20  
 G46.300 Generalized symmetric epilepsy with multiple spikes, not intractable, without onset age 16 to 18  
 G46.311 Generalized symmetric epilepsy with multiple spikes, intractable, without onset age 16 to 18  
 G46.301 Epilepsy, unspecified, not intractable, with onset age 16 to 18  
 G46.302 Epilepsy, unspecified, not intractable, with onset age 19 to 20  
 G46.311 Epilepsy, unspecified, intractable, with onset age 16 to 18  
 G46.312 Epilepsy, unspecified, intractable, with onset age 19 to 20  
 G46.399 Epilepsy, unspecified, intractable, without onset age 16 to 18  
 G46.391 Epilepsy, unspecified, intractable, with onset age 16 to 18  
 G46.392 Epilepsy, unspecified, intractable, with onset age 19 to 20

Ordering Physician  
Phone # Fax #  
Address  
Address 2  
NPI # Physician Office Contact  
Does patient have follow-up visit scheduled?  Yes  No

**Start Filling** →

4 Fill in the form with necessary information.

Order Form

**Procedure**

Procedure \*

Routine EEG (95819) Awake & Sleep  
 Routine EEG (95816) Awake & Drowsy

Additional Orders?  
 Yes

**Patient Information**

5 Be sure to fill in all fields highlighted Red as these are required.

Yes

### Patient Information

**Patient (Last, First) \***

**Date of Birth \***

MM-DD-YYYY

Date

**Sex (M/F) \***

**Primary Language**

**Address \***

6 Select All ICD-10 Codes that will apply to this order.

**Interpreting Physician \***

Self

Other

**Medicare Accepted ICD-10 Codes (Check All That Apply) \***

F84.0 - Autistic disorder

G25.3 - Myoclonus

G40.101 - Localization-related (focal) partial w/ simple p  
intractable, w/ status epilepticus

G40.109 - Localization-related (focal) partial w/ simple p  
intractable, w/o status epilepticus

G40.111 - Localization-related (focal) partial w/ simple p  
w/ status epilepticus

G40.119 - Localization-related (focal) partial w/ simple p  
w/o status epilepticus

**7** Sign the "Physician Signature" Field.

(EEG) monitoring, or 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. I understand that the testing provider will not provide a diagnosis nor will they recommend any therapy for this patient.

Physician Signature \*



Date \*

**8** Click "Next"

Clear




Next

9

Please add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.)

Please add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.)

  
**Browse Files**  
Drag and drop files here


Back

Submit

10

Click "Submit"

Please add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.)

  
**Browse Files**  
Drag and drop files here

Back

Submit

**11** Your order has been submitted at this point.



**Thank You!**

Your submission has been received