

(1) Patient Demographics - All fields required

Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State / Zip: _____
 E-mail Address: _____ Primary Phone (H)(C): _____ Other Phone (H)(C): _____
 Primary Insurance: _____ Ins.ID#: _____ Group #: _____
 Secondary Insurance: _____ Ins.ID#: _____ Group #: _____

(2) Indications:

- Study for detection of interictal epileptiform abnormalities ONLY.
 Study for detection of interictal epileptiform abnormalities AND (i) subclinical seizure activity AND/OR (ii) clinical events suspected to be seizures.
 Other: _____

(3) ICD-10 Codes to support medical necessity for Long-Term EEG Monitoring:

- | | | |
|--|---|--|
| <input type="checkbox"/> G40.101 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus | <input type="checkbox"/> G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus | <input type="checkbox"/> G40.89 Other seizures |
| <input type="checkbox"/> G40.109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus | <input type="checkbox"/> G40.A09 Absence epileptic syndrome, not intractable, without status epilepticus | <input type="checkbox"/> G40.901 Epilepsy, unspecified, not intractable, with status epilepticus |
| <input type="checkbox"/> G40.111 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus | <input type="checkbox"/> G40.A11 Absence epileptic syndrome, intractable, with status epilepticus | <input type="checkbox"/> G40.909 Epilepsy, unspecified, not intractable, without status epilepticus |
| <input type="checkbox"/> G40.119 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus | <input type="checkbox"/> G40.A19 Absence epileptic syndrome, intractable, without status epilepticus | <input type="checkbox"/> G40.911 Epilepsy, unspecified, intractable, with status epilepticus |
| <input type="checkbox"/> G40.201 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus | <input type="checkbox"/> G40.B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus | <input type="checkbox"/> G40.919 Epilepsy, unspecified, intractable, without status epilepticus |
| <input type="checkbox"/> G40.209 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus | <input type="checkbox"/> G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus | <input type="checkbox"/> P91.60 Hypoxic ischemic encephalopathy [HIE], unspecified |
| <input type="checkbox"/> G40.211 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus | <input type="checkbox"/> G40.409 Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus | <input type="checkbox"/> P91.61 Mild hypoxic ischemic encephalopathy [HIE] |
| <input type="checkbox"/> G40.219 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus | <input type="checkbox"/> G40.812 Lennox-Gastaut syndrome, not tractable, without status epilepticus | <input type="checkbox"/> P91.62 Moderate hypoxic ischemic Encephalopathy [HIE] |
| <input type="checkbox"/> G40.309 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus | <input type="checkbox"/> G40.814 Lennox-Gastaut syndrome, intractable, without status epilepticus | <input type="checkbox"/> P91.63 Severe hypoxic ischemic encephalopathy [HIE] |
| <input type="checkbox"/> G40.319 Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus | <input type="checkbox"/> G40.821 Epileptic spasms, not intractable, with status epilepticus | <input type="checkbox"/> R40.4 Transient alteration of awareness |
| | <input type="checkbox"/> G40.822 Epileptic spasms, not intractable, without status epilepticus | <input type="checkbox"/> R41.0 Disorientation, unspecified |
| | <input type="checkbox"/> G40.823 Epileptic spasms, intractable, with status epilepticus | <input type="checkbox"/> R41.82 Altered mental status, unspecified |
| | <input type="checkbox"/> G40.824 Epileptic spasms, intractable, without status epilepticus | <input type="checkbox"/> R55 Syncope and collapse |
| | | <input type="checkbox"/> R56.01 Complex febrile convulsions |
| | | <input type="checkbox"/> R56.1 Post traumatic seizures |
| | | <input type="checkbox"/> R56.9 Unspecified convulsions |
| | | <input type="checkbox"/> S06.2X0A Diffuse traumatic brain injury |
| | | <input type="checkbox"/> Other (Please Specify): _____ |

(4) ICD-10 Codes to support medical necessity for Cardiac Monitoring:

- | | | |
|---|---|--|
| <input type="checkbox"/> G45.9 Transient cerebral ischemic attack, unspecified | <input type="checkbox"/> I48.2 Chronic atrial fibrillation | <input type="checkbox"/> I49.9 Cardiac arrhythmia, unspecified |
| <input type="checkbox"/> I44.2 Atrioventricular block, complete | <input type="checkbox"/> I48.3 Typical atrial flutter | <input type="checkbox"/> I63.5 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries |
| <input type="checkbox"/> I44.30 Other unspecified conduction disorder | <input type="checkbox"/> I48.4 Atypical atrial flutter | <input type="checkbox"/> I63.9 Cerebral infarction |
| <input type="checkbox"/> I45.6 Pre-excitation syndrome | <input type="checkbox"/> I48.91 Unspecified atrial fibrillation | <input type="checkbox"/> R00.0 Tachycardia, unspecified |
| <input type="checkbox"/> I45.89 Other specified conduction disorder | <input type="checkbox"/> I48.92 Unspecified atrial flutter | <input type="checkbox"/> R00.1 Bradycardia, unspecified |
| <input type="checkbox"/> I45.9 Conduction disorder, unspecified | <input type="checkbox"/> I49.01 Ventricular fibrillation | <input type="checkbox"/> R00.2 Palpitations |
| <input type="checkbox"/> I47.1 Supraventricular tachycardia | <input type="checkbox"/> I49.02 Ventricular flutter | <input type="checkbox"/> R42 Dizziness and giddiness |
| <input type="checkbox"/> I47.2 Ventricular tachycardia | <input type="checkbox"/> I49.1 Atrial premature depolarization | <input type="checkbox"/> R55 Syncope and collapse |
| <input type="checkbox"/> I47.9 Paroxysmal tachycardia, unspecified | <input type="checkbox"/> I49.40 Unspecified premature depolarization | <input type="checkbox"/> Z86.73 Personal history of TIA, transient ischemic attack and cerebral infarction without residual results |
| <input type="checkbox"/> I48.0 Paroxysmal atrial fibrillation | <input type="checkbox"/> I49.5 Sick sinus syndrome | |
| <input type="checkbox"/> I48.1 Persistent atrial fibrillation | <input type="checkbox"/> I49.8 Other specified cardiac arrhythmias | <input type="checkbox"/> Other (Please Specify): _____ |

(5) Prior EEG, if applicable:

- Routine EEG (< 2 hr.) was completed within the past year.** If checked, please provide a copy of the test results with this order.

(6) Procedure(s) ORDERED:

- Routine EEG (< 1 hr.)** - previous Routine EEG was **not** completed within the past year.
Long-Term EEG w/ Intermittent Monitoring: **With Video** **No Video** Length of monitoring: **48 hrs.** **72 hrs.** **96 hrs.** **Other:** _____ hrs.
Cardiac Monitoring: Type: **MCT** (mobile cardiac telemetry) **or** **Event**
 Length: **Concurrent with EEG** **7 days** **14 days** **Other:** _____ days (maximum 30 days).

PLEASE PROVIDE: CHART NOTES, PATIENT DEMOGRAPHICS, AND COPY OF INSURANCE CARD (front & back).

(7) Ordering Physician:

Physician Name: _____ Office Phone: _____
 Address: _____ Office Fax: _____
 City, State, Zip: _____ NPI#: _____
 Email Address: _____ Office Contact: _____

Physician Statement: I certify that I have examined the above-named patient and determined that the above-ordered routine EEG, long-term EEG / Video EEG, and/or cardiac monitoring tests are required in order to properly diagnose the patient, and that the test is medically necessary.

Physician Signature: _____

Date Ordered: _____