

VIDEO MONITORING EEG ORDER FORM

REPRESENTATIVE: _____

① PATIENT DEMOGRAPHICS		
PATIENT NAME		EMAIL ADDRESS
PATIENT PHONE	PATIENT CELL	DATE OF BIRTH
PATIENT ADDRESS		CITY, STATE, ZIP
PRIMARY INSURANCE	INSURANCE ID #	GROUP #
SECONDARY INSURANCE	INSURANCE ID #	GROUP #

② CLINICAL HISTORY — MEDICARE ACCEPTED ICD-10 CODES — CHECK ALL THAT APPLY		
<input type="checkbox"/> F44.4 Conversion disorder (motor)	<input type="checkbox"/> G40.109 Focal symptomatic epilepsy (simple partial), not intractable, w/o status	<input type="checkbox"/> G40.501 Seizures (external causes, non-intractable, status)
<input type="checkbox"/> F44.5 Conversion disorder (seizures/convulsions)	<input type="checkbox"/> G40.111 Focal symptomatic epilepsy (simple partial), intractable, w/ status	<input type="checkbox"/> G40.509 Seizures (external causes, non-intractable)
<input type="checkbox"/> F44.6 Conversion disorder (sensory)	<input type="checkbox"/> G40.119 Focal symptomatic epilepsy (simple partial), intractable, w/o status	<input type="checkbox"/> G40.801 Other epilepsy (non-intractable, status)
<input type="checkbox"/> F44.7 Conversion disorder (mixed)	<input type="checkbox"/> G40.201 Focal symptomatic epilepsy (complex partial), not intractable, w/ status	<input type="checkbox"/> G40.802 Other epilepsy (non-intractable)
<input type="checkbox"/> G40.A01 Absence epilepsy, not intractable, w/ status epilepticus	<input type="checkbox"/> G40.209 Focal symptomatic epilepsy (complex partial), not intractable, w/o status	<input type="checkbox"/> G40.803 Other epilepsy (intractable, status)
<input type="checkbox"/> G40.A09 Absence epilepsy, not intractable, w/o status epilepticus	<input type="checkbox"/> G40.211 Focal symptomatic epilepsy (complex partial), intractable, w/ status	<input type="checkbox"/> G40.804 Other epilepsy (intractable)
<input type="checkbox"/> G40.A11 Absence epilepsy, intractable, w/ status epilepticus	<input type="checkbox"/> G40.219 Focal symptomatic epilepsy (complex partial), intractable, w/o status	<input type="checkbox"/> G40.89 Other seizures
<input type="checkbox"/> G40.A19 Absence epilepsy, intractable, w/o status epilepticus	<input type="checkbox"/> G40.301 Generalized idiopathic epilepsy, not intractable, w/ status	<input type="checkbox"/> G40.901 Epilepsy, unspecified (non-intractable, status)
<input type="checkbox"/> G40.001 Localization-related idiopathic epilepsy, not intractable, w/ status	<input type="checkbox"/> G40.309 Generalized idiopathic epilepsy, not intractable, w/o status	<input type="checkbox"/> G40.909 Epilepsy, unspecified (non-intractable)
<input type="checkbox"/> G40.009 Localization-related idiopathic epilepsy, not intractable, w/o status	<input type="checkbox"/> G40.311 Generalized idiopathic epilepsy, intractable, w/ status	<input type="checkbox"/> G40.911 Epilepsy, unspecified (intractable, status)
<input type="checkbox"/> G40.011 Localization-related idiopathic epilepsy, intractable, w/ status	<input type="checkbox"/> G40.319 Generalized idiopathic epilepsy, intractable, w/o status	<input type="checkbox"/> G40.919 Epilepsy, unspecified (intractable)
<input type="checkbox"/> G40.019 Localization-related idiopathic epilepsy, intractable, w/o status	<input type="checkbox"/> R55 Syncope / Collapse	<input type="checkbox"/> G40.821 Epileptic spasms (non-intractable, status)
<input type="checkbox"/> G40.101 Focal symptomatic epilepsy (simple partial), not intractable, w/ status	<input type="checkbox"/> R56.1 Post-traumatic seizures	<input type="checkbox"/> G40.822 Epileptic spasms (non-intractable)
<input type="checkbox"/> G40.812 Lennox-Gastaut syndrome, not intractable, without status epilepticus	<input type="checkbox"/> R56.9 Unspecified convulsions	<input type="checkbox"/> G40.823 Epileptic spasms (intractable, status)
<input type="checkbox"/> G40.813 Lennox-Gastaut syndrome, intractable, with status epilepticus	<input type="checkbox"/> G40.814 Lennox-Gastaut syndrome, intractable, without status epilepticus	<input type="checkbox"/> G40.824 Epileptic spasms (intractable)

③ PROCEDURE ORDERED — LONG-TERM VIDEO AMBULATORY EEG	
LENGTH OF MONITORING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS <input type="checkbox"/> 96 HRS <input type="checkbox"/> 120 HRS <input type="checkbox"/> 144 HRS <input type="checkbox"/> 168 HRS	
<input checked="" type="checkbox"/> EKG Included I confirm my acknowledgment that an EKG is included and will be performed concurrently with the AEEG as a standard component of testing.	Previous EEG: <input type="radio"/> Yes <input type="radio"/> No If yes, date of EEG: _____ If previous EEG is not indicated, a routine EEG (95816) will be provided if required by payer.

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 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