

ceribell

Rapid Response EEG

The critical care EEG that allows you to detect and triage Non-Convulsive Status Epilepticus within minutes of suspicion of seizure.

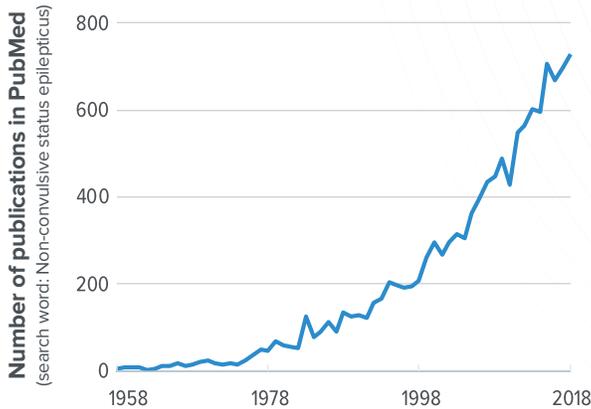


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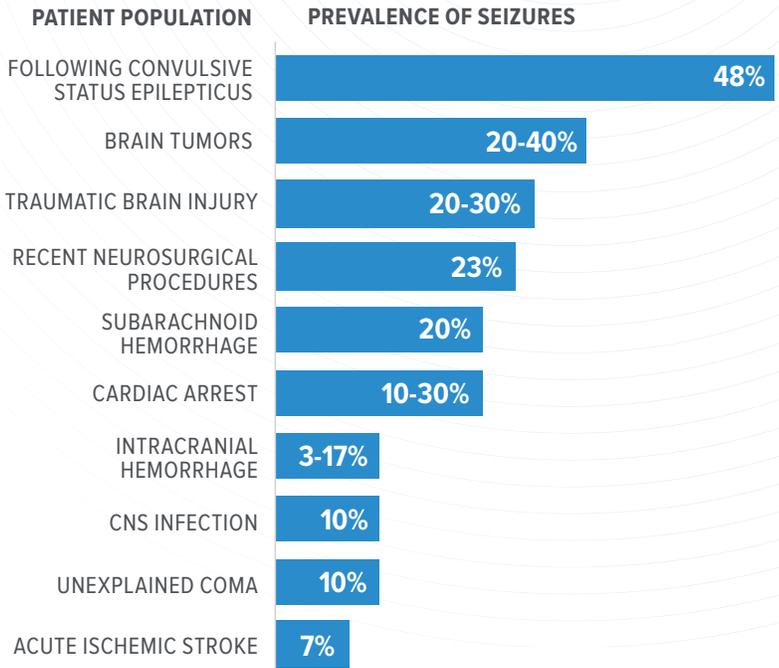
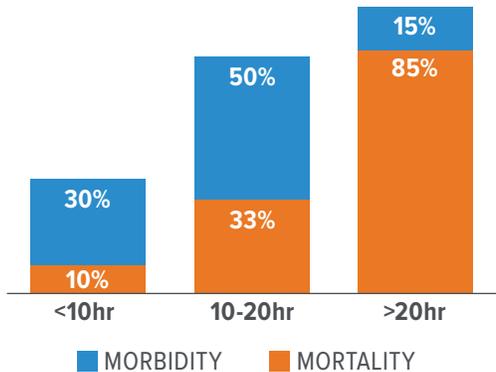
of neurological patients in the ICU experience seizures¹

90% of seizures were non-convulsive²

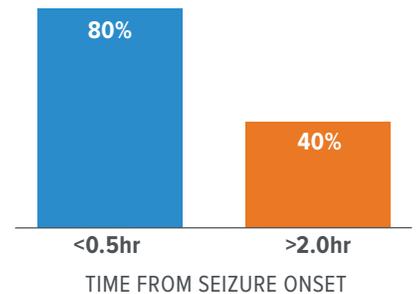
Awareness of NCSE is recent



Time to treatment is critical - morbidity and mortality increase with prolonged NCSE^{3,4}



Patients responding to first line AED treatment decreases over time⁵



Studies have shown that even in centers with 24/7 EEG Tech coverage, the average wait time after ordering EEG is several or more hours.^{6,7}

The Ability to Implement Guidelines for Critical Care

Per the NCS guidelines, EEG is required within 15-60 minutes for the evaluation and management of status epilepticus.⁸

—Neurocritical Care Society

Ceribell Rapid Response EEG

The Ceribell EEG system is designed for rapid setup and triage of seizures within minutes by any healthcare provider.

