

# NeuroDynamics

Fax Orders To 918.213.4888

3336 E 32nd St. Suite1B  
Tulsa, OK 74135

## Ambulatory Video EEG Order Form

### Patient Demographics

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Ins.ID# \_\_\_\_\_ Group# \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Ins.ID# \_\_\_\_\_ Group# \_\_\_\_\_

### Accepted ICD Codes - Check all applicable

F44.5 Conversion disorder with seizures or convulsions

G40.A09 Absence epileptic syndrome not intractable, without status epilepticus

G40.309 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus

G40.209 Partial Seizures: Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures not intractable, without status epilepticus

G40.109 Partial Seizures: Localization-related(focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures not intractable, without status epilepticus

G40.909 Unspecified epilepsy, unspecified, not intractable, without status epilepticus

G40.802 Other Epilepsy: Epilepsy, unspecified, not intractable, without status epilepticus

R42 Dizziness and giddiness (EKG ONLY)

R55 Syncope and collapse

R56.1 Post Traumatic Seizures

R56.9 Unspecified Convulsions

History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Procedure Ordered

Long-Term Video Ambulatory EEG (95951)

\*Length of Monitoring (check one)  48 HR  72HR  96HR  120HR

\*\*All procedures included Digital Spike and Seizure Analysis (95857) and ECG

Other Orders \_\_\_\_\_

\*Previous EEG  REEG  SDEEG  A-EEG  EMU

\*\*If no previous EEG listed above Routine EEG (95816) will be performed if required by payor.

\*Results  Normal  Abnorm  Slowing

### Ordering Physician Information

Physician Name \_\_\_\_\_ Clinic Phone \_\_\_\_\_ Clinic Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NPI# \_\_\_\_\_ Clinic Contact \_\_\_\_\_

Check here is the doctor would like to interpret own study

Physician Statement: I certify that I am referring the above names patient for long-term electroencephalographic (EEG) monitoring, or video 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 will not provide nor will they recommend any therapeutic treatment for this patient.

Physician Signature \_\_\_\_\_ Date Ordered \_\_\_\_\_