

## Electroencephalogram (EEG) Physician Referral



Please check with insurance provider to ensure the ordered tests are covered - some tests require medical necessity  
**Fax completed referral with any current office notes to Patient Access Services: 231-935-3203**

Patient Legal First Name:	Patient Legal Last Name:	Phone #	DOB:
Medical Record #	Reason for Study:	Onset Date:	Last Episode:

**PRESENTING DIAGNOSIS:**
**Epilepsy**

- generalized nonconvulsive (345.0)
- generalized convulsive (345.1)
- generalized convulsive, without mention of intractable (345.10)
- infantile spasms (345.6)

**Absence Epileptic Syndrome**

- not intractable with status epilepticus (G40.A01)
- not intractable without status epilepticus (G40.A09)
- intractable with status epilepticus (G40.A11)
- intractable without status epilepticus (G40.A19)

**Juvenile Myoclonic Epilepsy**

- not intractable with status epilepticus (G40.B01)
- not intractable without status epilepticus (G40.B09)
- intractable with status epilepticus (G40.B11)
- intractable without status epilepticus (G40.B19)

 **Other Generalized Epilepsy and Epileptic Syndromes (G40.4)**

Specify: \_\_\_\_\_

**Lennox-Gastaut Syndrome**

- not intractable with status epilepticus (G40.8.11)
- not intractable without status epilepticus (G40.8.12)
- intractable with status epilepticus (G40.8.13)
- intractable without status epilepticus (G40.8.14)

 **Visual Disturbances (H53)**
 **Psychophysical Visual Disturbances (H53.16)**
**Somnolence**

- stupor and coma (R40)
- somnolence (R40.0)
- stupor (R40.1)
- unspecified coma (R40.20)
- persistent vegetative state (R40.3)
- transient alteration of awareness (R40.4)

**Convulsions**

- simple febrile convulsions (R56.00)
- complex febrile convulsions (R56.01)
- febrile (780.31)
- post traumatic seizures (R56.1)
- other convulsions: \_\_\_\_\_ (780.39)
- unspecified convulsions (R56.9)

**Abnormal Findings on Diagnostic Imaging *central nervous system***

- abnormal echoencephalogram (R90.81)

**Abnormal Results of Function Studies**

- abnormal electroencephalogram (EEG) (R94.01)
- abnormal brain scan (R94.02)
- abnormal response to nerve stimulation, unspecified (R94.130)
- abnormal results of other function studies - (specify below)
  - of central nervous system (R94.09)
  - of peripheral nervous system (R94.138)

**Nonspecific Abnormal Results of Function Studies *brain and C.N.S.***

- abnormal echoencephalogram (794.01)
- abnormal electroencephalogram (EEG) (794.02)
- other: \_\_\_\_\_ (794.09)

**TESTING / ORDERS**

- Awake Drowsy
- Awake/Sleep
  - Routine     Extended 1 hour     Extended 2 hour
- Prep
  - 4 hour sleep deprivation     24 hour sleep deprivation
- Take Home Ambulatory EEG
  - 24 hour     48 hour     72 hour

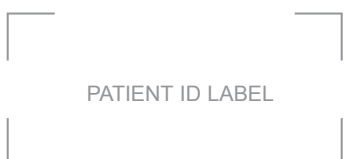
**CONDITIONS NOT COVERED *(not limited to the following)***

- Alcoholism
- Attention-deficit/hyperactivity disorders (ADD/ADHD)
- Depression
- Drug/substance abuse
- Mild or moderate head injury
- Learning disability
- Schizophrenia

**ADDITIONAL INSTRUCTIONS:**

Phone Results To: \_\_\_\_\_   
  Fax Results To: \_\_\_\_\_   
  Send Results Stat  
 Copy Report To: \_\_\_\_\_

\_\_\_\_\_ Ordering Physician (Print)                     
 \_\_\_\_\_ Ordering Physician Signature                     
 \_\_\_\_\_ Date



PATIENT ID LABEL