



DocJ's Advanced Neurology & Epilepsy Freedom Center

6000 Metrowest Blvd., Suite 104 - 105,

Orlando, FL 32835, U.S.A

Phone: (407) 365 - 3033

www.docjs.org info@docjs.org

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

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