

CNS VS Tools: Clinical and Quality Measures iPad App Manual, Version 1.0

Last updated May 1, 2015.



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"Our goal is to have 85% of all Medicare fee-for-service payments tied to quality or value by 2016, and 90% by 2018. Perhaps even more important, our target is to have 30% of Medicare payments tied to quality or value through alternative payment models by the end of 2016, and 50% of payments by the end of 2018."

Sylvia M. Burwell, Secretary DHS; New England Medical Journal; January 26, 2015

"When procedures, definitions, and data elements are standardized... comparison and analysis are enabled, thus deepening our understanding and benefiting the validity of clinical results."

Adapted from ACC/AHA Committee on Data Standards.

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Getting Started:

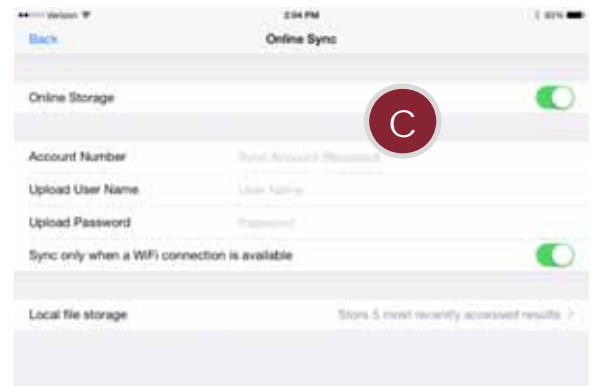
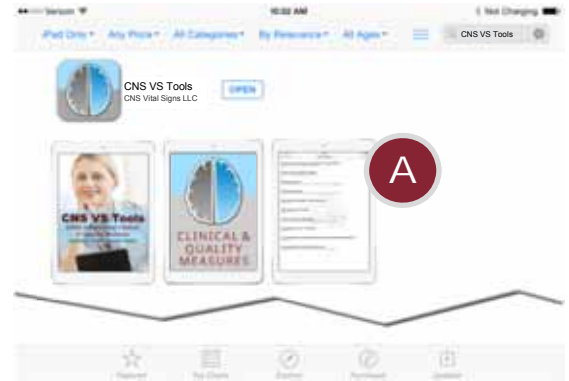
- A** Download and install the CNS VS Tools App from the Apple iTunes Store. **This is the only step required if you don't want to SYNC and archive reports to a central CNS Vital Signs online account. Each iPad device will be granted unlimited use of the CNS VS Tools clinical and quality measure rating scales.**

Requirements: CNS VS Tools iPad App will work on any iPad with iOS 7 or greater installed as an operating system.

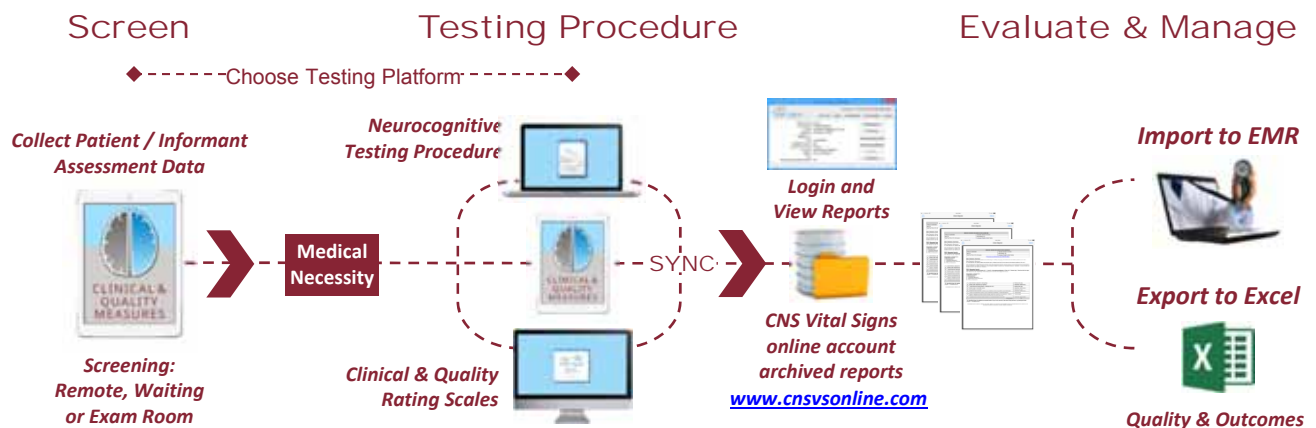
Optional Steps B and C are necessary to SYNC and upload results to a CNS Vital Signs online

- B** Sign-Up to create a CNS Vital Signs account for assessment data upload (no charge to sign-up). Uploaded autoscored reports can be exported as a PDF to the EMR or to Excel spreadsheet using our tab delimited format for research and outcomes analysis (patients > rows & assessment data > columns) supporting meaningful use.

- C** Go to Settings > Online SYNC > Enable Online SYNC > Enter CNS Vital Signs account information > Set SYNC Parameters.



