

Kootenai Health Neurodiagnostic Department Referral Form

Instructions: Please fax this referral form with a current H&P and a demographics page to us at **208-769-8571**. (If for a pediatric patient, please include complete guarantor information). Once we have received all the patient information we will contact the patient directly to schedule. If you need to schedule directly with us, or have questions, please call us at 208-625-6805.

Patient Name: _____ **DOB:** _____ **Age:** _____

Contact Phone: _____ **Alternate Phone:** _____

Name of person(s) and phone number(s) to contact if other than patient or if patient is a minor: _____

Insurance Provider: _____ **Policy #:** _____

Referring/Ordering Provider: _____

Procedure Requested (check appropriate box):

☐ **CPT 95819** - Video EEG, Awake & Asleep (up to 40 min) i.e.: seizures, epilepsy, syncope, etc.

(2-hour test) EPIC Test ID 18709, 18710 or 18712 – depending on age.

☐ **CPT 95816** - Video EEG, Awake & Drowsy (up to 40 min) i.e.: CVA, SDH, dementia, etc.

(2-hour test) EPIC Test ID 18713

☐ **CPT 95812** - Video EEG, Extended 41-60 minutes

(2.5-hour test) EPIC Test ID 18730

☐ **CPT 95813** - Video EEG, Extended monitoring; greater than 1 hour

(2.5-hour test) EPIC Test ID 18707

☐ **CPT 95710** - Ambulatory EEG, unattended monitoring w/o video. **Record for** _____ **days.**

(Will include appt for Connect – EPIC Test ID 18705, Disconnect – EPIC Test ID 18699, and skin check every 24 hours – EPIC Test ID 18724)

☐ **CPT 95930** - VEP (Visual Evoked Potential)

(60-minute test) EPIC Test ID 18721

☐ **CPT 95925** - SSEP, upper extremities (Somatosensory Evoked Potential)

(2-hour test) EPIC Test ID 18726

ICD10 Code: _____ **Diagnosis Description:** _____

Send copies of the interpretation to: _____