Behavioral
Response
Evaluation
Brain Rejuvenation Therapy

04.15.2020

Collaborative Care Initiatives For Senior Chronic Pain Patients

How new CMS changes benefit patients and physicians.

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INTRODUCTION

Social
Government statistics forecast that mental health disease will be the #1 diagnosed malady by 2030, surpassing heart disease.

Economics
The estimated costs for treatment will exceed $12 Trillion (USD)

This white paper provides physicians and healthcare providers of patients with chronic pain issues, particularly seniors, with a comprehensive understanding of new treatment options to address the rapid rise of behavioral and mental health issues associated with these patients.

Through CMS, the government has recognized the need for more proactive and consistent detection and treatment of these issues among these patients. Beginning in 2019, CMS introduced several changes to expand treatment options for chronic pain patients to encourage providers of all disciplines to include a broader scope mental health program in their existing practices to help to address the prevalence of mental illnesses such as depression, addiction and cognitive decline among these patients.

Although the changes made by CMS are straightforward, their successful and compliant implementation into practices is not so easy and can present many challenges for physicians. BRE specializes in helping physicians and providers to not only seamlessly implement these care services for their patients but also generate a significant income stream for the practice and individual partners.

This white paper provides the reader with:

- A broad understanding of the issues and opportunities associated with this current and growing healthcare need; and,
- Detailed information on all aspects of the new CMS guidelines and how the BRE System works within practices.

EXECUTIVE SUMMARY

Senior patients with chronic pain conditions have an extremely high rate of mental health issues associated with depression, addiction, and cognitive decline. The rate of these associated mental health issues among senior patients has been steadily increasing. CMS has recognized this disturbing trend and the need to proactively and regularly assess these risks within this patient group. As such, CMS introduced several new CPT codes since 2019 to help physicians better serve these patients.

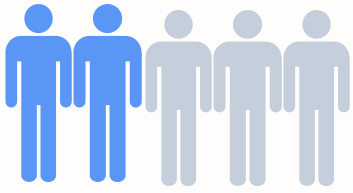
The BRE program allows physicians to comprehensively utilize these new services without using their staff and without upfront costs. BRE healthcare professionals directly interact with these patients in a Medicare compliant way, allowing physicians to provide more proactive care for these patients while significantly increasing annual net income to the practice.

Practice owners and other stakeholders benefit as this broader scope of mental health care is promoted by government and other related payers because of the growing opioid and controlled substance abuse crisis, and the increased prevalence of mental health issues among the senior population. BRE has had multiple meetings in Washington DC with senior ranking staff at Medicare and with Congress members, both active and retired, to ensure the program addresses the objectives outlined in a fully compliant fashion.

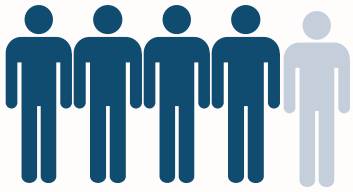
Medical office business owners receive net production margins from 20-30% with no other directly related office staffing or space consideration expenses. BRE's program provides improved documentation and compliant action steps, along with an error-free guarantee, virtually eliminating liabilities to the practice.

For practices to qualify for the BRE program, an office would need to see a quality payer mix of at least 35 chronic illness senior adult patient visits per week. Practices with as few as 50 quality payer mix patients a week could quickly generate a net income of $15,000 per month after all BRE program expenses.