Now you are ready to go...
Simple and Efficient:



List of PQRS Measures Supported by CNS Vital Signs

2015 Physician Quality Reporting System (PQRS): Implementation Guide

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_PQRS_ImplementationGuide.pdf

Measure Title	PQRS	Instrument	Measure Description
Preventive Care and Screening: Unhealthy Alcohol Use – Screening	173	AUDIT	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once within 24 months using a systematic screening method**
Functional Outcome Assessment	182	MOS SF - 36	Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.
Sleep Apnea: Assessment of Sleep Symptoms	276	Epworth, Pittsburgh Sleep Quality Index	Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness
Sleep Apnea: Severity Assessment at Initial Diagnosis	277	Epworth, Pittsburgh Sleep Quality Index	Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis
Dementia: Staging of Dementia	280	CNS Vital Sign Brief-Core Battery	Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period
Dementia: Cognitive Assessment	281	CNS Vital Sign Brief-Core Battery	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period
Dementia: Functional Status Assessment	282	MOS SF - 36	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period
Dementia: Neuropsychiatric Symptom Assessment	283	NPQ - 207 NPQ - 45	Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period
Dementia: Screening for Depressive Symptoms	285	PHQ - 9, Zung, GDS - 15 & 30	Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period
Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment	290	NPQ - 207 NPQ - 45	All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually
Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment	291	CNS Vital Sign Brief-Core Battery	All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually
Parkinson's Disease: Querying about Sleep Disturbances	292	Epworth, Pittsburgh Sleep Quality Index	All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually
Falls: Screening for Fall Risk	318	Dizziness Handicap Inventory	Percentage of patients 65 years of age and older who were screened for future fall risk at least once during the measurement period.
Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions	325	PHQ - 9 NPQ - 207 NPQ - 45	Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition
Depression Remission at Twelve Months	370	PHQ - 9, Zung, GDS - 15 & 30	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment
Depression Utilization of the PHQ-9 Tool	371	PHQ - 9	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	382	PHQ - 9	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk

CNS VS Tools Introduction

Trend: Growing Focus on Quality Measures and Outcomes

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

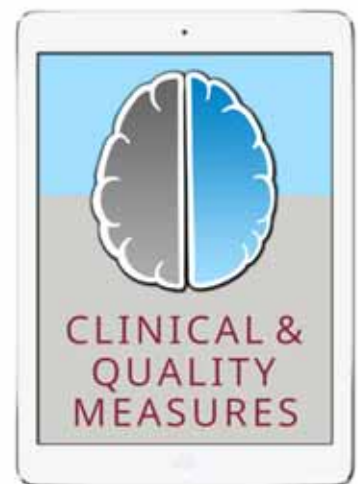
As you map the future strategic direction of your practice CNS Vital Signs offers many products, features and benefits that can help you navigate, respond and benefit from the changing healthcare environment. Our **CNS VS Tools: Clinical & Quality Measures** is the most recent example of the commitment to providing clinicians and practices with leading-edge technology solutions.

PQRS (Physician Quality Reporting System) is a quality reporting program from the federal Centers for Medicare & Medicaid Services (CMS) for physicians and other providers. Previously, it was known as the Physician Quality Reporting Initiative (PQRI). It uses a combination of financial incentive payments and payment adjustments to promote reporting of quality information by what CMS calls eligible professionals (EPs).

The CNS VS Tools iPad Tablet App is designed to ***Simplify, Standardize and Automate the Assessment of Patient and Caregiver Described Symptoms, Behaviors and Comorbid Issues.*** The CNS VS Toolset was developed with the clinician in MIND. The toolset contains over 50 evidence based assessment tools and is fully configurable to customize to your practice needs.

The CNS VS Tools Advantage:

- 50+ clinical and quality evidence-based rating scales
- *Enables practice efficiency - rapid exam or waiting room toolset*
- Enhances practice revenue - see reimbursement guide
- *Helps document the medical necessity need for procedures*
- Systematically tracks quality measures e.g., PQRS, Star Quality, etc. supporting professional societies and payer guidelines and standards
- *Custom configure test panels supporting PQRS data collection and meeting the needs of individual, medical home, group practices and ACO's care plans*
- Autoscored Reporting – PDF Report e.g., import to EMR, Tab Delimited export to Excel (Research and Outcomes) available
- *Optimized for reimbursement - time & date stamped documentation, automated audit tracker*
- Automates the screening, assessing and tracking mental health patients e.g. telemedicine, ACO's. public health
- *Supports early detection and prevention e.g. Pediatric Symptom Checklist*



Easy Import to EMR

Why CNS VS Tools and CNS Vital Signs Neurocognitive Testing?

Identifying cognitive and neuropsychological abnormalities are common in multiple clinical condition quality measures. Accurate assessment of cognitive impairment requires performance-based neuropsychological assessment, which can be time-consuming and costly. Brief and accurate performance based cognitive tests to measure for or monitor a core set of neuropsychological domains would allow clinicians to identify and track deficits. It is also useful in identifying those patients with impairment who require more detailed neuropsychological testing or attention to neurobehavioral signs.

Measuring quality begins with the ASSESSMENT...

