

Ambulatory EEG Medical Necessity Order Form

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PATIENT INFORMATION

Last Name: _____
Date of Birth: _____
Address: _____
Phone: _____
Email: _____

First Name: _____
Gender: _____
City: _____ **State:** _____ **Zip:** _____
Alt. Phone: _____
Insurance: _____

REFERRING PROVIDER INFORMATION

Name: _____
Email: _____

Phone: _____
Fax: _____ **NPI:** _____

SECTION A

Requested Procedure

95715 - Long Term vEEG, Intermittent Monitoring

- 48 Hours** **72 Hours** **120 Hours**
 168 Hours **Other:** _____
 95813 – Routine Extended EEG >1 hour
 Only if required for Insurance approval
 Other: _____
 95700 – EEG Hookup
 Special Instructions: _____

SECTION B

Physician Reports/Interpretation

Reading Physician: _____

- (Check One)**
 Live Access & Review Every 24hrs w/ Daily Summary
 I will interpret the full study after completion.

Comments: _____

NEUROVATIVE WILL GENERATE A BILLING GUIDE SHEET REFLECTIVE OF THE COMPLETED STUDY & REPORTING REQUIREMENTS TO ASSIST IN SUBMITTING THE PROFESSIONAL COMPONENT FOR REIMBURSEMENT.

SECTION C

To process without delay please include the following:

- Routine EEG report**
(recent within 12 months for Medicare, Aetna, Tricare, and some BCBS plans)
 Copy of Insurance Cards front/back
(if not included in patient Demos)
 Latest Clinical Notes
 Patient Demographics & Medication List

APPROVED DIAGNOSIS CODES (CHECK ALL THAT APPLY - REQUIRED)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> F44.4 Conversion disorder with motor symptom or deficit <input type="checkbox"/> F44.5 Conversion disorder with seizures or convulsions <input type="checkbox"/> F44.6 Conversion disorder with sensory symptom or deficit <input type="checkbox"/> F44.7 Conversion disorder with mixed symptom presentation <input type="checkbox"/> G40.001 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus <input type="checkbox"/> G40.009 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus <input type="checkbox"/> G40.011 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus <input type="checkbox"/> G40.019 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus <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"/> G40.109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without 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"/> G40.119 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without 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"/> G40.209 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus <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"/> G40.219 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus | <ul style="list-style-type: none"> <input type="checkbox"/> G40.301 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus <input type="checkbox"/> G40.309 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus <input type="checkbox"/> G40.319 Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus <input type="checkbox"/> G40.401 Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus <input type="checkbox"/> G40.311 Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus <input type="checkbox"/> G40.409 Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus <input type="checkbox"/> G40.411 Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus <input type="checkbox"/> G40.419 Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus <input type="checkbox"/> G40.501 Epileptic seizures related to external causes, not intractable, with status epilepticus <input type="checkbox"/> G40.509 Epileptic seizures related to external causes, not intractable, without status epilepticus <input type="checkbox"/> G40.801 Other epilepsy, not intractable, with status epilepticus <input type="checkbox"/> G40.802 Other epilepsy, not intractable, without status epilepticus <input type="checkbox"/> G40.803 Other epilepsy, intractable, with status epilepticus <input type="checkbox"/> G40.804 Other epilepsy, intractable, without status epilepticus <input type="checkbox"/> G40.811 Lennox-Gastaut syndrome, not intractable, with status epilepticus <input type="checkbox"/> G40.812 Lennox-Gastaut syndrome, not intractable, without status epilepticus <input type="checkbox"/> G40.813 Lennox-Gastaut syndrome, intractable, with status epilepticus <input type="checkbox"/> G40.814 Lennox-Gastaut syndrome, intractable, without status epilepticus <input type="checkbox"/> G40.821 Epileptic spasms, not intractable, with status epilepticus <input type="checkbox"/> G40.822 Epileptic spasms, not intractable, without status epilepticus <input type="checkbox"/> G40.823 Epileptic spasms, intractable, with status epilepticus <input type="checkbox"/> G40.824 Epileptic spasms, intractable, without status epilepticus <input type="checkbox"/> G40.89 Other seizures <input type="checkbox"/> G40.901 Epilepsy, unspecified, not intractable, with status epilepticus | <ul style="list-style-type: none"> <input type="checkbox"/> G40.909 Epilepsy, unspecified, not intractable, without status epilepticus <input type="checkbox"/> G40.911 Epilepsy, unspecified, intractable, with status epilepticus <input type="checkbox"/> G40.919 Epilepsy, unspecified, intractable, without status epilepticus <input type="checkbox"/> G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus <input type="checkbox"/> G40.A09 Absence epileptic syndrome, not intractable, without status epilepticus <input type="checkbox"/> G40.A11 Absence epileptic syndrome, intractable, with status epilepticus <input type="checkbox"/> G40.A19 Absence epileptic syndrome, intractable, without status epilepticus <input type="checkbox"/> G40.B01 Juvenile myoclonic epilepsy, not intractable, with status epilepticus <input type="checkbox"/> G40.B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus <input type="checkbox"/> G40.B11 Juvenile myoclonic epilepsy, intractable, with status epilepticus <input type="checkbox"/> G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus <input type="checkbox"/> G93.1 Anoxic brain damage, not elsewhere classified <input type="checkbox"/> G93.40 Encephalopathy, unspecified <input type="checkbox"/> G93.49 Other encephalopathy <input type="checkbox"/> I67.83 Posterior reversible encephalopathy syndrome <input type="checkbox"/> R25.0 Abnormal head movements <input type="checkbox"/> R25.1 Tremor, unspecified <input type="checkbox"/> R25.2 Cramp and spasm <input type="checkbox"/> R25.3 Fasciculation <input type="checkbox"/> R25.8 Other abnormal involuntary movements <input type="checkbox"/> R25.9 Unspecified abnormal involuntary movements <input type="checkbox"/> R40.0 Somnolence <input type="checkbox"/> R40.1 Stupor <input type="checkbox"/> R40.20 Unspecified coma <input type="checkbox"/> R40.4 Transient alteration of awareness <input type="checkbox"/> R41.0 Disorientation, unspecified <input type="checkbox"/> R41.82 Altered mental status, unspecified <input type="checkbox"/> R55 Syncope and collapse <input type="checkbox"/> R56.1 Post traumatic seizures <input type="checkbox"/> R56.9 Unspecified convulsions |
|---|---|--|

Physician Signature: _____ **Date:** _____