



Valid | Reliable | Objective | Efficient

Practice Optimization Guide

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“Diseases of the brain commonly produce changes in behavior, including impairment of cognitive abilities and production of neuropsychiatric symptoms. Knowledge of the presence and characteristics of these changes can aid in the diagnosis, management, and longitudinal care of patients with neurologic and psychiatric diseases.” Adapted from: Neurology 1996;47:592-599.

WHY CNS Vital Signs?

CNS Vital Signs strives to provide clinicians a valid, reliable, and affordable, ‘research quality’ assessment platform. The CNS Vital Signs assessment platforms helps to support a practices comprehensive, state-of-the-art clinical assessment, and evidence-based treatment services for children, adolescents, and adults across the lifespan by:

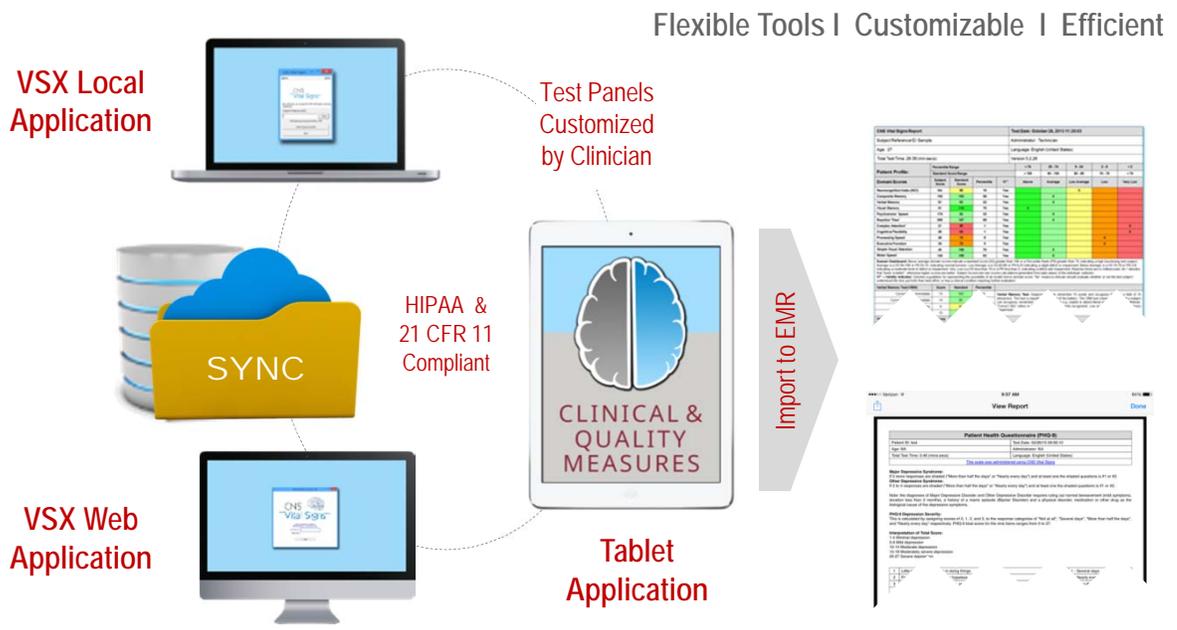
- accurately measuring and characterizing a patient’s CORE neurocognitive functioning based on his or her status or effort
- facilitating thinking about the patient’s condition (medical and health rating scales)
- helping to explain the patient’s current difficulties
- helping to monitor and guide effective intervention.

CNS Vital Signs Benefits that can help Optimize Practice Performance:

- **Extend Practice Efficiency:** Objective and Evidence-Based Assessment Data Collected, Auto-Scored and Systematically Documented
- **Develop Enhanced Revenue Streams:** Well established Patient, Technician or Clinician directed neurocognitive or brain function assessment billing codes
- **Improve Clinical Insight:** OBJECTIVE, PRECISE, and STANDARDIZED (toolbox) assessments that supports many neuro-psych clinical guidelines and provides clinicians with a tool to enable evidence based medicine, track outcomes, improve patient quality, and deliver higher patient satisfaction.