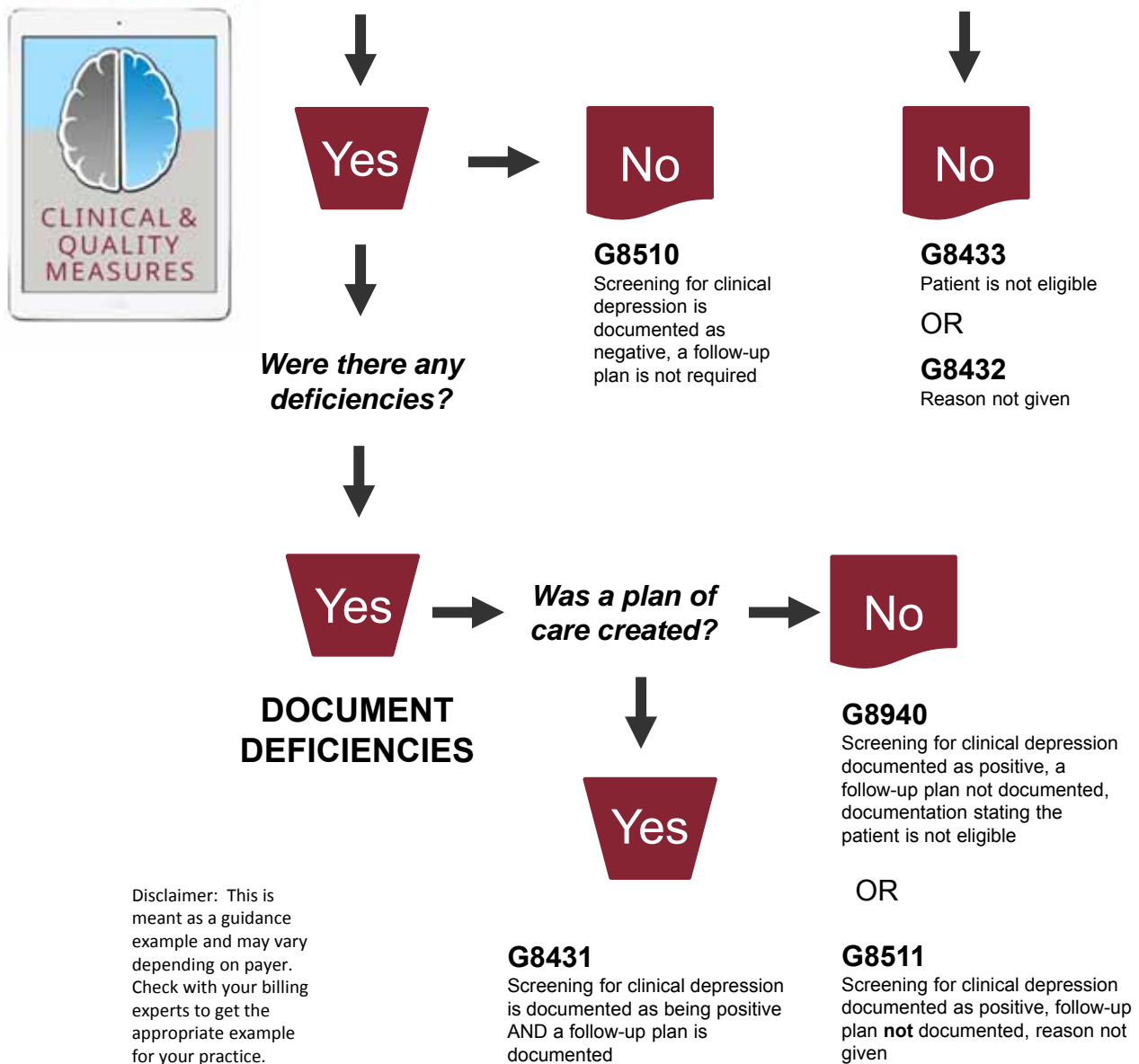
1. Many PQRS Measures require the completion of a medical rating scale.
2. CNS VS Tools helps a practice accomplish the collection of important patient data in the waiting or exam room.
3. Each clinical / quality assessment produces an auto-scored PDF report.

PQRS Measure Example: PHQ - 9

MEASURE #182 - Screening for Clinical Depression

Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 92557, 92567, 92568, 92625, 92626, 96116, 96118, 96150, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0101, G0402, G0438, G0439, G0444

Did you have the patient complete a screening for clinical depression?



Begin Assessment with CNS VS Tools

Overview

Use your iPad to enhance patient care and improve practice efficiency and profitability! Just download CNS VS Tools iPad App and administer one of the fifty-plus PRO (Patient Reported Outcomes) and Medical and Health Rating Instruments. The CNS VS Tools assessment platform supplements clinical evaluation and management activities by helping make sure important questions have been asked and by rating the severity of the illness or impairment. The use of these rating instruments may help formalize the assessment approach, and may ensure thoroughness, may clarify the presence or absence of disorders, generally provides an index of severity, and may help facilitate the determination of response to treatment and disease course over time.

Many of the CNS VS Tools iPad App clinical and quality instruments can be used to collect important patient, informant or caregiver information to enhance care management or document quality.



