stratus

Representative Stephen Pina

Long-Term EEG with Cardiac Monitoring Order Form

Fax Order to: 888-982-8442

(1) Patient Demographics – All Fields Required

Name _____ DOB _____ SSN _____

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 Long-Term EEG Monitoring

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

(3) ICD-10 Codes to Support Medical Necessity for Cardiac Monitoring

- ☐ **G45.9** Transient cerebral ischemic attack, unspecified
- ☐ **I47.9** Paroxysmal tachycardia, unspecified
- ☐ **I49.9** Cardiac arrythmia, unspecified
- ☐ **I63.5** Cerebral infarction due to unspecified occlusion of stenosis of cerebral arteries
- ☐ **I63.9** Cerebral infarction
- ☐ **R00.0** Tachycardia, unspecified
- ☐ **R00.1** Bradycardia, unspecified
- ☐ **R00.2** Palpitations
- ☐ **R42** Dizziness and giddiness
- ☐ **R55** Syncope and collapse
- ☐ **Z86.73** Personal history of TIA, transient ischemic attack and cerebral infarction without residual results
- ☐ **Other** Please specify: _____

(4) Has a Routine EEG: (< 2 hr) 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 EEG: (< 1 hr) procedure will need to be ordered in addition to the long-term EEG when and/or as required by most payors.**

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

☐ **Routine EEG: (< 1 hr)**	A routine EEG: (< 2 hr) has NOT been completed within the past year.
Long-Term EEG with Intermittent Monitoring	**Type:** ☐ With Video ☐ Without Video **Monitoring Length (Duration):** ☐ 48hr ☐ 72hr ☐ 96hr ☐ Other (hr):_____
Cardiac Monitoring	**Type:** ☐ MCT (Mobile Cardiac Telemetry) ☐ Event **Monitoring Length (Duration):** ☐ Concurrent with EEG ☐ 7 Days ☐ 14 Days ☐ Other (Days):_____ (Max. 30 Days)

(6) Ordering Physician

Physician Name _____ Office Phone 215-957-9250 Office Fax 215-957-9254

Address 1151 Old York Road, Suite 200 City Abington State PA ZIP 19001

NPI # _____ Email _____ Office Contact _____

Physician Statement: *I certify that I have examined the above-named patient and determined that the above-ordered routine EEG, long-term EEG / Video EEG, and/or cardiac monitoring tests are required in order to properly diagnose the patient, and that the test is medically necessary.*

Physician Signature _____ **Date Ordered** _____

4545 Fuller Drive, Suite 100, Irving, TX 75038 | 888.982.8492 | stratusneuro.com