

Procedure

- Routine EEG (95819)**
Sleep Deprived Yes or No
- Extended EEG 41-60 minutes (95812)**
- Extended EEG greater than 1 hour (95813)**
- Additional Orders** _____

Medicare Accepted ICD-10 Codes – Select all that apply

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

- F84.0** Autistic disorder
- F84.3** Other childhood degenerative disorder
- F84.5** Asperger's syndrome
- F84.8** Other pervasive developmental disorders
- F44.4** Conversion disorder with motor symptom or deficit
- F44.6** Conversion disorder with sensory symptom or deficit
- G25.3** Myoclonus
- G40.309** Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
- G40.311** Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
- G40.201** Localization-related (focal) partial w/ complex partial seizures, not intractable, w/ status epilepticus
- G40.209** Localization-related (focal) partial w/ complex partial seizures, not intractable, w/o status epilepticus
- G40.211** Localization-related (focal) partial w/ complex partial seizures, intractable, w/ status epilepticus
- G40.219** Localization-related (focal) partial w/ complex partial seizures, intractable, w/o status epilepticus
- G40.101** Localization-related (focal) partial w/ simple partial seizures, not intractable, w/ status epilepticus
- G40.109** Localization-related (focal) partial w/ simple partial seizures, not intractable, w/o status epilepticus
- G40.111** Localization-related (focal) partial w/ simple partial seizures, intractable, w/ status epilepticus
- G40.119** Localization-related (focal) partial w/ simple partial seizures, intractable, w/o status epilepticus
- G40.901** Epilepsy, unspecified, not intractable, with status epilepticus
- G40.909** Epilepsy, unspecified, not intractable, without status epilepticus
- G40.911** Epilepsy, unspecified, intractable, with status epilepticus
- G40.919** Epilepsy, unspecified, intractable, without status epilepticus
- G43.109** Migraine with aura, not intractable, without status migrainosus
- G43.119** Migraine with aura, intractable, without status migrainosus
- G43.101** Migraine with aura, not intractable, with status migrainosus
- G43.111** Migraine with aura, intractable, with status migrainosus
- G43.009** Migraine without aura, not intractable, without status migrainosus
- G43.019** Migraine without aura, intractable, without status migrainosus
- G43.001** Migraine without aura, not intractable, with status migrainosus
- G43.011** Migraine without aura, intractable, with status migrainosus
- G47.419** Narcolepsy without cataplexy
- G47.411** Narcolepsy with cataplexy
- G93.40** Encephalopathy, unspecified
- H53.9** Unspecified visual disturbance
- G45.9** Transient cerebral ischemic attack, unspecified
- I67.848** Other cerebrovascular vasospasm and vasoconstriction
- R40.4** Transient alteration of awareness
- R55** Syncope and collapse
- R56.9** Unspecified convulsions
- R42** Dizziness and giddiness
- G93.3** Postviral fatigue syndrome
- R53.1** Weakness
- R53.81** Other malaise
- R53.83** Other fatigue
- R41.82** Altered mental status, unspecified
- R25.0** Abnormal head movements
- R25.1** Tremor, unspecified
- R25.2** Cramp and spasm
- R25.3** Fasciculation
- R25.9** Unspecified abnormal involuntary movements
- R62.50** Unspecified lack of expected normal physiological development in childhood
- R62.0** Delayed milestone in childhood
- _____ Other _____

Interpreting Physician

- Self (same as referring physician)
- Other _____

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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 a routine electroencephalographic test (EEG) 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 _____

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