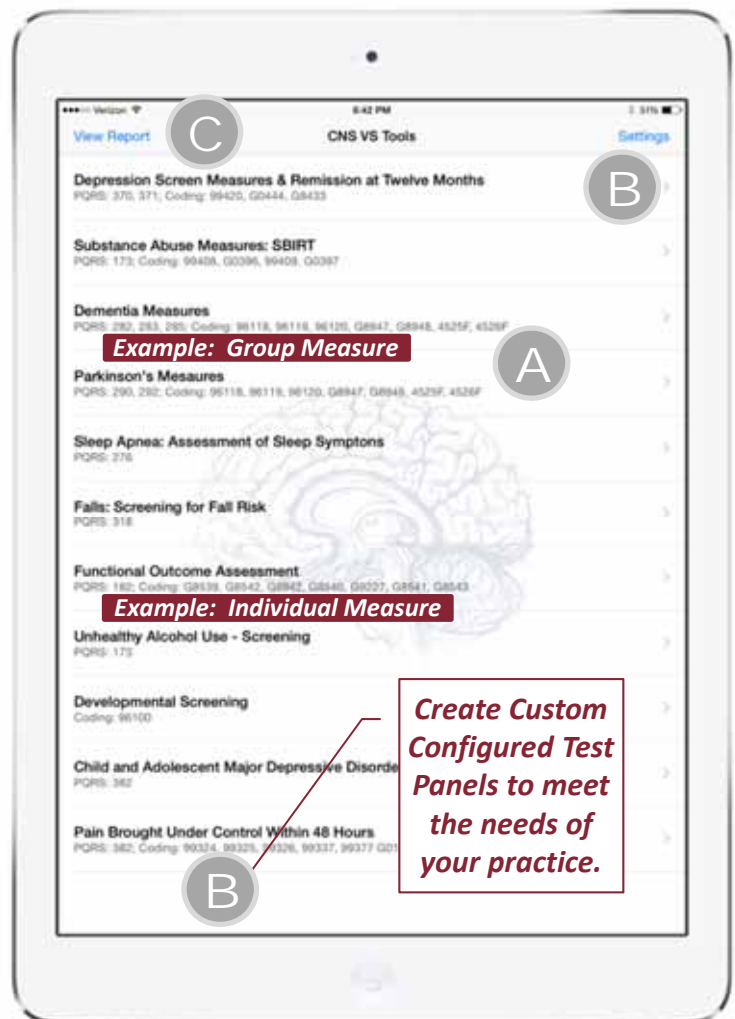
SELECT the 'CNS VS Tools' Button on the iPad desktop.

To Begin Testing:

A: Once selected the CNS VS Tools home screen will appear. The home screen contains testing panels for both **Group (Clinical Condition)** and **Individual Measures**. Just identify and select the appropriate clinical or quality measure from the test panels.

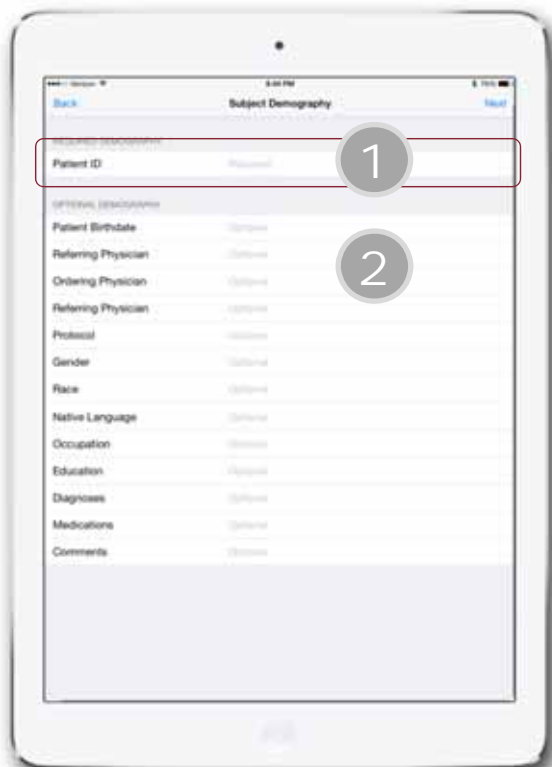
Test Panels can be easily configured by selecting **B: SELECT SETTINGS > Test Availability and Configurations > Test Panels and Configurations > SELECT the + (plus) sign > SELECT Edit > Name your test panel > SELECT the new Test Panel > SELECT the + (plus) sign > SELECT the needed test(s) to populate the test panel.**

C: To View Reports after a test SELECT 'View Report' > SELECT the desired report.



See pages 11 and 12 to access additional information on how to custom configure the app

Testing a Patient: Starting a Test



To begin testing a patient ('A' on Page Five) Enter the Subject (PATIENT) Reference ID and SELECT the Test Button.

Enter Required & Optional Demographics:

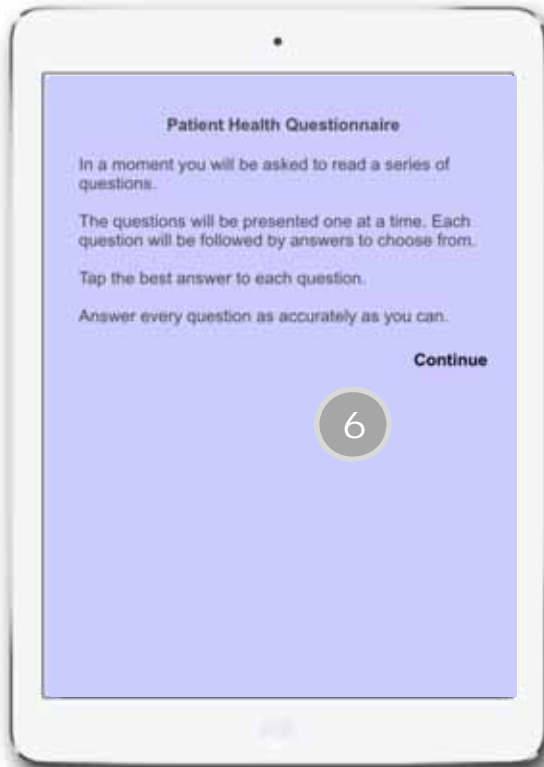
1. **Required:** Check the 'Patient ID' for accuracy
2. **Optional:** Demographic data can also be collected. These fields can be used to collect outcomes / practice improvement / research data. It is important to develop a practice policy for data collection.