CNS Vital Signs is dedicated to helping practitioners efficiently and effectively **MEASURE and MONITOR NEUROCOGNITIVE HEALTH and MEET the CHALLENGES of Evolving Healthcare Systems.**

In-Clinic and Remote e.g., Telemedicine Assessment Platform



WHY CNS Vital Signs?

CNS Vital Signs testing or assessment results can help add insight to a clinician's evaluation and management activities; while providing efficiency to their practice. Consistent re-testing facilitates monitoring and enables a longitudinal view of a patient's condition which helps guide effective intervention, allowing the measurement of treatments and clinical outcomes. Both computerized cognitive tests and behavior rating scales should be used by clinicians with appropriate training.

Clinical Use of CNS Vital Signs:

Clinical Severity Grading: (Single Administration) **CPT Code: 90801, 96101/02/03/16 or 96116/18/19/20 CNS/Neurocognitive Tests.** The CNS Vital Signs computerized neuropsychological assessment can document the status and degree of neurocognitive impairment; provide diagnostic clarification and grading of the clinical severity of impairment for patients with subclinical or obvious cognitive deficits (e.g., Brain Injury, Epilepsy, Attention Deficit Disorder, Multiple Sclerosis, Bipolar, MCI -Memory, Schizophrenia, etc.)

Evaluate and Manage a Patient Serially: (Serial Administration) **CPT Code: 96101/02/03/ or 96118/19/20 CNS/Neurocognitive Tests.** One of the most unique features of the CNS Vital Signs assessment is its auto-randomization of stimuli into an almost unlimited number of alternate forms. This allows for retesting patients without the confounding of significant content-related practice effects. Clinicians can establish a baseline and upon re-test use a comparison of the results to assist in the decision-making regarding the etiology of the observed change in the patients' condition, monitor disease or recovery progress, measure treatment results, compliance, and outcomes (e.g., Concussion Management, Brain Rehabilitation, Medication Optimization and Compliance – Epilepsy, AD/HD, Pain, Substance Abuse and Sleep). Patients and families many times benefit from seeing the testing results which allow them to better understand the status and nature of their or a loved one's neurocognitive function. Clinicians may want to consider multiple sources of information in reaching a conclusion about a significant change in a patient's condition. NOTE: Verbal and Visual memory tests may require several days for the content to washout and prevent confounding of results.

Identify Behaviors, Symptoms, or Comorbidities: **CPT Code 96110/11 for Developmental Testing or 96101/02/03/16 or 96118/19/20** psychological and neuropsychological testing. Clinicians who conduct behavioral or neurobehavioral health assessments many times can receive a payment separate from and in addition to payment for the office visit. Plans may cover the assessment and review of behavioral rating scales as part of a psychological and neuropsychological work-up.

Medication Management : (Single or Serial Administration) **CPT Code: 90862** With the advent of computerized neurocognitive tests such as CNS Vital Signs, and medications designed to treat diseases of cognitive dysfunction (e.g., AD/HD, Epilepsy, MS, MCI - Early Dementia, etc.), have become a primary outcome measure in the evaluation and management of their patients.

Why Neurocognitive Testing and CNS Vital Signs?

CNS Vital Signs has been used to measure subtle neurocognitive changes or deficits in most neuropsychiatric conditions as well as many other conditions such as surgery, obesity, HIV, chemobrain, etc. Using CNS Vital Signs as part of a standardized clinic procedure or neurocognitive benchmark helps practices do “Quality Care” activities such as measuring the effects of medications, evaluating various neurocognitive profiles of neurological or psychiatric disorders / treatments, and produces a large volume of usable data for use in research and publications.

