

Patient Name: _____

Parent/Guardian Name (if patient is a child or has care taker): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____

DOB: _____ Gender: _____

Insurance: _____ Insurance Phone: _____

Subscriber ID: _____ Group ID: _____

Local Coverage Determination Requirements for LTM EEG

*Inconclusive Routine EEG done previously.

*Patient meets a Diagnosis Code below.

Diagnosis Code (complete the blank below):
 G40. _____ R _____ R25. _____

 R56. _____ Other _____

**PATIENT CONSENT TO RECEIVE E-MAIL/TEXT MESSAGES
CONTAINING PROTECTED HEALTH INFORMATION**

By signing this consent (the "Consent"), I am requesting and authorizing Neurotech, LLC, Neurotech Northwest, LLC, and Neurotech CEEG Partners, LLC (collectively referred to herein as the "Company"), acting through its employees and agents, to communicate with me via the following methods, including sending appointment reminders and transmitting protected health information ("PHI") to me:

SMS/MMS Text Message Phone #: (____) ____ - _____

Unencrypted Email Message E-mail Address: _____

By signing this Consent, I acknowledge that text messages sent to my attention at the foregoing number are not encrypted, and, accordingly, could result in the disclosure of my PHI to third parties. I also acknowledge that unencrypted e-mail is not a secure method for transmitting PHI, and, accordingly, that by authorizing the Company to email PHI to me, I am assuming the risk that my PHI could be intercepted by or disclosed to third parties. Despite the foregoing risks, I authorize the Company to transmit PHI to me via the above selected method(s) and assume any risk and waive any liability that may result from the Company's use of the above-selected method(s) to transmit PHI to me.

This Consent shall terminate upon the earliest of the following to occur: (i) six (6) years after the date set forth below; or (ii) my revocation of this Consent.

I understand that I may refuse to sign this Consent. I understand that the Company will not condition the commencement or continuation of any diagnostic procedure on my decision as to whether to provide this Consent, nor would my refusal to sign this Consent affect any payment, enrollment or eligibility for benefits from any source. I further understand that I may revoke this Consent at any time by providing written notice of my intent to revoke this Consent to the Company. This Consent cannot be revoked to the extent that action has already been taken in reliance on this Consent.

 Signature of Patient or Patient's Legal Representative Print Name

 Date Relationship to Patient (if signed by person other than patient)

I certify I am referring this patient for long-term EEG monitoring. This test is medically necessary to diagnose my patient. I understand Neurotech, LLC is a testing provider and cannot medically treat or diagnose my patient.

Physician/Practice On-call #: _____

Referring Physician Email: _____

Referring Physician Name: _____

Referring Physician Signature: _____

Date: _____ Interpreting Physician Name: _____

 1. 95700 – EEG hookup

2. Intermittent monitoring (check one)

 95715 – with video

 95709 – without video

3. EEG Duration (circle one)

48Hr 72Hr 96Hr Other: _____

OR

 Record until _____ events are captured,
 up to _____ days.

4. ECG will be done on all patients over 2 years of age. Check below if you do NOT want ECG.

 No ECG

5. Additional Services (check all that apply)

 T1/T2 electrodes

 A1/A2 electrodes

 Hyperventilation

 Photoc Stimulation

 Sleep Deprivation

6. Physician Reports/Interpretation

 I/my practice will log into the EEG and provide reports every 24 hours.

 I/my practice will provide a single report at the conclusion of the entire EEG recording.

 I would like Neurotech to provide an interpreting physician.

7. Patient history and previous EEG results are required for preauthorization. Please attach to avoid delays in scheduling.

 Patient History

 Previous EEG Results

ACCEPTABLE ICD-10 Codes

F44.5 Conversion disorder with seizures or convulsions

Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset;

G40.001 not intractable, with status epilepticus

G40.009 not intractable, without status epilepticus

G40.011 intractable, with status epilepticus

G40.019 intractable, without status epilepticus

Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with simple partial seizures;

G40.101 not intractable, with status epilepticus

G40.109 not intractable, without status epilepticus

G40.111 intractable, with status epilepticus

G40.119 intractable, without status epilepticus

Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with complex partial seizures;

G40.201 not intractable, with status epilepticus

G40.209 not intractable, without status epilepticus

G40.211 intractable, with status epilepticus

G40.219 intractable, without status epilepticus

Generalized idiopathic epilepsy and epileptic syndromes;

G40.301 not intractable, with status epilepticus

G40.309 not intractable, without status epilepticus

G40.311 intractable, with status epilepticus

G40.319 intractable, without status epilepticus

Epileptic seizures related to external causes;

G40.501 not intractable, with status epilepticus

G40.509 not intractable, without status epilepticus

Lennox-Gastaut syndrome

G40.811 not intractable, with status epilepticus

G40.812 not intractable, without status epilepticus

G40.813 intractable, with status epilepticus

G40.814 intractable, without status epilepticus

G40.89 Other seizures

Absence epileptic syndrome;

G40.A01 not intractable, with status epilepticus

G40.A09 not intractable, without status epilepticus

G40.A11 intractable, with status epilepticus

G40.A19 intractable, without status epilepticus

R25.0 Abnormal head movements

R25.1 Tremor, unspecified

R25.2 Cramp and spasm

R25.3 Fasciculation

R25.8 Other abnormal involuntary movements

R25.9 Unspecified abnormal involuntary movements

R55 Syncope and collapse

R56.1 Post traumatic seizures

R56.9 Unspecified convulsions

Other generalized epilepsy and epileptic syndromes;

G40.401 not intractable, with status epilepticus

G40.409 not intractable, without status epilepticus

G40.411 intractable, with status epilepticus

G40.419 intractable, without status epilepticus

Other epilepsy;

G40.801 not intractable, with status epilepticus

G40.802 not intractable, without status epilepticus

G40.803 intractable, with status epilepticus

G40.804 intractable, without status epilepticus

Epileptic spasms;

G40.821 not intractable, with status epilepticus

G40.822 not intractable, without status epilepticus

G40.823 intractable, with status epilepticus

G40.824 intractable, without status epilepticus

Epilepsy, unspecified;

G40.901 not intractable, with status epilepticus

G40.909 not intractable, without status epilepticus

G40.911 intractable, with status epilepticus

G40.919 intractable, without status epilepticus

Juvenile myoclonic epilepsy;

G40.B01 not intractable, with status epilepticus

G40.B09 not intractable, without status epilepticus

G40.B11 intractable, with status epilepticus

G40.B19 intractable, without status epilepticus