



Procedure: **Long Term Video Ambulatory EEG** **Additional Orders:**

Length of Video Intermittent Monitoring (Select One)

2 Days **3 Days** **4 Days**

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

- F44.4** Conversion disorder with motor symptom or deficit
- F44.6** Conversion disorder with sensory symptom or deficit
- G40.009** Localization-related (focal) partial idiopathic epilepsy and epileptic syndromes w/ seizures of localized onset, not intractable, w/o SE
- G40.019** Localization-related (focal) partial idiopathic epilepsy and epileptic syndromes w/ seizures of localized onset, intractable, w/o SE
- G40.109** Localization-related (focal) partial w/ simple partial seizures, not intractable, w/o SE
- G40.209** Localization-related (focal) partial w/ complex partial seizures, not intractable, w/o SE
- G40.219** Localization-related (focal) partial w/ complex partial seizures, intractable, w/o SE
- G40.309** Generalized idiopathic epilepsy and epileptic syndromes, not intractable, w/o SE
- G40.319** Generalized idiopathic epilepsy and epileptic syndromes, intractable, w/o SE
- G40.409** Other generalized epilepsy and epileptic syndromes, not intractable, w/o SE
- G40.419** Other generalized epilepsy and epileptic syndromes, intractable, w/o SE
- G40.802** Other epilepsy, not intractable, w/o SE
- G40.803** Other epilepsy, not intractable, w/o SE
- G40.804** Other epilepsy, intractable, w/o SE
- G40.812** Lennox-Gastaut syndrome, not intractable, w/o SE
- G40.814** Lennox-Gastaut syndrome, intractable, w/o SE
- G40.89** Other seizures
- G40.909** Epilepsy, unspecified, not intractable, w/o SE
- G40.919** Epilepsy, unspecified, intractable, w/o SE
- G40.A09** Absence epileptic syndrome, not intractable, w/o SE
- G40.A19** Absence epileptic syndrome, intractable, w/o SE
- G40.B09** Juvenile myoclonic epilepsy, not intractable, w/o SE
- G40.B19** Juvenile myoclonic epilepsy, intractable, w/o SE
- R40.4** Transient alteration of awareness
- R41.82** Altered mental status, unspecified
- R55** Syncope and collapse
- R56.1** Post traumatic seizures
- R56.9** Unspecified convulsions
- _____ Other _____

Ordering Physician

Phone #

Fax #

Address

Address 2

NPI #

Physician Office Contact

Does patient have follow-up visit scheduled? Yes No

If Yes, when? ____/____/____

Has the patient had a routine EEG? 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 & ROUTINE EEG REPORT.

Email to **admin@integrisneuro.com** or Fax to **1-877-492-1768** / Alt. Fax **1-877-944-2111**