CNS Vital Signs Features:

- ***State-of-the-art technology delivering a rapid and non-invasive neurocognitive assessment ...ages 8 to 89***
- ***Customizable Toolboxes or Test Panels***
- ***Helps to Monitor and Guide Effective Intervention***
- ***Secure and Reliable Platform ...HIPAA and 21 CFR 11 (FDA) compliant***
- ***Global Reach ...cognitive testing available in over 50 languages ... 7000+ clinical users in 52 countries***
- ***Systematically Documents ...Valid & Reliable Clinical Endpoints for Evaluation & Management***
- ***Easily exports results data into spreadsheets and statistical analysis packages***
- ***Suitable for repeat testing***
- ***Peer reviewed publications ...used in over 2000 investigator sites worldwide***
- ***Practice Development Support and Clinical Trials Expertise***

The CNS Vital Signs CORE Clinical battery is sensitive to subtle deficits, as well as to progressive decline or improvement, it is validated, reliable, and easy to use. CNS Vital Signs has many obvious advantages such as millisecond precision, accuracy of measurement of responses, reliability and the ability to collect data from well known, evidence-based, medical, behavior, and health rating scales.

Ease of Use:

CNS Vital Signs requires the use of just a few keys on the keyboard (most CNSVS tests use the space bar to respond to the stimuli) as a response from the testing subject. A keyboard is valid, reliable, and standardized **RESPONSE DEVICE** compared to other esoteric hardware devices or costly touchscreens. Using the keyboard makes it easy for the subject to respond, providing effective response to the stimulus. CNS Vital Signs uses technology that provides the subject a gaming type experience which encourages high subject compliance.

Why Neurocognitive Testing and CNS Vital Signs?

CNS Vital Signs Supports The GOAL of OUTCOMES Based Medicine

Outcomes based medicine seeks a **quantitative** estimate of the effect of impairment or disease and the effectiveness and efficiency of treatment. The actual health outcome clinicians wish to promote would be a beneficial change in length and quality of life of their patients. Outcomes in clinical practice provide the mechanism by which the health care professional and the patient are able to assess the results of care.

Neurocognitive health matters because healthy normal neurocognitive function is a major factor in determining a person's quality of life. ***Neurocognitive testing helps clinicians and researchers evaluate and quantitatively measure the health of the higher functions of the brain and central nervous system (CNS) "vital signs".***

Objective neurocognitive evaluations like CNS Vital Signs are an important adjunct in the evaluation of a patients neurological, psychiatric, and psychological pathology. CNS Vital Signs employs standardized measures to evaluate performance. CNS Vital Signs yields a millisecond precision stimulus / response timing allowing for consistent and accurate measurement of even the most minute cognitive changes.

CNS Vital Signs purpose has been to collaborate with neuropsychologists, neurologists, and psychiatrists to determine what they might consider a neurocognitive "vital signs"... out of these partnerships the nine clinical domains and the NCI – Neurocognition Index of our "BRIEF-CORE" clinical battery were identified and included in the automatically scored report. The subtests that make-up CNS Vital Signs are based on venerable neuropsychology tests that have been in the literature for years. This "familiarity" in presentation allows for greater ease in interpretation and integration.

CNS Vital Signs CORE Clinical battery is intended to be used as part of a general neuropsychological evaluation or as a ***stand-alone battery for the baselining and characterization of deficits when the clinician wants an immediate assessment of their patient's neurocognitive function;*** CNS Vital Signs has also been coupled with EEG machines when a complex evaluation of that sort is needed. CNS VS does not replace a more thorough psychological analysis of specific cognitive disorders or a comprehensive neuropsychological evaluation.