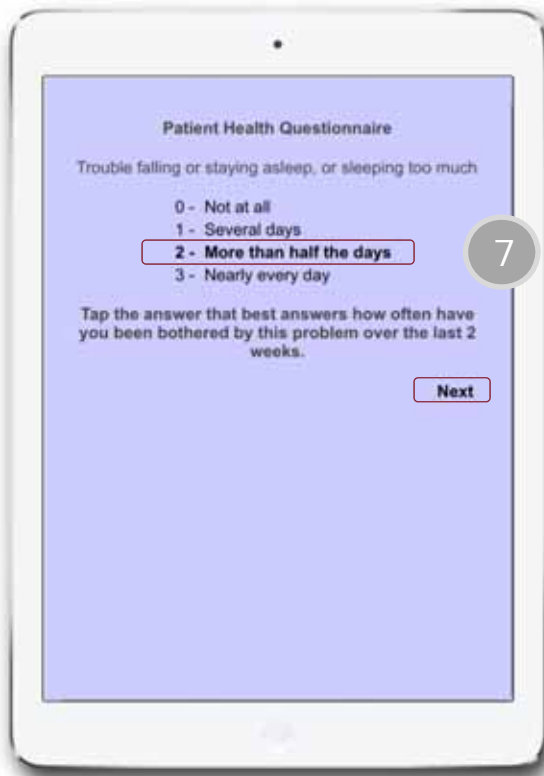
Confirm Test Settings:

3. **Confirm Patient ID**
4. **Confirm Test Selection.**
5. **Rapidly custom configure an assessment strategy by making an ad-hoc test selection.** The examiner or test administrator can easily choose a different test configuration by touching the 'Test Configuration' which is in blue text, add additional tests by selecting the '+' button, or remove tests and re-order by selecting the 'Edit' button

Testing a Patient: Taking the Test



6. Read all the Instructions. Advance the test by SELECTING 'Continue'.



7. Complete all data inserts using the iPad by tapping the correct answer. SELECT 'Next' to advance the test.

Testing a Patient: Taking the Test



- Complete all data inserts using the iPad keyboard. SELECT 'Next' to advance the test.

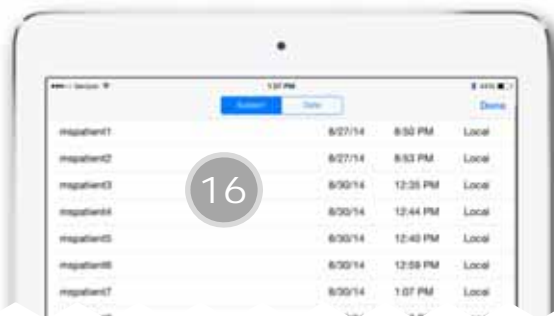


- The AUTOMATICALLY SCORED TESTING REPORT is generated for *Interpretation* and/or *Integration* into the patient record, as part of an integrated final report, and/or for use as a quality/outcome initiative e.g., PQRS.

CNS VS Tools Settings Menu (**Manage your app**) View Reports



Enter your CNS Vital Signs Account Number, User Name and Password from Registration at www.cnsvs.com



The CNS VS Tools SETTINGS menu can be accessed from the Settings Button on the initial screen. The SETTINGS menu allows you to manage the application e.g., better configure to meet your clinic or practice needs.

Customize your app by:

10. Verify app version, access CNS Vital Signs homepage and upload a support issue.
11. Restrict 'Subject' (patient) identifier to only numeric identifiers (the default is alphanumeric ID).
12. Access the Test Availability and Configure Custom Test Panels can be easily configured by selecting Test Availability and Configurations > Test Panels and Configurations > SELECT the + (plus) sign > SELECT Edit > Name your test panel > Select the new Test Panel > SELECT the + (plus) sign > SELECT the needed test(s) to populate the test panel. Scale or size of the reading text.
13. Select the type of report and opt in for color reports if available.

SYNC to CNSVSONline.com Account

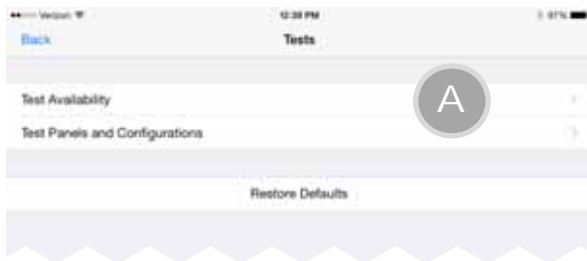
14. Enables report data upload to a *cnsvsonline.com* account... establish a *archive and SYNC* account at www.cnsvs.com > SELECT Sign-up. Once an account is established uploading results and exporting PDF (EMR), CSV (Research and Outcomes) can begin.

15. Allows you to manage PASSWORD functions.

View Reports by:

16. To View a Report on the APP you can organize the results by Subject (PATIENT) ID or by Date. Then to access the report SELECT the appropriate SUBJECT / DATE line.

