CNS Vital Signs Computerized Rating Instruments

Auto-Scored, Instantaneous Reporting and Systematic Documentation

CNS Vital Signs assessment platform technologies includes 50+ medical and health rating instruments enabling:

- MIPS Clinical and Quality Measures for MACRA
- In-Office, Remote and Telemedicine Assessments
- Mental Health Screening and Surveillance

helping identify and systematically document patient and informant ratings of symptoms, behaviors and comorbidities.

Why Subjective Rating Instruments? (1) Many guidelines and quality measure recommended rating instruments are required as necessary E & M elements for optimized reimbursement; (2) Important clinical (e.g., symptoms, behaviors, comorbidity) questions are systematically asked, recorded, auto-scored and documented; (3) Answers may help measure or provide an index of severity for the targeted illness or impairment; (4) Helps formalize and standardize the assessment approach enabling serial tracking that helps facilitate the determination of response to treatment disease course over time and clinical outcomes; (5) Helps ensure thoroughness; and (6) May help clarify the presence or absence of disorders.

Clinicians and researchers can custom configure multidimensional standardized testing strategies (neurocognitive testing and rating instruments) by implementing clinical condition e.g., MCI, Multiple Sclerosis, AD/HD, etc. or research protocol measure-based test panels. CNS Vital Signs instruments are available via the cloud-based online app for in-office and remote testing (e.g., Vanderbilt AD/HD Teacher) and local software app (no internet required) in-clinic testing.

**Adult Instruments:**

Health Risk - Mental Health Screen

PHQ-9 Patient Health Questionnaire Depression

GAD-7 Generalized Anxiety Disorder

DASS Depression, Anxiety and Stress Scale (21 & 42)

Zung Self-Rating Depression Scale (ZSDS) SF-20

Zung Self-Rating Anxiety Scale (ZSAS) SF-20

Quality of Life

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.

Sleep

Epworth Sleepiness Scale (ESS) SF-8

Pittsburgh Sleep Quality Index (PSQI) SF-10

Sedation Scale (SS) SF-1

Alertness Rating Scale (ARS) SF-1

“We integrated CNS Vital Signs objective neurocognitive testing procedure and their important clinical rating scales into our measurement-based care activities… it has been very efficient for our practice...”

Behavioral Health Practice
Adult Instruments:

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

Substance Abuse - SBIRT (Billing Codes 99408, 99409, G0396, G0397, H0049, H0050, MIPS)
- 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
- Stanford Geriatric Depression Scale (SGDS) SF-15
- Stanford Geriatric Depression Scale (SGDS) LF-30
- Memory Questionnaire (MEMQ) SF-27

Targeted Instruments
- Falls Risk Scale
- Numeric Pain Scale
- Pain Catastrophizing Scale (PCS) SF-13
- Health Assessment Questionnaire (HAQ) Disability Scale SF-8
- Modified Fatigue Impact Scale (MFIS)
- The PTSD Checklist DSM-5 (PCL-5) SF-20
- PTSD Checklist - Civilian Version (PCL-C) SF-17
- PTSD Checklist - Stressor Specific Version (PCL-S) SF-17
- Life Events Checklist (LEC) SF-17
- Life Events Checklist for DSM-5 (LEC-5)
- Adult Obsessive-Compulsive Disorder Inventory SF-20
- MHE Questionnaire
- Sedation Scale (SS) SF-1

Functional Medicine (Web Only)
- Life Habits Checklist
- Medical Symptoms Questionnaire (Past 30 Days)
- Medical Symptoms Questionnaire (Past 48 Hours)

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**MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)**

**101 GUIDE**

**2019 Performance Year**

CMS is required by law to implement a quality payment incentive program, referred to as the Quality Payment Program, which rewards value and outcomes in one of two ways: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

Under MIPS, performance is measured through the data clinicians report and a primary area is quality.

**Quality**
This performance category replaces PQRS. This category covers the quality of the care you deliver, based on performance measures created by CMS, as well as medical professional and stakeholder groups.

*Many MIPS measures can be collected by using the CNS Vital Signs testing platform.*

**CMS Quality Payment Program, QPP**
CNS Vital Signs Computerized Rating Instruments
Auto-Scored, Instantaneous Reporting and Systematic Documentation

Military
- PTSD Checklist - Military Version (PCL-M) SF-17
- Combat Exposure Scale (CES) SF-7
- Life Events Checklist (LEC) SF-17
- Life Events Checklist for DSM-5 (LEC-5)

Deployment Risk and Resiliency Inventory
DRRI Section A: Pre-Deployment Life Events
DRRI Section B: Childhood Experiences
DRRI Section C: Training and Deployment Preparation
DRRI Section D: Deployment Environment
DRRI Section E: Life and Family Concerns
DRRI Section F: Unit Support
DRRI Section G: Relationships Within Unit
DRRI Section H: Deployment Concerns
DRRI Section I: Combat Experiences
DRRI Section J: Post-Battle Experiences
DRRI Section K: Exposure to Nuclear, Biological, Chemical Agents
DRRI Section L: Post-Deployment Support
DRRI Section M: Post-Deployment Life Events

Pediatric - Adolescent Instruments:
Developmental - Mental Health Screening
- Pediatric Symptom Checklist (PSC) LF-35
- Pediatric Symptom Checklist-Youth Report (Y-PSC)
- Pediatric Symptom Checklist (PSC-17) SF-17

AD/HD Instruments
- Vanderbilt ADHD Diagnostic Parent Rating Scale LF-53
- Vanderbilt ADHD Diagnostic Teacher Rating Scale LF-43
- Vanderbilt Assessment Follow-up Parent Rating Scale SF-38
- Vanderbilt Assessment Follow-up Teacher Rating Scale LF-43

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 SF-20
- Social Anxiety Scale for Children and Adolescents SF-20
- Childhood Cancer Survivor Study Neurocognitive Questionnaire (CCSS) SF-25
- Neurobehavioral Symptom Inventory (NSI) SF-22 (mTBI, TBI)
- PHQ-9 Patient Health Questionnaire Depression
- GAD-7 Generalized Anxiety Disorder
- DASS Depression, Anxiety and Stress Scale (21 & 42)

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.

CNS Vital Signs Neurocognitive Tests are not currently available via Tablet because touchscreen technology cannot adequately record millisecond precision as required. However, tablets e.g., iPad are excellent tools for completing rating instruments and compatible with CNS Vital Signs assessment platform.
Billing for PRO – patient / informant reported outcomes, medical and mental health assessment instruments (e.g., MIPS) are designed to identify patients, their level and type of impairment and who may need more intensive assessment or treatments. Early detection can result in a timelier initiation of appropriate interventions, which may improve clinical outcomes.

<table>
<thead>
<tr>
<th>Emotional and Behavioral Codes - When used as part of a complete assessment.</th>
<th>RVU*</th>
<th>$*</th>
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<tr>
<td><strong>96127</strong> Brief emotional/behavioral assessment (e.g., depression inventory, attention deficit / hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.</td>
<td>0.15</td>
<td>$5.40</td>
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| Health and Behavior Assessment (2020 Change) | |
|---|---|---|
| **96156** Health and behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making) | 2.10 | $75.60 |

Health and Behavior Assessment services are now event-based and billing code 96156 may be billed only once per day regardless of the amount of time required to complete the overall service. Only report 96156 for assessment of a patient with a primary diagnosis that is physical in nature.

ADDITIONAL INFORMATION: Adapted from - https://www.apaservices.org/practice/reimbursement/health-codes/crosswalk.pdf

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