

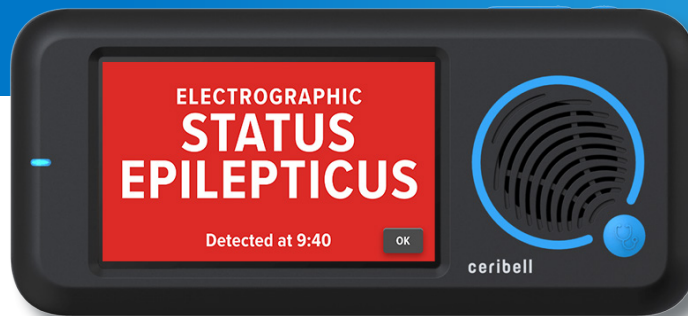
# Introducing clarityPro™

The FIRST Critical Care monitoring device and  
Neurodiagnostic device to achieve both

**FDA**  
BREAKTHROUGH  
DEVICE DESIGNATION  
510(K) CLEARANCE

**CMS**

Exclusive code - New Technology  
Add On Payment (NTAP)  
Up to **\$913.90** per eligible patient



»»» Bedside **Diagnosis** of Electrographic Status Epilepticus

»»» Exclusive new ICD-10 code **XX20X89\*** for ClarityPro

»»» Potential additional reimbursement up to **\$913.90**  
per eligible patient

scan to learn more



**ceribell®**

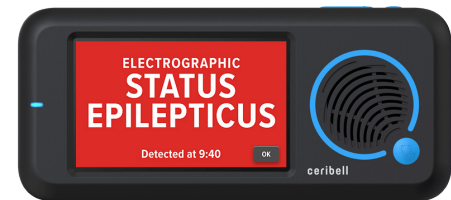
For reimbursement questions contact:  
1-888-223-9643  
[reimbursement@ceribell.com](mailto:reimbursement@ceribell.com)

**FDA**  
BREAKTHROUGH  
DEVICE DESIGNATION

"The Ceribell Status Epilepticus Monitor software is indicated for the **diagnosis** of electrographic status epilepticus in patients greater than or equal to 18 years of age who are at risk for seizure."

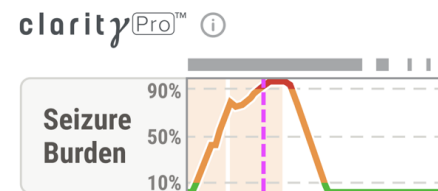
## Bedside ESE Diagnosis

Facilitate confident treatment decisions



## Automated Insights

Quickly identify more patients in need of care



## Live Recordings Dashboard

Vital real-time monitoring to limit time in seizure



[\\*CMS 2024 ICD-10 Procedure Coding System](#)

CAUTION: FEDERAL (US) LAW RESTRICTS CERIBELL DEVICES 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.

DISCLOSURE: This document is for informational purposes only and is not legal advice or official guidance from payers. It is not intended to increase or maximize reimbursement by any payer. Hospitals and physicians are solely responsible for complying with Medicare and other payer rules and requirements for the information submitted with all claims and appeals. Ceribell does not warrant or guarantee that the use of this information will result in coverage or payment for the diagnosis of Electrographic Status Epilepticus. Before any claims or appeals are submitted, hospitals and physicians should review official payer instructions and requirements, should confirm the accuracy of their coding or billing practices with these payors and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient.