

Neuro Expert Services, Inc.

Long Term Video EEG Order Form
Scheduling: (281) 903-0311 Fax: (800) 829-9291
Email: support@neuro-experts.com

Procedure

☒ Long Term Video Ambulatory EEG (95951)

Length of Video Monitoring - Please select one

- ☐ 2 Days ☐ 3 Days ☐ 5 Days ☐
☐ Other length _____ (Specify)

☒ Digital Analysis (95957)

☐ Additional Orders _____

ICD-10 Codes – Please Select all that apply and for Additional codes add below in "Other".

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

☐ 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 _____

Physician Statement (Medical Necessity)

I certify that I am referring the above named patient for long-term ambulatory electroencephalographic (EEG) monitoring, or long-term EEG monitoring with video 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**