Arizona Neurodiagnostic Services

ROUTINE and AMBULATORY HOME VIDEO EEG Order Form

Certificate of Medical Necessity

Email Completed Order To: **appointments@aneuros.com** or Fax to **(602) 633-3673**

PATIENT INFORMATION:

Name: _____ DOB: _____ ☐ M ☐ F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone/Alt. Phone: _____

Primary Insurance: _____ Insurance ID: _____ Group #: _____

Secondary Insurance: _____ Insurance ID: _____ Group #: _____

PROCEDURE:

☐ **Video Ambulatory EEG (95951)** ☐ 1 Day ☐ 2 Days ☐ 3 days ☐ 4 Days ☐ 5 Days ☐ 6 Days ☐ 7 Days

☐ **Consult and evaluation by Neurologist**

☐ **Ambulatory EEG w/o video (95953)** ☐ 1 Day ☐ 2 Days ☐ 3 days ☐ 4 Days ☐ 5 Days ☐ 6 Days ☐ **Routine EEG**

CLINICAL HISTORY: Additional codes exist. Add below in "Other", if desired.

☐ G40.909	Epilepsy	☐ R56.1	Post Traumatic Seizure
☐ G40.909	Epileptic Seizure	☐ G40.309	Generalized Idiopathic Epilepsy and Epileptic Syndromes, Not Intractable, w/o SE
☐ R56.1	Early Post Traumatic Seizure	☐ G40.209	Localization-Related (Focal) w/Complex Partial Seizures, Not Intractable, w/o SE
☐ G40.209	Complex Partial Seizure	☐ G40.219	Localization-Related (Focal) w/Complex Partial Seizures, Intractable, w/o SE
☐ G40.A09	Absence Seizure	☐ G40.119	Localization-Related (Focal) w/Simple Partial Seizures, Intractable, w/o SE
☐ G40.909	Seizure Disorder	☐ G40.509	Epileptic Seizures Related To External Causes, Not Intractable w/o SE
☐ R56.9	Seizure Like Activity	☐ G40.802	Other Epilepsy, Not Intractable w/o SE
☐ R56.9	Convulsions	☐ G40.804	Other Epilepsy, Intractable w/o SE
☐ R41.0	Confusion	☐ G40.0	Localization (Focal, Partial) Idiopathic Epilepsy and Epileptic Syndromes with Seizures of Localized Onset
☐ R41.3	Transient Amnesia	☐ G40.1	Localization (Focal, Partial) Symptomatic Epilepsy And Epileptic Syndromes W/Simple Partial Syndromes
☐ G40.109	Focal Motor Seizure	☐ G40.2	Localization (Focal, Partial) Symptomatic Epilepsy And Epileptic Syndromes W/Complex Partial Syndromes
☐ F44.5	Generalized Conversion Seizure	☐ Other:	_____
☐ R55	Fainting Episode		_____
☐ R55	Syncope		
☐ R40.20	Loss of Consciousness		
☐ G40.409	Grand Mal Seizure		
☐ G40.109	Partial Seizure Disorder		
☐ G40.109	Localization Related Epilepsy		
☐ R56.9	Nonepileptic Episode		

Arizona Neurodiagnostic Services

ROUTINE and AMBULATORY HOME VIDEO EEG Order Form

Certificate of Medical Necessity

Email Completed Order To: **appointments@aneuros.com** or Fax to **(602) 633-3673**

Pertinent Clinical History: _____

Medications: _____

Previous EEG: ☐ Yes ☐ No If Yes please provide date of study: _____ Results: ☐ Normal ☐ Abnormal ☐ Slowing

CLINICAL OBJECTIVE:

☐ Differential Diagnosis
☐ Epileptic versus Non Epileptic Events
☐ Identification of Seizure
☐ Monitor Interictal Activity
☐ Other: _____

ORDERING PHYSICIAN:

Physician: _____ Date: _____ NPI #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Office Contact: _____

Interpreting Physician: _____ Other: _____
Self (if same as referring physician)

_____ _____
Physician Signature Date mm/dd/yy

PLEASE SEND COPY OF FRONT & BACK OF INSURANCE CARDS, PATIENT DEMOGRAPHIC SHEET, CLINICAL NOTES AND ROUTINE EEG REPORT (IF SCHEDULING FOR VIDEO HOME AMBULATORY EEG)

Email Completed Order To: **appointments@aneuros.com** or Fax to **(602) 633-3673**

For questions regarding ordering routine or ambulatory EEG or any other questions, please call ANS @ 623-209-1488.