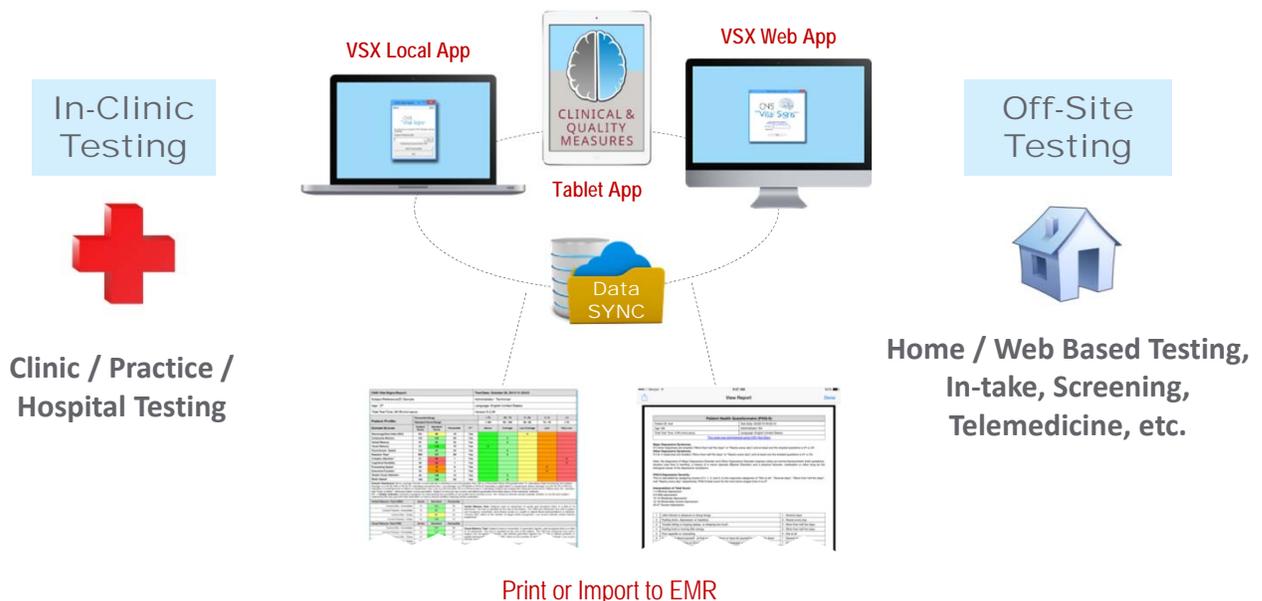


How does CNS Vital Signs work?

CNS Vital Signs platforms (In-Clinic, Tablet, and Web) enables the administration, collection, and auto-scoring of important clinical information. The CNS Vital Signs platforms can be configured for pre-visit, in-clinic, and post-visit assessment. After assessments or tests are completed, by patients, caregivers (parents), or observers (teachers), the results are collected and tabulated and presented in an easy to read report that can be used at the visit initially and for subsequent tracking of patient care over time.

Through its easy-to-use systems, processes, and test panels, CNS Vital Signs improves the evaluation and management of patients thru the efficient collection of valid and reliable clinical and quality measures. CNS Vital Signs provides a CUSTOMIZED (Test Panels) selection of neurocognitive tests and medical, behavior and health rating scales and questionnaires. LOCAL Software, WEB, and Tablet based solutions are available. Using CNSVS On-Line pre-visit collection of patient reported symptoms and comorbidities can free-up the Clinician's time to focus on concerns and issues and not administrative tasks. Auto-scored results from both platforms can easily be securely SYNCED and backed-up on CNS Vital Signs servers. Each Clinician or practice is given a private account that contains their assessment reports. CNS Vital Signs superior data management allows testing results to be easily exported to statistical and spreadsheet packages for further analysis.

In-Clinic and Remote e.g., Telemedicine Assessment Platform
Flexible Tools | Customizable | Efficient



For the first time, a practice friendly, computer and web based neurocognitive assessment platform is widely available to clinicians. CNS Vital Signs provides the clinician with a flexible and secure platform adding efficiency to clinical evaluations and clinic processes. The testing results are auto scored, stored, and are easily printed and used during a patient's visit.

ENGINEERED TO PERFORM

Tools for the Practice



Valid | Reliable | Objective | Efficient

For Clinical and Research Professionals



A Lifespan Approach... norms ages 8 to 89 Auto-Scored immediately after testing

Popular solution for many clinics and hospitals.

