

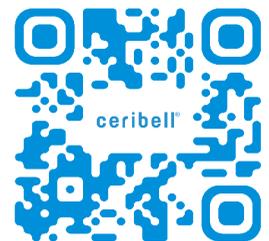
ceribell[®]

Point-of-Care EEG

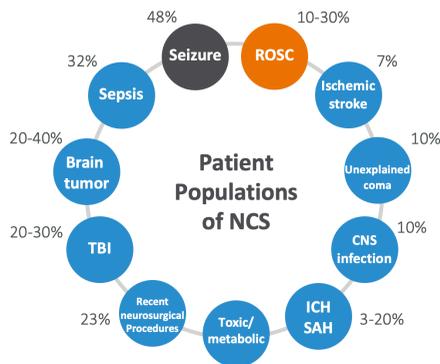


From Suspicion to Decision in Minutes

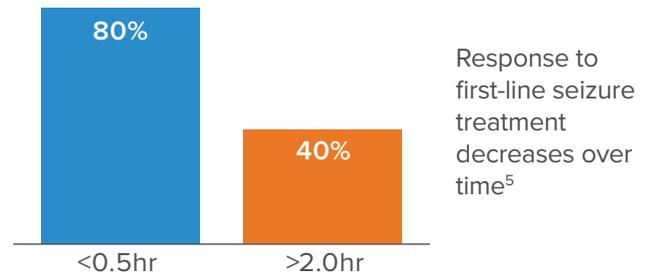
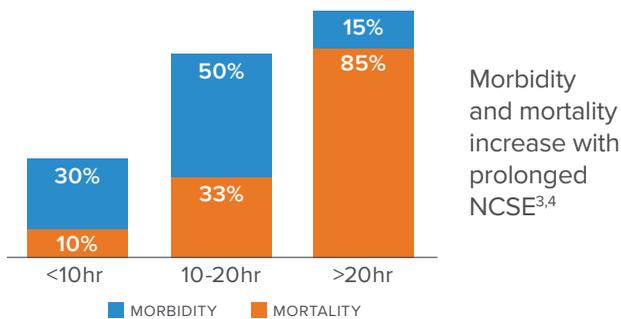
The world's first brain monitor for
point-of-care seizure triage and
treatment optimization



Seizures co-exist with many critical conditions and non-convulsive seizures are highly prevalent^{1,2}



Time to treatment is critical



Medical society guidelines recommend prompt EEG

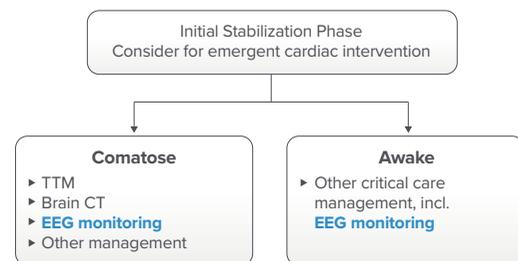


EEG should be initiated within **15-60 minutes** of suspected Status Epilepticus in all patients.⁶



We recommend **promptly performing and interpreting EEG** for the diagnosis of seizures in **all comatose patients after ROSC**.⁷

2020 Adult Post-cardiac Arrest Care Algorithm⁷



“Early access to EEG will lead to early detection, and hence, more effective treatment of seizures, which will in turn prevent refractory status epilepticus; neuronal injury; and potentially deleterious impacts on patient morbidity, mortality, and long-term outcome in terms of cognitive disability, overall neurologic function, and development of chronic epilepsy.”

– The DECIDE⁸ Study Authors



The DECIDE⁸ study is a multi-center prospective observational clinical study that evaluates the Clinical Impact of the Ceribell Rapid Response EEG.



Any bedside clinician can set up EEG and triage seizure in minutes

Ceribell EEG Headband

Flexible headband accommodates various head types and head sizes down to 2 years old



Ceribell EEG Recorder

Pocket-sized, battery operated recorder that provides clinical quality EEG and on-device EEG display