Ceribell EEG Headband

Allows any healthcare provider to set up in 6 minutes, accommodating various hair types and head sizes



Ceribell EEG Recorder

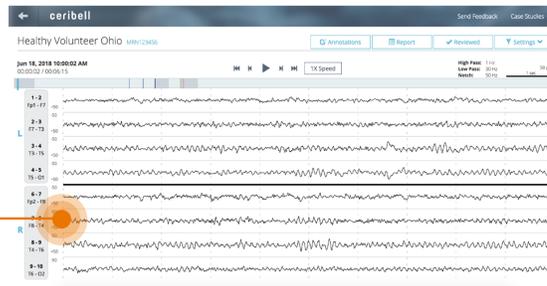
Pocket size and battery operated EEG recorder with on-device real time EEG display and streaming

Brain Stethoscope

Individuals with no prior background in EEG can listen to the “sound of the brain” and detect seizures with remarkable accuracy

Ceribell EEG Portal

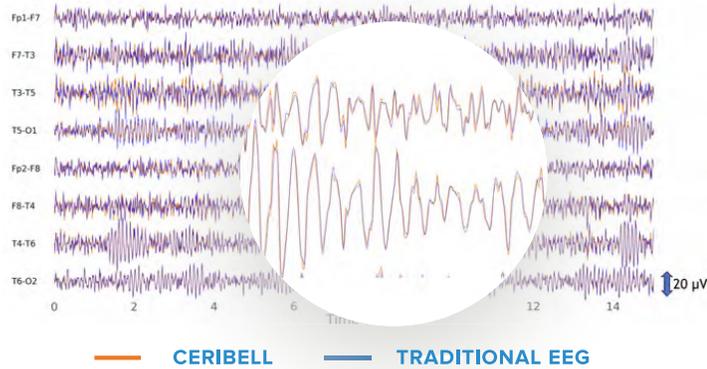
Real time streaming of EEG data to a HIPAA compliant and secure cloud portal enables physicians to review EEG data from anywhere



Ceribell should NOT be used for:	Ceribell should be used for:
<ul style="list-style-type: none"> • Replacing long term video EEG monitoring • Replacing conventional EEG to formally diagnose epilepsy 	<ul style="list-style-type: none"> • Complementing conventional EEG when tech/equipment is not available • Critical care EEG • Emergency EEG in ED or ICU to detect status epilepticus • Prevention of treatment delays and of over-treatment

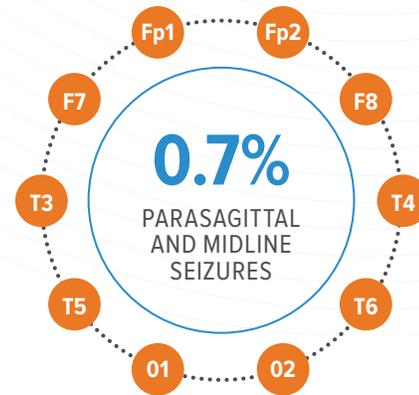
For Neurology

Ceribell's Signal Quality is Equivalent to Traditional EEG⁹



EEG with 8 channels is effective for seizure detection in ICU/ED^{10,11}

Of 169,510 EEGs, midline and parasagittal focal seizures were found in only 0.7%



Benefits

Neurology gets compensated for reading Ceribell EEGs with existing CPT codes (95813/6/9)¹²

Improve level of service and clinical care by reducing wait time for stat EEGs

Improve quality of life for EEG technologists
Quickly respond to stat EEG requests and ability to triage to long term monitoring to best utilize your techs' time and equipment

Improve quality of life for neurologists
If needed, Brain Stethoscope can be used by non-neurologists during after-hours to avoid late calls to neurologist. Ceribell offers easy remote access to EEGs from any device with an internet connection

Neurology develops the Ceribell EEG workflow
Neurology approves appropriate patient selection, patient volume, and reads the Ceribell EEGs

Grow neuro-service line without hiring additional EEG techs

Increase Neurology's Profitability as Ceribell EEG is typically paid for by the operational budget of the department managing those patients (ICU, etc.), while neurology charges for reading fees

Existing reimbursement for 8-channel EEG setup and reading¹²

CPT	Recording duration	Channel requirement	Global	26 modifier (Professional fee)
95813	>1 hour	8 or more	\$411	\$89
95816	20-40 minutes	8 or more	\$370	\$59
95819	20-40 minutes	8 or more	\$435	\$59

For ICU & ED

Proven to Improve Clinical Decision Making¹³

Using Ceribell for Rapid Response vs. waiting for conventional EEG changed treatment decision in



AVERAGE SETUP TIME
6 MINUTES¹³

Brain Stethoscope Function Allows Highly Sensitive Seizure Detection¹⁴



	ceribell NURSES & MEDICAL STUDENTS USING BRAIN STETHOSCOPE	TRADITIONAL EEG-CERTIFIED NEUROLOGISTS
SENSITIVITY	96%	88%
SPECIFICITY	84%	90%

Study participants reviewed data sets from 84 patients for seizure activity.

Ceribell Improves Patient Care, and Improves Profitability while Lowering Costs^{13, 15}



Existing Reimbursement



Reduction in AED medications, intubations and patient transfers



Improved MS-DRG Assignment



Shorter ICU stays

Increased EEG access leads to appropriate coding for MCC¹⁵

Each EEG-triggered CC/MCC Leads to \$5K-24K Additional Coding per Case

Intracranial vascular procedures with prediagnosed hemorrhage



Intracranial hemorrhage or cerebral infarction



■ Base DRG
■ with Major Complication Comorbidity (MCC)

CAUTION: FEDERAL (US) LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN. REFER TO OPERATOR MANUAL AND LABELING FOR INDICATIONS, CONTRAINDICATIONS, WARNINGS, PRECAUTIONS AND INSTRUCTIONS FOR USE.

REFERENCES

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