CNS Vital Signs Mobile Test Station ULTRA Series

- Mobile Adjustable Testing Cart Adaptable to most any PRACTICE Environment
- High Quality Laptop
- CNS VS Software Preloaded
- 35 Preloaded Test Sessions
- Custom Keyboard
- Configured to Optimize Testing

A \$2600.00 Value for Only \$1600.00



To Purchase a Custom Testing Keyboard(s) \$55... Go To:

<https://secure.cnsvs.com/cnsvs/?page=buykeyboard>

To PURCHASE a test station solution just Email support@cnsvs.com or Call Support 888.750.6941 and indicate the number you need.

Smart Efficient Workflow

Engineered with BUSY PRACTICES in mind, the Ultra Series combines the ultimate in practical functionality, ergonomic ease-of-use, and remarkable durability.

How to set-up CNS Vital Signs in a clinic or practice?



Assessment Data Collected in the WAITING ROOM or at HOME, SCHOOL e.g., Vanderbilt AD/HD, Mental Health Screening or Surveillance, etc.



Assessment Data Collected at CLINIC, HOSPITAL, INSTITUTION, etc.



*Clinicians review results;
Necessary Follow-up
Assessment Scheduled;
Additional Data Collected at
HOME, SCHOOL, WORK, etc.*

Practice Process Example:

Prior to Office Visit:

Patient, Observer (Teacher, etc.), and/or Caregiver (Parent, etc.) takes PREVISIT online rating scales and questionnaires to help identify behavior, symptoms, and comorbidities.

During Office Visit:

Clinician orders neurocognitive testing based on a review of medical necessity.

Testing and additional rating scales completed.

Results Autoscored Immediately In-Clinic

Clinician evaluation and interpretation of results.

Post Office Visit:

Clinician reviews all the testing data and INTERGRATES and reports on findings in a report.

Clinician may exchange findings with other clinicians via PDF.

Reports Imported into EMR.

Clinic / Practice SYNC's and/or backs-up data.

Collects additional follow-up assessment data.

CHANGE or the adoption of new technology is a process that needs some nurturing. However, most clinics that have easily adopted CNS Vital Signs into their practice and have been rewarded with the ability to provide their patients with a higher level of care, for the practice, as well as a significant financial benefit.

CNS Vital Signs is intuitive and generally simple to administer and take; even for patients with little or no computer experience. A brief in-service webinar with the CNS Vital Signs staff is recommended for you or your designated "practice champion" to learn how to get the most out of the CNS Vital Signs Application, e.g. registry for outcomes research. The webinar includes information on effective practice integration, interpretation, coding, and reimbursement.

How does CNS Vital Signs testing processes work?

Recommended Practice Roles for CNS Vital Signs Use

“A” = recommended person to perform task; “B” = can perform task as well; these are based on experience and will vary by clinic or practice organizational needs and structure.

Prior to Office Visit:	Clinician <i>(MD, PhD, PsyD, PA, LPN)</i>	RN	Test Tech	Staff
Mail or email the scheduled patient the requisite CNS VS OnLine Login and testing information, (see CNS VS templates) as part of practice in-take procedure.				A
Schedule patient for in-clinic neurocognitive testing 45 min to 1 hour prior to normal visit scheduling procedure or as part of a full psychological / neuropsychological assessment.				A
Login to determine whether CNS VS OnLine assessments have been completed.		B	B	A
Send out reminder email or make reminder call 1-2 days before visit for parents who have yet to complete their assessments.			B	A
Prior to the visit, print out assigned assessment reports and place printed summary in patient chart.			B	A
During Office Visit:				
Prepare CNS Vital Signs clinical neurocognitive testing session including appropriate demographic information, language, and test selection. (See CNS VS administration guide).	B	B	A	
Administer and conduct CNS VS assessment. Have patient’s without Internet complete required rating scales. (Reimbursable Professional, Technician, or Computer CPT 90801/96101/02/03 & 96116/18/19/20).	B	B	A	
Print out completed auto-scored reports and place in patients chart.		B	A	B
Interpret and discuss details of CNS VS reports with the patients. (Many clinicians print out two copies of the report, giving one to the patient as a counseling or reinforcement tool).	A	B		
Post Office Visit:				
Integrate into final report other sources of clinical data, including previously completed and reported technician and computer administered tests. (Reimbursable Professional Time CPT 96101 & 96118).	A			
Conduct necessary follow-up assessments and rating scales.		B	B	A
Document for Reimbursement: Testing Technical Component – Label whether Tech admin or Computer admin, Number of Tests. Professional Component – Label Activities: Testing by Professional, Interpretation, Report, Integration of findings which may include history, prior records, interview(s), and compilation of tests. Testing Time - Minimum: Date(s) & Total Time Elapsed, Maximum: Date(s) Start and Stop Times; 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.				

