

GLOBAL BRAIN CENTER

LONG TERM VIDEO AMBULATORY EEG

www.globalbraincenter.com

Procedure If no previous EEG listed below, a Routine EEG will be performed

Long Term Video Ambulatory EEG

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
- R40.0 Alteration of consciousness (somnia)
- R40.1 Alteration of consciousness (stupor)
- R41.82 Altered mental status, unspecified
- R55 Syncope and collapse
- R56.1 Post traumatic seizures
- R56.9 Unspecified convulsions
- R25.1 Unspecified Tremor
- R41.0 Disorientation/confusion of unspecified
- R25.3 Fasciculation
- R25.2 Cramp and spasm
- R40.4 Transient alteration of awareness
- 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) **Medical director of Global Brain**
- 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)

DOB _____ Sex M/F _____

SSN _____

Patient phone # _____

Patient alternate phone # _____

Primary language _____

Address _____

Parent / Guardian (required for minors):

Name _____

Parent/Guardian phone# _____

Primary Insurance _____

Ins ID _____

Secondary Insurance _____

Ins ID _____

Ordering Physician _____

Phone # _____

Address _____

Fax # _____

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 treat 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.

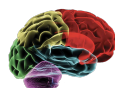
Physician Signature _____

Date mm/dd/yy _____

PLEASE SEND COPIES OF FRONT & BACK OF INSURANCE CARDS, PATIENT DEMOGRAPHIC SHEET, CLINICAL NOTES & ROUTINE EEG REPORT (IF APPLICABLE)
(include medication list current and past seizure meds)

Email to office@globalbraincenter.com

or Fax to 817-290-1917



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