CNS Vital Signs Assessment Tools

PRO – patient reported outcomes, medical and mental health assessment instruments

Developmental

		* Estimated National Average Practice Reimbursement
96110	Developmental testing; limited (e.g., *Pediatric Symptom Checklist*, Vanderbilt AD/HD, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. Code 96110 is often reported when performed in the context of preventive medicine services, but may also be reported when screening is performed with other evaluation and management (E/M) services such as acute illness or follow-up office visits. http://brightfutures.aap.org/pdfs/coding%20pr%20f0809.pdf http://pediatrics.aappublications.org/content/118/1/405.full	**$10**

SBIRT – Substance Abuse (AUDIT & DAST Scales)

Payer	Code	Description	Fee
Commercial Insurance	**CPT 99408**	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	**$35**
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	**$69**
Medicare	**G0396**	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	**$29**
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	**$58**
Medicaid	**H0049**	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	**$24**
	H0050	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	**$48**

http://www.integration.samhsa.gov/sbirt/reimbursement_for_sbirt.pdf

Health and Behavior Rating Scales

When used as part of a complete assessment.

		* Estimated National Average Practice Reimbursement
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; Initial Assessment.	**$21 per 15 min.**
96151	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; Re-Assessment.	

http://downloads.cms.gov/medicare-coverage-database/lcd_attachments/30514_1/L30514_031610_cbg.pdf

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Health Risk

		* Estimated National Average Practice Reimbursement
99420	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	**$11**
99420 G0444	Annual Depression Screening, 15 minutes	**$11**
99420 G8433	Screening for Clinical Depression Using an Age Appropriate Standardized Tool Not Documented, Patient Not Eligible/Appropriate	**$11**

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Screening-for-Depression-Booklet-ICN907799.pdf

Trend: Growing Focus on Quality Measures and Value

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

"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

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 profit from the changing healthcare environment.

The Affordable Care Act is driving payment change in two significant ways:

- ***A greater emphasis on quality activities e.g., PQRS***
- ***The requirement for patients to pay high deductibles***

PQRS: The CNS Vital Signs Advantage

PQRS (Physician Quality Reporting System) is a 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 efficiency of the CNS Vital Signs Assessment Platform e.g., auto-scored, auto-audit, export to EMR capabilities both neurocognitive testing and PRO – patient reported outcomes, medical and mental health assessment scales can be valuable practice asset when collecting the necessary clinical endpoints and data recommended by professional societies e.g., AAN, APA as part of their quality or PQRS measures.

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

High Patient Deductibles: The CNS Vital Signs Advantage

One of the biggest trends impacting healthcare today is a shift towards high deductible plans. While the shift to high deductible insurance plans started well before the Affordable Care Act (ACA), the government mandated health insurance and associated health insurance exchanges have accelerated the high deductible growth.

High deductible plans mean a major shift in who will be paying the bill. Practices will need to be effective at collecting from insurance companies and from patients as well. This movement to the empowered patient with a high deductible insurance plan is not likely to go away. The spread of consumer driven health plans could have a profound impact on how practices interact with patients. Marketing a practices services / procedures will be a key capability going forward.

"Here are the… insights attendees shared: ***Direct-to-patient marketing is rapidly becoming the new specialist growth strategy***... Our referral volumes from PCPs have gone down. If we're seeing any growth, it's from the direct patient shopper." Market consolidation and PCP employment by hospitals make it difficult for independent specialists to convince PCPs to redirect their referrals. Furthermore, with the ***upsurge in the number of patients with high deductible health plans***, even if PCPs direct their referrals to independent groups, specialists feel that "PCPs have less power than they used to" and "***patients are making their own care decisions, regardless of PCP referrals***." Which is why ***direct-to-patient marketing initiatives may become more effective than referring physician outreach in some markets***."

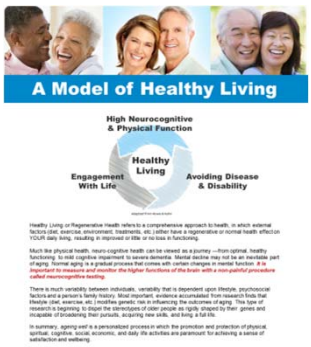
SOURCE: 2014 The Advisory Board Company Health Care Consulting National Summit

CNS Vital Signs has customizable tools and capabilities to assist in the marketing of Neurocognitive Care to HIGH DEDUCTIBLE patients.

Capabilities: Current guidelines and quality care measures reinforce the need for a longitudinal view of a patients cognitive and neuropsych function. The CNS Vital Signs assessment platform is designed to enable the longitudinal mapping of each patient which helps tie the patient to the practice.

Tools: Customizable Marketing Packages are freely available to client practices.

Advertising



Clinic Handouts

Patient Ed

Small Poster

Documentation:

CMS (Recovery Audit Program) and other payers have active and ongoing audit programs to recover fraudulent claims. Clients have expressed the following tips to help a practice be prepared for an audit. ***The CNS Testing Platform Auto-Generates a testing or audit trail.***

Technical Component – Label whether Tech admin or Computer admin, Number of Tests.

Professional Component – Label Activities: Testing by Professional, Interpretation, Report, or Integration of findings which may include history, prior records, interview(s), and compilation of tests.

KEY ADVANTAGE: Testing Time – CNS Vital Signs Time and Date stamps all assessment reports. For Paper and Pencil testing minimum documentation should be: Date(s) & Total Time Elapsed, Maximum: Date(s) Start and Stop Times; Testing Time Backup - Scheduling System (e.g., schedule book; agenda, etc.), Testing Sheet with Lists of Tests with Start/Stop Times, Keep Time Information as long as records are kept.

Medical Necessity:

Medical Necessity and denial of coverage can vary by Payer. Medical rating instruments can help clinicians better understand the nature of their patient's illness e.g., comorbidities, in making recommendations regarding coping with and compensating for their neurocognitive difficulties, and may encourages treatment adherence. Ultimately, the data accumulated from administering CNS Vital Signs can be used as an outcome measure or for generating clinical insights that improve future care strategies. If for some reason the carrier or plan denies coverage it is important to EDUCATE and INFORM the carrier or plan's personnel about the importance of covering these procedures. Clinicians should consult with their office's coding and billing staff to determine the combination of codes that will work best for screening and providing mental health services. It is also suggested that the billing office reach out to the health plans the provider participates in to inquire about whether they provide payment for mental health screening and, if so, to clarify with the health plans what codes, combination of codes should be used. The information provided in this section can be shared with health plans to see if they accept the codes in this guide.

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.