CNS Vital Signs Integration Tips:

I. Familiarize the Clinical Practice Team with CNS Vital Signs.

Emphasize two key practice benefits: that CNS Vital Signs is an in-office procedure for MEASURING and MONITORING a patient's neurocognitive status, and that CNS Vital Signs is a quality improvement strategy that also benefits the practice financially.

II. Have the Entire Staff Take the Test.

We recommend that everyone in the clinic take the assessment to become familiar with the tests. It will also show how reliable the battery will be in the practice. **When training staff...** send them to our online demo version to review and take some applicable tests and scales. **GO TO:** CNS Vital Signs Online <http://www.cnsvsonline.com/> Click the ONLINE ASSESSMENT BUTTON... in a few seconds a LOGIN box will appear...

...in the User Name put: **cognidemo**

...in the Password put: **cognidemo**

...this will take you to the initial screen... put any NUMBER in the SUBJECT box and click TEST... in the demographics screen put a DOB (necessary to calculate age-matched norms) click OK... the next screen will be the test selection screen... Click on any tests and scales you want to review and have a go.

III. Organize Care Team by Assigning Clear Roles and Responsibilities.

SEE - Recommended Practice Roles for CNS Vital Signs Use... these are based on experience and will vary by clinic or practice organizational needs and structure.

IV. Large Practices may want to appoint a "Practice Champion".

The "practice champion" serves as the interface with the CNS Vital Signs support staff and initial test administrator for the clinic and is a trusted and respected care team member e.g. clinic staff / administrator, nurse, a psychometrician / technician, or staff psychologist. The "practice champion" will need the support of a lead or senior clinician in a clinic. The practice champion should visibly support CNS Vital Signs at all levels of the organization, beginning with clinician (physician, neuropsychologist) leadership; promote efficient assessment strategies aimed at maximizing a patient's time in the office and minimizing the clinician's involvement in testing procedures.; encourage open and systematic discussion of testing issues.

V. Consider having a Dedicated Test Administrator.

Once a clinic has fully adopted the CNS Vital Signs assessment it is recommended to have a dedicated "test administrator" to set-up and start the patients then print the assessment report and insert the report into the patients file ready for interpretation.

CNS Vital Signs Integration Tips: Continued

VII. *Develop a Policy for Patient Identification.*

Develop a systematic approach for entering and tracking your patients using the CNS Vital Signs system. Many practices use a unique identifier e.g. Practice Management System Generated Number, others use an approach such as DOB + Initials, Filing System Code, etc.

After collecting CNS VS data in a practice for several months or years many clinicians will want to view the patient data longitudinally or create a patient registry. Having a standardized or unique patient identifier enables and simplifies this action.

VIII. *Assess Billing and Reimbursement Issues.*

Begin by testing a group of patients, interpreting and reporting the results, then integrate the assessments submitting the procedures for reimbursement.

Billing is important. CNS Vital Signs neurocognitive assessment battery is a billable service / procedure that is coded according to the AMA's "CPT® Codes under the Central Nervous System Assessments/Tests (e.g. Neuro-cognitive, Mental Status) codes that are used to report the services provided during testing of the cognitive function of the central nervous system. See CNS Vital Signs reimbursement guides.

IX. *Technical Issues.*

CNS Vital Signs was developed to use a conventional keyboard, and only a few keys. Clients can purchase a CNS Vital Signs Custom Keyboard to simplify test administration.