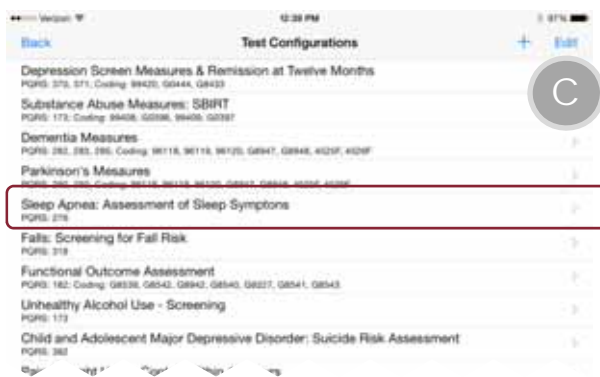
Custom Configure the App to a Practice by Selecting the Appropriate Instruments and Setting-up a Test Panel



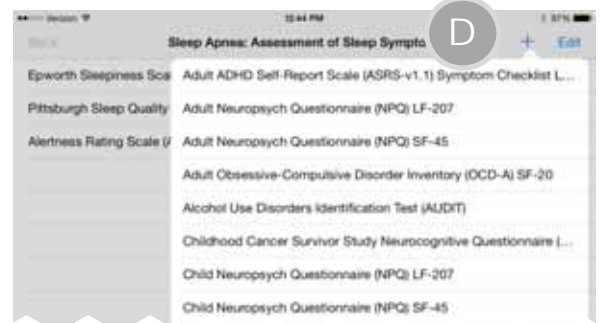
A Go To Settings > SELECT Test Availability and to identify activated instruments or Go To > Test Panels and Configurations to change add/delete or customize test panels



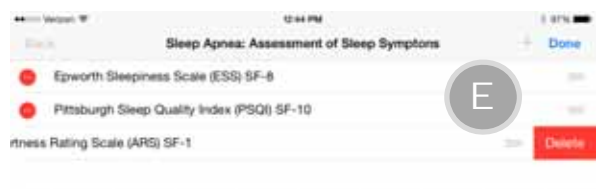
B Activate or deactivate rating instruments contained in the app



C SELECT on Test Configurations > SELECT Edit to Change the wording on the test panel



D SELECT on the '+' and add medical rating scales to the Test Panel



E SELECT Edit to remove medical rating scales from the Test Panel

Testing a Patient: Locking Down the iPad as a Testing Device

Review these instructions in the iPad Manual for the most update version.

To focus the patient on the test and block them from gaining access to the home screens and other apps you can set-up the GUIDED ACCESS functionality of the iPad. Below are the instructions from the iPad Manual:

Guided Access

Guided Access helps someone using iPad to stay focused on a task. Guided Access limits iPad to a single app, and lets you control which app features are available. Use Guided Access to:

- Temporarily restrict iPad to a particular app
- Disable areas of the screen that aren't relevant to a task, or areas where an accidental gesture might cause a distraction
- Disable the iPad hardware buttons

Use Guided Access.

- Go to Settings > General > Accessibility > Guided Access, where you can:
- Turn Guided Access on or off
- Set a passcode that controls the use of Guided Access and prevents someone from leaving an active session
- Set whether other accessibility shortcuts are available during a session

Start a Guided Access session.

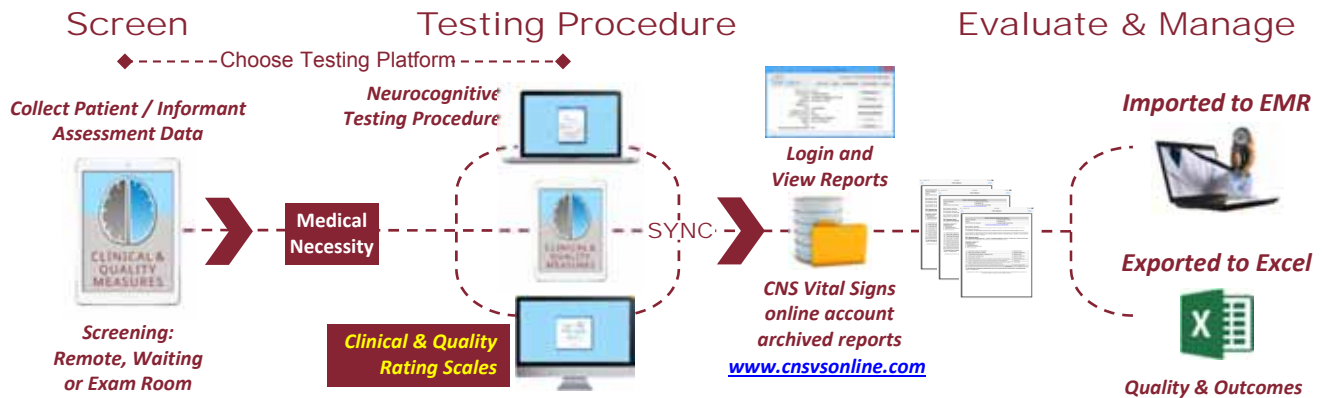
- Open the app you want to run, then triple-click the Home button. Adjust settings for the session, then click Start.
- Disable app controls and areas of the app screen: Circle any part of the screen you want to disable. Use the handles to adjust the area.
- Enable the Sleep/Wake or Volume buttons: Tap Options below Hardware Buttons.
- Ignore all screen touches: Turn off Touch.
- Keep iPad from switching from portrait to landscape or from responding to any other motions: Turn off Motion.

End a Guided Access session. Triple-click the Home button and enter the Guided Access passcode.

50+ Computerized Assessment Instruments

Auto-Scored, Instantaneous Reporting and Systematic Documentation

The CNS Vital Signs assessment platform including CNS VS Tools provides screening, clinical and quality measure tools. CNS Vital Signs complimentary instruments are available via the web app, local software app and tablet devices. The web and tablet apps can be accessed via a CNS Vital Signs Account at www.cnsvsonline.com.