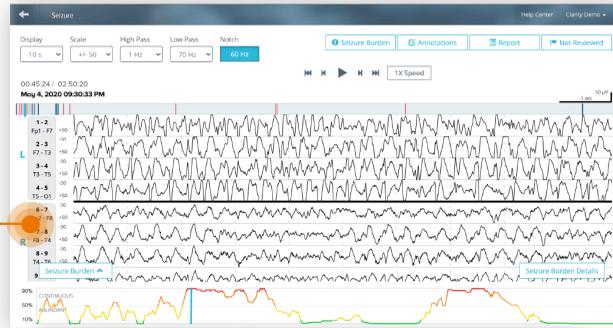
Clarity™ EEG Monitoring

Continuous AI monitoring and alerts for dangerously high seizure burden



Ceribell EEG Portal

Real-time streaming for remote seizure and medication management

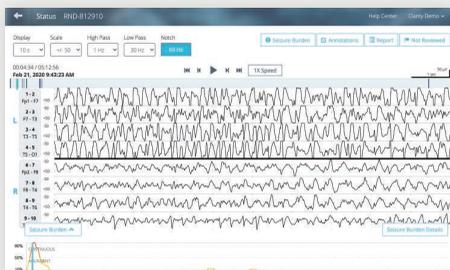


24/7 continuous bedside EEG monitoring and alerts



At the bedside, Clarity provides:

- First FDA cleared instantaneous bedside alert indicating suspected status epilepticus
- Continuous EEG monitoring and seizure burden display*⁹



Remotely, Clarity provides:

- Prelabeled EEG making EEG reading more efficient
- First FDA cleared seizure burden trend for effective seizure management

*Seizure burden is defined by the American Clinical Neurophysiology Society (ACNS) as the percentage of time that EEG shows seizure activity.



Clinically proven technology helps you provide better patient care

Wait time for EEG

4 hrs

even in top academic centers with 24/7 on-site EEG technologists⁸

5 min

with Ceribell

	Conventional EEG	ceribell
Median	minutes 239	minutes 5
Interquartile Range	134-471	4-10
Number of observations	142	163

Clinical Impact

- Changed clinical decisions in **40%** of cases.^{10,11}
- Spared **49%** of non-seizing patients from unnecessary medication.¹²
- Expedited ED disposition in **21%** of patients.¹³

Optimal care you can count on



Don't miss possible status epilepticus

100% sensitivity for status epilepticus¹⁴



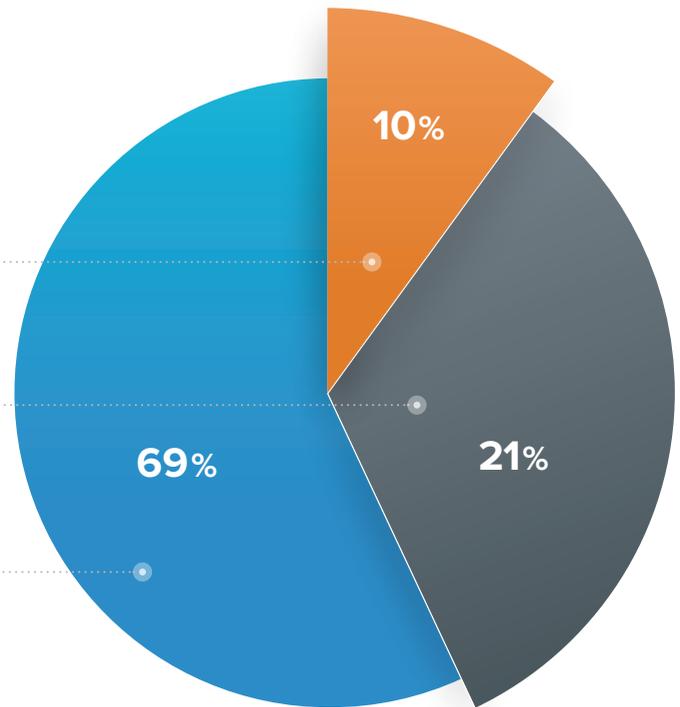
Highlight concerning patterns

Accurate annotations for non-emergent abnormal activity (seizure burden⁹ = 10-90%)¹⁴



Confidence to rule out seizure

99% negative predictive value¹⁴



Enhancing your EEG capability to 24/7 on-site monitoring

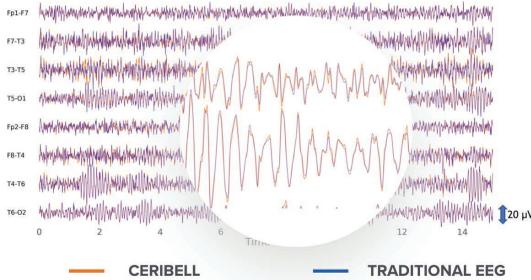


- Minimize delays in treating non-convulsive status epilepticus
- Avoid unnecessary anti-seizure medications
- Avoid unnecessary patient transfers
- Reduce patient length of stay



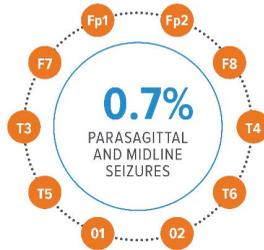
Neurology teams can be confident in critical care rapid EEG results