X. *Optimal Test Conditions.*

It is important to administer CNS Vital Signs under optimal conditions. The subject or patient should take the test in a distraction-free room. The subject should be alone, unless he or she needs someone there to assist with directions or initially point out some of the keys or provide a level of comfort.

XI. *Add CNS Vital Signs to your website.*

If your practice has a website you may want to consider a custom link to CNSVS Online so that patients, caregivers (parents) and observers (teachers) can access the testing platform from the practice's website.

CNS Vital Signs provides a web based assessment solution that helps clinical practices and researchers simply and securely collect and analyze important clinical information. CNS Vital Signs goal is to improve the evaluation and management of neuro-psych health, neurocognitive, developmental, and behavioral issues.

Clinic Name
Address, City, State Zip
Phone: - Fax:

EXAMPLE

Neurocognitive Testing Requisition

DR: _____ Chart #: _____ (...or unique patient identifier)

Patient: _____ DOB: _____

Neurocognitive Test Selection:

- Baseline Neurocognitive Assessment
- Custom Selection (check below)

- Verbal Memory Test
- Visual Memory Test
- Finger Tapping Test
- Symbol Digit Coding
- Stroop Test
- Shifting Attention Test
- Continuous Performance Test
- Perception of Emotion
- Non-Verbal Reasoning
- Four Part CPT (N-Back)

Additional Tests to Include: e.g. Conventional Paper and Pencil

Test Panel (Preconfigured Standardized Testing) Selection:

- | | |
|---|---|
| <input type="checkbox"/> Neurobehavioral Status | <input type="checkbox"/> Pain |
| <input type="checkbox"/> ADD - AD/HD | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Concussion – TBI | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Memory - MCI | <input type="checkbox"/> Cancer Cognition |

Medical and Health Rating Scales Selection:

- | | |
|--|--|
| <input type="checkbox"/> Alertness Rating Scale (ARS) SF-1 | <input type="checkbox"/> Pediatric Symptom Checklist-Youth Report (Y-PSC) |
| <input type="checkbox"/> Medical Outcomes Survey (MOS) SF-36 | <input type="checkbox"/> Pediatric Symptom Checklist (PSC-17) SF-17 |
| <input type="checkbox"/> NeuroPsych Questionnaire (NPQ) SF-45 | <input type="checkbox"/> Zung Self-Rating Anxiety Scale (ZSDS) SF-20 |
| <input type="checkbox"/> NeuroPsych Questionnaire (NPQ) LF-207 | <input type="checkbox"/> Zung Self-Rating Depression Scale (ZSDS) SF-20 |
| <input type="checkbox"/> Epworth Sleepiness Scale (ESS) SF-8 | <input type="checkbox"/> Stanford Geriatric Depression Scale (SGDS) LF-30 |
| <input type="checkbox"/> Pittsburgh Sleep Quality Index (PSQI) SF-10 | <input type="checkbox"/> Stanford Geriatric Depression Scale (SGDS) SF-15 |
| <input type="checkbox"/> Sedation Scale (SS) SF-1 | <input type="checkbox"/> Memory Questionnaire (MEMQ) SF-27 |
| <input type="checkbox"/> Adult ADHD scale (ASRS-v1.1) Symptom Checklist LF-18 | <input type="checkbox"/> Dizziness Handicap Inventory (DHI) SF-25 |
| <input type="checkbox"/> Vanderbilt Parent Rating Scale (VADPRS LF-53) | <input type="checkbox"/> Neurobehavioral Symptom Inventory (NSI) SF-22 |
| <input type="checkbox"/> Vanderbilt Teacher Rating Scale (VADTRS LF-43) | <input type="checkbox"/> Head Injury Questionnaire (HIQ) LF-90 |
| <input type="checkbox"/> Vanderbilt Follow-up Parent Rating Scale (VAFPRS SF-38) | <input type="checkbox"/> Drug Use Questionnaire (DAST) SF-20 |
| <input type="checkbox"/> Vanderbilt follow-up Teacher Rating Scale (VAFTRS SF-38) | <input type="checkbox"/> Alcohol Use Disorders Identification Test (AUDIT) SF-10 |
| <input type="checkbox"/> Child Anxiety Related Disorders (SCARED) Child Version LF-41 | <input type="checkbox"/> Pain Catastrophizing Scale (PCS) SF-13 |
| <input type="checkbox"/> Child Anxiety Related Disorders (SCARED) Parent Version LF-41 | <input type="checkbox"/> PTSD Checklist - Civilian Version (PCL-C) SF-17 |
| <input type="checkbox"/> Child Obsessive-Compulsive Disorder Inventory (OCD-C) SF-20 | <input type="checkbox"/> PTSD Checklist - Military Version (PCL-M) SF-17 |
| <input type="checkbox"/> Social Anxiety Scale for Children and Adolescents (SASCA) SF-20 | <input type="checkbox"/> PTSD Checklist - Stressor Specific Version (PCL-S) SF-17 |
| <input type="checkbox"/> Pediatric Symptom Checklist (PSC) LF-35 | <input type="checkbox"/> Adult Obsessive-Compulsive Disorder Inventory (OCD-A) SF-20 |