Pediatric - Adolescent Instruments

Developmental - Mental Health Screening (*Billing Codes 96110*)

- **Pediatric Symptom Checklist (PSC) LF-35**
- **Pediatric Symptom Checklist-Youth Report (Y-PSC)**
- **Pediatric Symptom Checklist (PSC-17) SF-17**

AD/HD Instruments (*Billing Codes 96110*)

- **Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) LF-53**
- **Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADTRS) LF-4**
- **Vanderbilt Assessment Follow-up Parent Rating Scale (VAFPRS) SF-38**
- **Vanderbilt Assessment Follow-up Teacher Rating Scale**

Neuropsychological Instruments

- **Neuropsych Questionnaire (NPQ) LF-207** NeuroPsych Questionnaire (NPQ) LF-207 Adolescent neuropsychiatric questionnaire long version is generally used as part of an initial in-take exam and is scored into 20 symptom and behavior categories and 8 possible comorbidities.
- **Neuropsych Questionnaire (NPQ) LF-45** NeuroPsych Questionnaire (NPQ) SF-45 Adolescent neuropsychiatric questionnaire short version is generally used to check status and track progress during follow-up exam or used when a brief in-take is needed. The NPQ-45 is scored into 12 symptom and behavior categories.

Targeted Instruments

- **Screen for Child Anxiety Related Disorders (SCARED) Child Version LF-41**
- **Screen for Child Anxiety Related Disorders (SCARED) Parent Version LF-41**
- **Child Obsessive-Compulsive Disorder Inventory (OCD-C) SF-20**
- **Social Anxiety Scale for Children and Adolescents (SASCA) SF-20**
- **Childhood Cancer Survivor Study Neurocognitive Questionnaire (CCSS) SF-25**
- **Neurobehavioral Symptom Inventory (NSI) SF-22 (mTBI, TBI)**
- **PTSD Checklist - Stressor Specific Version (PCL-S) SF-17**

Substance Abuse - SBIRT (*Billing Codes: 99408, 99409, H0049, H0050; PQRs: 173*)

- **Drug Use Questionnaire (DAST) SF-20**
- **Alcohol Use Disorders Identification Test (AUDIT) SF-10**

50+ Computerized Assessment Instruments

Auto-Scored, Instantaneous Reporting and Systematic Documentation

Adult Instruments

Health Risk - Mental Health Screen (*Billing Codes 99420, G0444, G8433, PQRS: 325, 370, 371*)

- **Patient Health Questionnaire (PHQ) SF-9**
- **Zung Self-Rating Depression Scale (ZSDS) SF-20**
- **Zung Self-Rating Anxiety Scale (ZSAS) SF-20**

Quality of Life (*PQRS: 182*)

- **Medical Outcomes Survey (MOS) SF-36** The SF-36 is a set of generic, coherent, and easily administered quality-of-life measures. These measures rely upon patient self-reporting and are now widely utilized by managed care organizations and by Medicare for routine monitoring and assessment of care outcomes in adult patients.

AD/HD

- **Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist LF-18**

Neuropsychological Instruments (*Billing Codes: 96118, 96120; PQRS: 283*)

- **Neuropsych Questionnaire (NPQ) LF-207** NeuroPsych Questionnaire (NPQ) LF-207 Adult neuropsychiatric questionnaire long version is generally used as part of an initial in-take exam and is scored into 20 symptom and behavior categories and 8 possible comorbidities.
- **Neuropsych Questionnaire (NPQ) SF-45** NeuroPsych Questionnaire (NPQ) SF-45 Adult neuropsychiatric questionnaire short version is generally used to check status and track progress during follow-up exam or used when a brief in-take is needed. The NPQ-45 is scored into 12 symptom and behavior categories.

Sleep (*PQRS: 276, 277, 292*)

- **Epworth Sleepiness Scale (ESS) SF-8**
- **Pittsburgh Sleep Quality Index (PSQI) SF-10**
- **Sedation Scale (SS) SF-1**
- **Alertness Rating Scale (ARS) SF-1**

Substance Abuse - SBIRT (*Billing Codes 99408, 99409, G0396, G0397, H0049, H0050, PQRS: 173*)

- **Drug Use Questionnaire (DAST) SF-20**
- **Alcohol Use Disorders Identification Test (AUDIT) SF-10**

Brain Injury

- **Neurobehavioral Symptom Inventory (NSI) SF-22**
- **Dizziness Handicap Inventory (DHI) SF-25**
- **Head Injury Questionnaire (HIQ) LF-90**

Memory - Dementia (*PQRS: 280 to 285*)

- **Memory Questionnaire (MEMQ) SF-27**
- **Stanford Geriatric Depression Scale (SGDS) SF-15**
- **Stanford Geriatric Depression Scale (SGDS) LF-30**

Targeted Instruments

- **Pain Catastrophizing Scale (PCS) SF-13**
- **The PTSD Checklist (PCL-5) SF-20**
- **PTSD Checklist - Civilian Version (PCL-C) SF-17**
- **PTSD Checklist - Stressor Specific Version (PCL-S) SF-17**
- **Adult Obsessive-Compulsive Disorder Inventory (OCD-A) SF-20**
- **MHE Questionnaire**

50+ Computerized Assessment Instruments

Auto-Scored, Instantaneous Reporting and Systematic Documentation

Adult Instruments

Functional Medicine (*Web Only*)

- **Life Habits Checklist**
- **Medical Symptoms Questionnaire (Past 30 Days)**
- **Medical Symptoms Questionnaire (Past 48 Hours)**