Ceribell's signal quality is equivalent to conventional EEG¹⁵

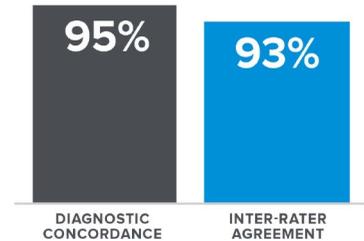


EEG using a circumferential 10-electrode montage meets the gold standard

An assessment of 169,510 EEGs showed that midline and parasagittal focal seizures were found in only 0.7% of EEGs.^{16,17}



Circumferential EEG had high diagnostic concordance (95%) with conventional EEG and had high agreement between EEG readers.¹⁸



Care Provider Benefits

24/7 rapid EEG access for faster and better critical care decisions.

Neurology EEG reading is covered using existing CPT codes.

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

Clarity continuous seizure monitoring can be used by non-neurologists during after-hours to avoid late calls to neurologists. Ceribell offers easy remote access to EEGs from any device with an internet connection.

Customize the workflow to meet department-specific needs and patient selection criteria.

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.

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

- Herman, S.T., et al. (2015) J Clin Neurophysiol. 32(2):87-95
- Friedman, D., et al. (2009) Anesth Analg. 109(2):506-523
- Young, G.B., et al. (1996) Neurology. 47(1):83-89
- Beg, J.M., et al. (2017) J Med Econ. 20(1):45-53
- Lowenstein, D.H., et al. (1993) Neurology. 43(3 Pt 1): 483-488
- Brophy, G., et al. (2012) Neurocrit Care. 17(1):3-23
- Panchal, A.R., et al. (2020) Circulation. 142(suppl 2):S366-S468
- Vespa, P.M., et al. (2020) Crit Care Med. 48(9):1249-1257
- Hirsch, L.J., et al. (2013) J Clin Neurophysiol. 30(1):1-27
- Yazbeck, M., et al. (2019) J Neurosci Nurs. 51(6):308-312
- Hobbs, K., et al. (2018) Neurocrit Care. 29(2):302-312
- Kurup, D., et al. (2022) Epileptic Disorders. 24(5):1-7
- Wright, N., et al. (2021) EMJ. 38(12):923-926
- Kamoussi, B., et al. (2021) Neurocrit Care. 34(3):908-917
- Kamoussi, B., et al. (2019) Clin Neurophysiol Practice. 4:69-75
- Pedley, T.A., et al. (1981) Ann Neurol. 9:142-149
- Gururangan, K., et al. (2019) Neurocrit Care. 32(1):193-197
- Westover, M.B., et al. (2020) Neurocrit Care. 33(2):479-490
- Centers for Medicare & Medicaid Services - Medicare Inpatient Hospitals - by Geography and Service (2020) CMS.gov



Optimize patient care while positively impacting hospital finances

Increased EEG access allows for accurate MS-DRG assignment for seizure-related CC/MCC¹⁹

Each EEG-triggered CC/MCC leads to \$5k to \$24K additional coding per case

Intracranial vascular procedures w pdx hemorrhage

\$23K

▲ = \$24K

\$47K

Intracranial hemorrhage or Cerebral infarction

\$5K

▲ = 5K

\$10K

Traumatic stupor & coma, coma < 1 HR

\$5K

▲ = 6K

\$11K

■ Base DRG w/MCC

■ (Major complication or comorbidity)

Ceribell qualifies for the following EEG CPT codes

Routine EEG Codes - Codes include Professional and Technical components

Recording duration	8+ Channels - No video	
	Code	Code
20-40 Minutes	95816*	1.08
20-40 Minutes	95819*	1.08
41-60 Minutes	95812	1.08
61-119 Minutes	95813	1.63

* 95816 Awake & Drowsy
95819 Awake & Asleep

Long-Term EEG Codes - PROFESSIONAL Component

Recording duration	Referred to as	Time of report	8+ Channels - No video	
			Code	Work RVUs
2-12 Hour	Partial day	Daily Report	95717	2.0
12-26 Hour	Full day	Daily Report	95719	3.0

Long-Term EEG Codes - TECHNICAL Component

Recording duration	Monitoring - 8+ Channels - No video		
	None	Intermittent	Continuous
2-12 Hour	95705	95706	95707
12-26 Hour	95708	95709	95710

Ceribell should be used for:

- 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

Ceribell should NOT be used for:

- Replacing long term video EEG monitoring
- Replacing conventional EEG to formally diagnose epilepsy