33% of of older adults experience report suffering from chronic pain

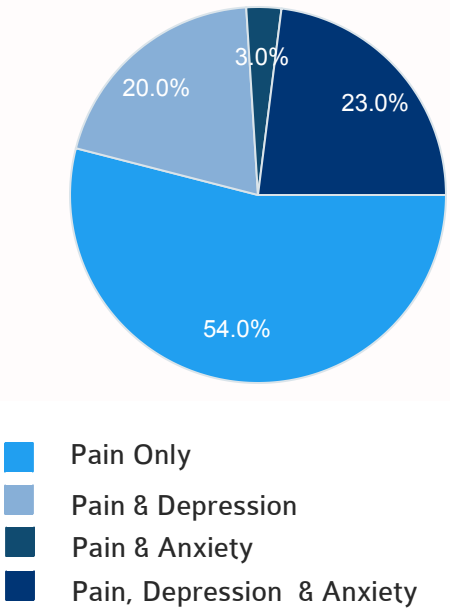


85% of chronic pain sufferers are affected by severe depression



THE GROWING HEALTH CRISIS AMONG SENIORS WITH CHRONIC PAIN

The Baby Boomer population presents new and increasing healthcare needs and challenges than previous generations. The number of adults over the age of 65 is increasing dramatically and will double in the next decade, representing one-third of the population. This group has a higher degree of alcohol abuse than with previous generations and has well-known severe consequences for physical and mental health-related issues. Opioid abuse levels are significantly rising in the over 65 population, despite the common belief that the opioid epidemic primarily affects younger adults. One of the primary reasons for this increase is because a high percentage of this population suffers from some form of chronic pain.



About 20% of adults in the United States suffer from chronic pain, with a substantial proportion being elderly patients. Seniors over the age of 65 also have a high prevalence of depression, alcohol abuse, steadily rising levels of opioid abuse, and increasing cognitive decline. These conditions are further exacerbated by chronic pain within these adults. Concomitant depression and chronic pain are highly prevalent in the elderly population, with an estimated 13% suffering from both conditions at the same time. Rates of suicide are also higher in the elderly than in other age groups.

Depression is the third leading cause of disease burden worldwide, and the World Health Organization (WHO) estimates that it will be the leading cause by 2030. Many medications necessary for the physical health of seniors directly contribute to depressive symptoms. The management of pain in older persons represents a particular challenge, and a proactive approach in treating these patients is often necessary.

Although the pharmacological treatment of pain with these elderly patients is particularly important, they have substantially less tolerance of analgesics such as opioids, anti-inflammatory drugs, and adjunctive agents like tricyclic antidepressants than younger people. The result is often sedation and confusion. Therefore, it is essential to recognize that there are other treatments, in addition to pharmacology, available for this group of patients.

Primary care physicians and other specialties, such as pain management, are ideal venues for identifying these common diseases in elderly patients during regular visits. Early detection allows for better treatment options, leading to better outcomes and lower morbidity and mortality.
Mental health is the fastest-growing pathology in the United States, just as seniors are the fastest-growing population sector. Preventative treatment is more effective and less costly to the health care system.

NEW CMS CHANGES PROVIDE MORE COMPREHENSIVE CARE TO SENIOR PATIENTS WITH CHRONIC PAIN CONDITIONS

The Centers for Medicare and Medicaid Services (CMS) has recognized the disturbing increase of behavioral and mental health issues among senior patients, particularly those with chronic pain. CMS has stated that integrating behavioral health care with primary care is an effective strategy for improving outcomes for the millions of Americans with mental or behavioral health conditions.

Mental-health-related issues are the second most common reason for emergency room visits in the US. Also, many medications used to treat common illnesses and pain are associated with mood changes and depression. Furthermore, many newer medications now perform multiple duties (some off-label) to treat more than one condition. Consequently, interactions and reactions of medications have risen, resulting in more potential undesired side-effects, which can be challenging to detect early without standardized testing and comparative analysis.

CMS is encouraging more robust mental health care, recognizing that annual mental health screens may be a good idea for the general population—but insufficient for those with certain chronic illnesses as they require a more consistent and rigorous approach. New CPT Code 96130, 96132, 96138, 99452 and 99457 support physicians with these efforts, including Remote Patient Monitoring. A detailed list and explanation of these new codes can be found in Appendix A-1

To help physicians address this growing crisis, CMS introduced several new CPT codes since 2019 to help physicians better serve these patients and encourage more collaborative care with broadened qualifiers. These new initiatives from CMS support the tracking and monitoring of "Brain Health" through early detection of depression, addiction, suicidality, and substance abuse, as well as cognitive impairment using standardized, interactive testing. This proactive approach can lead to early intervention options for medical treatment. The recent changes by CMS assist physicians in early identification of adverse side effects due to medication interaction.

