

Long Term Video Ambulatory EEG Order Form For Scheduling Questions:

Email to admin@integrisneuro.com Δlt Fax

| Order Form | 877-944-2111 x800 1-877-492-1768 / 1-877-944-2111 |
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| Procedure: ☐ Long Term Video Ambulatory EEG ☐ Length of Video Intermittent Monitoring (Select One) ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ Description ☐ Long Term Video Ambulatory EEG ☐ Routine EEG ☐ Description | |
| | |
| Patient (Last, First) | DOB Sex (M/F) |
| Address | City State Zip Code |
| Patient Phone Number Parent/Guardian Name (Required For Minors) Parent/Guardian Phone # | |
| Primary Insurance | Secondary Insurance |
| Primary Insurance (Member ID) | Secondary Insurance (Member ID) |
| Commercial, Medicare & Medicaid Accepted Codes G40.009 Focal partial idiopathic epilepsy, localized, not intractable Focal partial idiopathic epilepsy, intractable Focal partial idiopathic epilepsy, intractable Focal partial w/ simple partial seizures, not intractable Focal partial w/ complex partial seizures, not intractable Focal partial w/ complex partial seizures, intractable G40.219 Focal partial w/ complex partial seizures, intractable G40.309 Gen idiopathic epilepsy, not intractable G40.319 Gen idiopathic epilepsy, not intractable G40.409 Other gen epilepsy, intractable Other gen epilepsy, intractable Other epilepsy, intractable Other epilepsy, intractable Other epilepsy, intractable G40.802 Other epilepsy, intractable Other epilepsy, intractable G40.812 Lennox-Gastaut syndrome, not intractable Lennox-Gastaut syndrome, intractable G40.89 Other seizures G40.909 Epilepsy, unspecified, not intractable Absence epileptic syndrome, intractable Absence epileptic syndrome, intractable Absence epileptic syndrome, intractable Juvenile myodonic epilepsy, intractable Altered mental status, unspecified R55 Syncope and collapse R56.1 Post traumatic seizures Unspecified convulsions Codes Only Accepted By Medicare F44.4 Conversion disorder with motor symptom or deficit Conversion disorder with sensory symptom or deficit | Ordering Physician Phone # Fax # Address Address 2 NPI # Physician Office Contact Does patient have follow-up visit scheduled? |
| □ R40.4 Transient alteration of awareness <u>Codes Only Accepted By Medicaid</u> | □ Self (Same as referring physician) □ Other |
| F05 | 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 PLEASE SEND COPIES OF FRONT & BACK OF INSURANCE CARDS, PATIENT DEMOGRAPHIC SHEET, CLINICAL NOTES & ROUTINE EEG REPORT. |