

### Procedure

**Long Term Video Ambulatory EEG (95951)**

Length of Video Monitoring (**Select One**)

2 Days    3 Days    5 Days    7 Days

Other length \_\_\_\_\_ (Specify)

**Digital Analysis (95957)**

**Additional Orders** \_\_\_\_\_

### Medicare Accepted ICD-10 Codes – **Select all that apply**

Additional codes exist. Add below in "Other" if desired.

SE - status epilepticus

- F44.4** Conversion disorder with motor symptom or deficit
- F44.6** Conversion disorder with sensory symptom or deficit
- G40.309** Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without SE
- G40.311** Generalized idiopathic epilepsy and epileptic syndromes, intractable, with SE
- G40.301** Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with SE
- G40.201** Localization-related (focal) partial w/ complex partial seizures, not intractable, w/ SE
- G40.209** Localization-related (focal) partial w/ complex partial seizures, not intractable, w/o SE
- G40.211** Localization-related (focal) partial w/ complex partial seizures, intractable, w/ SE
- G40.219** Localization-related (focal) partial w/ complex partial seizures, intractable, w/o SE
- G40.101** Localization-related (focal) partial w/ simple partial seizures, not intractable, w/ SE
- G40.109** Localization-related (focal) partial w/ simple partial seizures, not intractable, w/o SE
- G40.111** Localization-related (focal) partial w/ simple partial seizures, intractable, w/ SE
- G40.119** Localization-related (focal) partial w/ simple partial seizures, intractable, w/o SE
- G40.501** Epileptic seizures related to external causes, not intractable, w/ SE
- G40.509** Epileptic seizures related to external causes, not intractable, w/o 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
- G40.901** Epilepsy, unspecified, not intractable, w/ SE
- I45.9** Conduction disorder, unspecified
- R55** Syncope and collapse
- R56.1** Post traumatic seizures
- R56.9** Unspecified convulsions
- \_\_\_\_\_ Other \_\_\_\_\_

### Interpreting Physician

Self (same as referring physician)

Other \_\_\_\_\_

### Clinical History

• **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 # \_\_\_\_\_

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**

**Email completed order to [billing@globalneuro.com](mailto:billing@globalneuro.com) or fax to 1-877-290-1544**