

Patient Name: _____ DOB: _____

Address: _____

Best Contact Number: _____

Insurance: _____ Member ID: _____ Group #: _____

PROCEDURE

☐ Long-Term Ambulatory EEG w/ Video (95951) Includes Digital Spike & Seizure Analysis (95957) & EKG (93268)

Length of Study ☐ 24 Hour ☐ 48 Hour ☐ 72 Hour ☐ 96 Hour ☐ Routine

ICD 10 CLINICAL DIAGNOSIS TO SUPPORT STUDY

Additional

- | | | |
|-------------------------------|--|-------|
| <input type="radio"/> F44.4 | Conversion Disorder w motor symptom or deficit | _____ |
| <input type="radio"/> F44.4 | Conversion Disorder w sensory symptom or deficit | _____ |
| <input type="radio"/> G40.309 | Generalized idiopathic epilepsy syndromes, not intractable w/o SE | _____ |
| <input type="radio"/> G40.311 | Generalized idiopathic epilepsy syndromes, intractable with SE | _____ |
| <input type="radio"/> G40.301 | Generalized idiopathic epilepsy syndromes, not intractable with SE | _____ |
| <input type="radio"/> G40.201 | Localization related (focal) partial w/ complex partial seizures not intractable with SE | _____ |
| <input type="radio"/> G40.209 | Localization related (focal) partial w/ complex partial seizures not intractable w/o SE | _____ |
| <input type="radio"/> G40.211 | Localization related (focal) partial w/ complex partial seizures intractable with SE | _____ |
| <input type="radio"/> G40.219 | Localization related (focal) partial w/ complex partial seizures intractable w/o SE | _____ |
| <input type="radio"/> G40.101 | Localization related (focal) partial w/ simple partial seizures not intractable with SE | _____ |
| <input type="radio"/> G40.109 | Localization related (focal) partial w/ simple partial seizures not intractable w/o SE | _____ |
| <input type="radio"/> G40.111 | Localization related (focal) partial w/ simple partial seizures intractable with SE | _____ |
| <input type="radio"/> G40.119 | Localization related (focal) partial w/ simple partial seizures intractable w/o SE | _____ |
| <input type="radio"/> G40.501 | Epileptic seizures related to external causes, not intractable, with SE | _____ |
| <input type="radio"/> G40.509 | Epileptic seizures related to external causes, not intractable, w/o SE | _____ |
| <input type="radio"/> G40.802 | Other Epilepsy, not intractable, w/o SE | _____ |
| <input type="radio"/> G40.804 | Other Epilepsy, intractable, w/o SE | _____ |
| <input type="radio"/> G40.901 | Epilepsy, unspecified, not intractable, with SE | _____ |
| <input type="radio"/> G40.909 | Epilepsy, unspecified, not intractable, w/o SE | _____ |
| <input type="radio"/> G40.911 | Epilepsy, unspecified, intractable, with SE | _____ |
| <input type="radio"/> G40.919 | Epilepsy, unspecified, intractable, w/o SE | _____ |
| <input type="radio"/> I45.9 | Conduction disorder unspecified | _____ |
| <input type="radio"/> R55 | Syncope & Collapse | _____ |
| <input type="radio"/> R56.1 | Post Traumatic Seizures | _____ |
| <input type="radio"/> R56.9 | Unspecified convulsions | _____ |

History: _____

Previous EEG Date: _____ ☐ REEG ☐ SDEEG ☐ AEEG ☐ EMU

RESULTS: ☐ NORMAL ☐ ABNORMAL ☐ SLOWING

Medical Necessity: I certify that I am referring the above named patient for long-term ambulatory electroencephalographic (AEEG) monitoring or video long-term AEEG monitoring as listed above, and to the best of my knowledge this test is medically necessary in order to diagnose the patient and/or rule out a medical condition. I understand that the diagnostic testing provider will not provide a diagnosis nor will they recommend any therapeutic treatment for this patient.

Physician Name: _____ NPI# _____

Phone: _____ Fax: _____