Military

- **PTSD Checklist - Military Version (PCL-M) SF-17**
- **Combat Exposure Scale (CES) SF-7**
- **Life Events Checklist (LEC) SF-17**
- **Deployment Risk and Resiliency Inventory**
- DRRRI Section A: Pre-Deployment Life Events
- DRRRI Section B: Childhood Experiences
- DRRRI Section C: Training and Deployment Preparation
- DRRRI Section D: Deployment Environment
- DRRRI Section E: Life and Family Concerns
- DRRRI Section F: Unit Support
- DRRRI Section G: Relationships Within Unit
- DRRRI Section H: Deployment Concerns
- DRRRI Section I: Combat Experiences
- DRRRI Section J: Post-Battle Experiences
- DRRRI Section K: Exposure to Nuclear, Biological, Chemical Agents
- DRRRI Section L: Post-Deployment Support
- DRRRI Section M: Post-Deployment Life Events

When reviewing the scales below the LF = Long Form, SF = Short Form and the number is representative of how many questions are contained in the instrument.


Our Neurocognitive Tests are not available via Tablet because touchscreen technology cannot adequately record millisecond precision as required.


Billing Information Disclaimer: The information provided in this document was obtained from third-party sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, and policies. All content on this document is informational only, general in nature, and does not cover all situations or all payers' rules and policies. This content is not intended to instruct medical providers on how to use or bill for healthcare procedures, including new technologies outside of Medicare national guidelines. A determination of medical necessity is a prerequisite that CNS Vital Signs assumes will have been made prior to assigning codes or requesting payments. Medical providers should consult with appropriate payers, including Medicare fiscal intermediaries and carriers, for specific information on proper coding, billing, and payment levels for healthcare procedures. This information represents no promise or guarantee by CNS Vital Signs concerning coverage, coding, billing, and payment levels. CNS Vital Signs specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on this information.


Printing and Exporting Reports

Verizon 9:56 AM Not Charging


View Report Done

 **AirDrop.** Share with people nearby. If you don't see them, have them turn on AirDrop in Control Center on iOS, or go to AirDrop in Finder on a Mac.


 **Mail**



Print



Open In



More

naire (PHQ-9)

Date: 03/18/15 14:06:35

Administrator: NA

Language: English (United States)

[Viewing CNS Vital Signs](#)

day") and at least one the shaded questions is #1 or #2.

day") and at least one the shaded questions is #1 or #2.

order requires ruling out normal bereavement (mild symptoms, disorder) and a physical disorder, medication or other drug as the

categories of "Not at all", "Several days", "More than half the days", and "Nearly every day". Scores range from 0 to 27.

		3 - Nearly every day
2	Feeling down, depressed, or hopeless	2 - More than half the days
3	Trouble falling or staying asleep, or sleeping too much	3 - Nearly every day
4	Feeling tired or having little energy	2 - More than half the days
5	Poor appetite or overeating	3 - Nearly every day
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	2 - More than half the days
7	Trouble concentrating on things, such as reading the newspaper or watching television	1 - Several days
8	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	1 - Several days
9	Thoughts that you would be better off dead, or of hurting yourself in some way	2 - More than half the days
PHQ-9 Score		19

10. How difficult have the problems you reported made it for you to do your work, take care of things at home, or get along with other people? 1 - Not difficult at all

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Follow the instructions in your iPad Manual to set-up AirDrop / printing functionality (see iPad manual). PDF Reports can also be uploaded to a CNS Vital Signs online account for back-up, printing, and importing into an EMR.

Glossary

PQRS (Physician Quality Reporting System)

A quality reporting program from the federal Centers for Medicare & Medicaid Services (CMS) for physicians and other providers. Previously, it was known as the Physician Quality Reporting Initiative (PQRI). It uses a combination of financial incentive payments and payment adjustments to promote reporting of quality information by what CMS calls eligible professionals (EPs).

PQRS Quality Measures

There are two types of PQRS measures used to assess quality (1) **Individual Measure** (single rating scale e.g., SF-36 functional or quality of life measure) and (2) **Group Measures** (several rating scales for a condition e.g., Dementia).

Performance Measurements: PQRS, Star Quality, HEDIS (Healthcare Effectiveness Data and Information Set)

Payers, providers and health policy experts have recognized the need to examine in a systematic way the quality of health services and patient care being funded and paid for. There have been numerous efforts to create ways to assess and document quality health care. Among the most widely used quality measures are the PQRS (CMS provider activity based), Star Quality (CMS payer based) and HEDIS (ERISA-Employer provider and payer based) measures.

Neurocognitive Testing

Computerized neurocognitive testing, also known as neuropsychological testing, is the performance-based assessment of a subject's cognitive status by specific neurologic domains, i.e., memory, attention, processing speed, motor speed, executive function, etc. The testing is physically non-invasive. As the brain controls specific neurologic domains, cognitive skills are often affected by many different types of brain-related and environmental health conditions. Accordingly, it is important for physicians and other health care providers to carefully assess the patient's history, physical and PQRS clinical and quality measures to put in context and to help clarify the subject's status.

SYNC

A capability feature of CNS Vital Signs assessment platform enabling the ability to upload the testing results to a secure online account.

EMR

Electronic Medical Record

Tab Delimited

Tab-delimited text, also known as tab-separated values (TSV), is a format that can be created or viewed by most spreadsheet programs and text editors.

ACO

Accountable Care Organizations are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.