

Procedure: **Routine EEG (95819) Awake & Sleep**

 Sleep Deprived? Yes No

 Routine EEG (95816) Awake & Drowsy
 Additional Orders:

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

- F84.0 Autistic disorder
- G25.3 Myoclonus
- G40.101 Localization-related (focal) partial w/ simple partial seizures, not intractable, w/ status epilepticus
- G40.109 Localization-related (focal) partial w/ simple partial seizures, not intractable, w/o status epilepticus
- G40.111 Localization-related (focal) partial w/ simple partial seizures, intractable, w/ status epilepticus
- G40.119 Localization-related (focal) partial w/ simple partial seizures, intractable, w/o status epilepticus
- G40.201 Localization-related (focal) partial w/ complex partial seizures, not intractable, w/ status epilepticus
- G40.209 Localization-related (focal) partial w/ complex partial seizures, not intractable, w/o status epilepticus
- G40.211 Localization-related (focal) partial w/ complex partial seizures, intractable, w/ status epilepticus
- G40.219 Localization-related (focal) partial w/ complex partial seizures, intractable, w/o status epilepticus
- G40.309 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
- G40.311 Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
- G40.901 Epilepsy, unspecified, not intractable, with status epilepticus
- G40.909 Epilepsy, unspecified, not intractable, without status epilepticus
- G40.911 Epilepsy, unspecified, intractable, with status epilepticus
- G40.919 Epilepsy, unspecified, intractable, without status epilepticus
- G43.001 Migraine without aura, not intractable, with status migrainosus
- G43.009 Migraine without aura, not intractable, without status migrainosus
- G43.011 Migraine without aura, intractable, with status migrainosus
- G43.019 Migraine without aura, intractable, without status migrainosus
- G43.101 Migraine with aura, not intractable, with status migrainosus
- G43.109 Migraine with aura, not intractable, without status migrainosus
- G43.119 Migraine with aura, intractable, without status migrainosus
- G45.9 Transient cerebral ischemic attack, unspecified
- G93.49 Other Encephalopathy
- R25.1 Tremor, unspecified
- R25.2 Cramp and spasm
- R25.9 Unspecified abnormal involuntary movements
- R40.4 Transient alteration of awareness
- R41.82 Altered mental status, unspecified
- R42 Dizziness and giddiness
- R53.83 Other fatigue
- R55 Syncope and collapse
- R56.9 Unspecified convulsions
- R62.0 Delayed milestone in childhood
- R62.50 Unspecified lack of expected normal physiological development in childhood
- _____ Other _____

Ordering Physician

Phone #

Fax #

Address

Address 2

NPI #

Physician Office Contact

 Does patient have follow-up visit scheduled? Yes No

If Yes, when? ____/____/____

Interpreting Physician
 Self (Same as referring physician)

 Other _____

Physician Statement

I certify that I am referring the above named patient for long-term electroencephalographic (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 diagnostic testing provider will not provide a diagnosis nor will they recommend any therapeutic treatment for this patient.

Physician Signature

Date

 PLEASE SEND COPIES OF FRONT & BACK OF INSURANCE CARDS,
PATIENT DEMOGRAPHIC SHEET, & CLINICAL NOTES.