



# Falcon Advanced Neurology & Epilepsy Freedom Center

6000 Metrowest Blvd., Suite 104 - 105,

Orlando, FL 32835, U.S.A

Phone: (407) 365 - 3033

www.fsneuro.com info@fsneuro.com

Video EEG Order Form

Fax Order to: 407-365-3034

### (1) Patient Demographics – All Fields Required

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

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

Email \_\_\_\_\_ Primary Phone (H) (C) \_\_\_\_\_ Other Phone (H) (C) \_\_\_\_\_

Primary Insurance \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

### (2) ICD-10 Codes to Support Medical Necessity for Video EEG Monitoring

<b>F44.5</b> Conversion disorder with seizures or convulsions	<b>G40.309</b> Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus	<b>G40.911</b> Epilepsy, unspecified, intractable, with status epilepticus
<b>F44.9</b> Dissociative and conversion disorder, unspecified	<b>G40.319</b> Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus	<b>G40.919</b> Epilepsy, unspecified, intractable, without status epilepticus
<b>G40.009</b> Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus	<b>G40.A09</b> Absence epileptic syndrome, not intractable, without status epilepticus	<b>R40.4</b> Transient alteration of awareness
<b>G40.209</b> Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus	<b>G40.A19</b> Absence epileptic syndrome, intractable, without status epilepticus	<b>R41.82</b> Altered mental status, unspecified
<b>G40.219</b> Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus	<b>G40.409</b> Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus	<b>R55</b> Syncope and collapse
<b>G40.211</b> Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus	<b>G40.802</b> Other epilepsy, not intractable, without status epilepticus	<b>R56.01</b> Complex febrile convulsions
	<b>G40.814</b> Lennox-Gastaut syndrome, intractable without status epilepticus	<b>Other</b> Please specify: _____ _____
	<b>G40.909</b> Epilepsy, unspecified, not intractable, without status epilepticus	

### (3) Has a Video ( Routine or Long-Term ) EEG Been Completed Within the Past Year?

Yes - **If checked, please provide a copy of the test results with this order.**

No - **If checked, a routine video EEG (< 2 hr) procedure will need to be ordered in addition to the long-term video EEG when and/or as required by most payors.**

### (4) Procedure(s) Ordered - PLEASE PROVIDE: CLINICAL NOTES, PATIENT DEMOGRAPHICS, AND COPY OF INSURANCE CARD (Front & Back)

**Routine Video EEG: (< 2 hr)** A Video EEG has NOT been completed within the past year.

\* **Long-Term Video EEG**

**Type:** Inpatient Epilepsy Monitoring Unit      Ambulatory at Patient's home

**Monitoring Length (Duration):** Up to 7days

\* Cardiac monitoring with limited lead EKG will be concurrently done with all video EEG studies.

### (5) Ordering Physician

Physician Name \_\_\_\_\_ Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

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

NPI # \_\_\_\_\_ Email \_\_\_\_\_ Office Contact \_\_\_\_\_

**Physician Statement:** I certify that I have examined the above-named patient and determined that the above-ordered routine / long-term / Video EEG tests are required for proper diagnosis to guide treatment, and are medically necessary.

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