Other Scales:

Neurocognitive Testing Super Bill

EXAMPLE

[Medical Clinic Name]

[Address]

[Phone]

Date: _____

Patient: _____ D.O.B: _____

Procedure Codes :

- 90801 – Psychiatric In-take Exam:** Complete medical and psychiatric history, a mental status examination, establishment of a tentative initial diagnosis, and an evaluation of the patient's ability and capacity to respond to treatment on an initial plan of treatment.
- 96101 - Psychological Testing:** Psychodiagnostic assessment per hour of psychologist's or physician's time interpreting test results and preparing the report.
- 96102 - Psychological Testing:** Psychodiagnostic assessment administered by test administrator technician per hour of technician time.
- 96103 - Psychological Testing:** Psychodiagnostic assessment administered by computer
- 96116 - Neurobehavioral Status Exam:** Clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of psychologist's or physician's time interpreting test results and preparing the report.
- 96118 - Neuropsychological Testing:** Per hour of psychologist's or physician's time interpreting test results and preparing the report.
- 96119 - Neuropsychological Testing:** Testing administered by a technician, per hour of technician time.
- 96120 - Neuropsychological Testing:** Administered by computer.
- 90862 - Management and Monitoring of Medication:** Pharmacologic management, including prescription, use, and review of medication.
- 96020 Functional Brain Mapping:** Neurofunctional testing selection and administration of testing of language, memory, cognition, movement, sensation, and other neurological functions when conducted in association with functional neuroimaging, monitoring of performance of this testing, and determination of validity of neurofunctional testing relative to separately interpreted functional magnetic resonance images. (For functional magnetic resonance imaging [fMRI], brain, use 70555)(Do not report 96020, in conjunction with 96101-96103, 96116-96120)(Do not report 96020 in conjunction with 70554)(Evaluation and Management services codes should not be reported on the same day as 96020)
- 70554 - Magnetic Resonance Imaging:** Functional MRI involves identification and mapping of stimulation of brain function. When neurofunctional tests are administered by a technologist or other non-physician or non-psychologist. . (Do not report 70554 in conjunction with 96020)
- 70555 - Magnetic Resonance Imaging:** When neurofunctional tests are entirely administered by a physician or psychologist. (Do not report 70555 unless 96020 is performed)(Do not report 70554, 70555 in conjunction with 70551 – 70553 unless a separate diagnostic MRI is performed)

Diagnosis: _____

Diagnosis Code: _____

Physician: _____

Support and Contact Information

NEED HELP?



Websites: www.CNSVS.com
www.CNSVSONLINE.com
www.CONCUSSIONVITALSIGNS.com



Phone: [888.750.6941](tel:888.750.6941)
Outside the United States Call [202.449.8492](tel:202.449.8492)



Fax: [888.650.6795](tel:888.650.6795)



Email: support@cnsvs.com

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