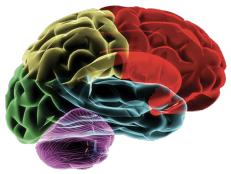


GLOBAL BRAIN CENTER

LONG TERM VIDEO AMBULATORY EEG

www.globalbraincenter.com

Procedure

☑ Long Term Video Ambulatory EEG — If no previous EEG listed below, a Routine EEG will be performed

Length of Video Monitoring (Select One)

☐ 2 Days ☐ 3 Days ☐ 4 Days

☐ Additional Orders _____

Medicare Accepted ICD-10 Codes – Check all that apply

Additional codes exist. Add below in "Other" if desired. SE = Status Epileptic

F44.5	Conversion disorder w/seizures or convulsions	☐
R25.8	Other abnormal involuntary movement	☐
R25.9	Abnormal involuntary movement, unspecified	☐
R29.818	Symptoms/signs involving nervous system	☐
R29.898	Symptoms/signs involving musculoskeletal sy	☐
R40.0	Alteration of consciousness (somnolence)	☐
R40.1	Alteration of consciousness (stupor)	☐
R40.4	Transient alteration of awareness	☐
R41.0	Disorientation/confusion of unspecified	☐
R41.82	Altered mental status, unspecified	☐
R55	Syncope and collapse	☐
R56.1	Post traumatic seizures	☐
R56.9	Unspecified convulsions	☐
R25.1	Unspecified Tremor	☐
R45.1	Restlessness and agitation	☐
G40.001	Localization-related (focal)(partial) idiopathic epilepsy	☐
G40.201	Localization-related(focal) partial w/complex partial seizures, not intractable, w/SE	☐
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, w/SE	☐
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, w/o SE	☐
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, w/ SE	☐
G40.802	Other epilepsy, not intractable, w/o SE	☐
G40.804	Other epilepsy, intractable, w/o SE	☐
G40.901	Epilepsy, unspecified, not intractable, w/ SE	☐
G40.909	Epilepsy, unspecified, not intractable, w/o SE	☐
G40.911	Epilepsy, unspecified, intractable, w/ SE	☐
G40.919	Epilepsy, unspecified, intractable, w/o SE	☐
_____	Other _____	

Interpreting Physician

☐ Self (same as referring physician)

☐ Other _____

Clinical History

(if no previous EEG listed below, a Routine EEG will be performed)

- **Previous EEG**

☐ REEG ☐ SDEEG ☐ A-EEG ☐ EMU

- **Results**

☐ Normal ☐ Abnormal ☐ Slowing

Patient (Last, First)

Patient best phone # _____

Primary language _____

Address _____

_____

Patient alternate phone # _____

DOB _____

SSN _____ Sex M/F_____

Parent / Guardian (required for minors):

Name _____

Parent/Guardian phone # _____

Primary Insurance _____

Secondary Insurance _____

Ordering Physician _____

Phone # _____

Address _____

_____

Fax # Hjio

NPI # _____

Physician Office Contact _____

Does patient have follow-up visit scheduled? ☐ Yes ☐ No

If Yes, when? _____/_____/_____

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.

_____

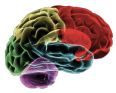
Physician Signature Date mm/dd/yy

PLEASE SEND COPIES OF FRONT & BACK OF INSURANCE CARDS, PATIENT DEMOGRAPHIC SHEET, CLINICAL NOTES & ROUTINE EEG REPORT

(include medication list current and past seizure meds)

***Email to* office@globalbraincenter.com**

***or* eFax *to* 817-290-1917**



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