CMS also finalized significant changes related to Remote Patient Monitoring via Telemedicine, which is excellent news for the providers who need more time monitoring and managing their patient's condition outside of the practice. More patient monitoring outside of a clinical setting increases patient access and, in turn, lower healthcare costs.

Although all patients benefit from yearly mental health screening, senior patients who visit practices monthly or quarterly benefit the most. Monitoring these high-risk patients provides key benefits through early identification, intervention, and treatment, which the new CMS changes support through all physicians.

HOW BRE BENEFITS PRACTICES AND PATIENTS

The Behavioral Response Evaluation Program™ (BRE), is the first and only turnkey solution for physicians and practices to address behavioral and mental health in an effective way across broad patient volumes. BRE is a doctor-designed program created to specifically help physicians better serve their patients with chronic pain conditions, particularly seniors who are insured by a quality payer.

Utilizing the most advanced forms of Medicare compliant interactions and assessments, BRE medical professionals help physicians monitor, track, and document the patient's progress between office visits. This regular interaction provides for early detection of medication side effects, as well as other mental health incidences having to do with depression, addictions, harmful thoughts, and cognitive decline. BRE staff collaborates with the physician to create specific monthly treatment plans for each patient that include activities to improve their quality of life at all levels. These dynamic Treatment Action Plans (TAPs) include a community-based care plan component such that patients benefit remarkably and, at the same time, contributing to society in a meaningful way. Doctors and staff take particular pride in helping patients who often suffer from mild to moderate mental health issues re-engage within the community.

Being a doctor-designed program, BRE integrates seamlessly into the existing operational structure of any practice. Physicians do not incur any upfront costs from the BRE program. Also, the BRE program does not utilize the practice's clinicians, staff, and clinical space. BRE's expertly-trained Clinical Case Manager's (CCM's) work directly with patients to administer the appropriate procedures in accordance with proper protocols, including HIPPA compliance. BRE bills the CCM's time back to the office in arrears at a fixed hourly cost, so the physician receives advanced reimbursement from Medicare or the appropriate payer. The billed CCM time corresponds with approved CPT code administration, so the physician is only billed for reimbursable expenses, ensuring 100% efficiency. The difference between the payer reimbursement and the monthly BRE charges result in an average net income of 30% to the practice.

COMPLIANCE & VERIFICATION

When creating the BRE Program, its founders recognized that in addition to the quality of patient services and outcomes, compliance and verification across all payers would be of utmost concern to physicians and practices.

Before the release of the program, BRE's leadership had multiple meetings in Washington DC with senior ranking staff at Medicare, as well as with active and retired members of Congress who provide healthcare oversight. Through those meetings and discussions, CMS and Congressional leadership made clear that proactive and regular support for mental health issues among senior patients is of the highest priority, and would continue for the foreseeable future.

> *Compliance with CMS requirements and reimbursements guidelines is our highest priority*
>
> Dr. Ron Cohen
> Founder & CEO

During discussions back in 2018, CMS officials indicated that they would be expanding coverage in this area with new CPT codes to take effect in 2019. True to their word, CMS introduced several changes, including new CPT codes in 2019 and again in 2020, to encourage more collaborative behavioral and mental health care for physicians and their patients.

These changes and new additions for early detection and comprehensive treatment options also benefit medical payers from cost containment via lowered emergency services, fewer hospitalizations, and reduced demand for overburdened psychiatric care providers and treatment facilities.

With this understanding, BRE intentionally designed the program to adhere to the highest level of compliance requirements, including:

1. The BRE system software was 'reverse-engineered' to follow the appropriate descriptors and any evidence-based outcome requirements. As such, the software has pulldown menus that guide BRE staff throughout all procedural steps to document each patient's interaction for compliance.

(Continued on next page)

COMPLIANCE & VERIFICATION

2. A HIPPA compliant tracking system is available to CMS leadership that provides statistics on patient participation and improvement metrics. BRE now boasts upwards of 30% of patients showing notable improvement in mental health status as measured by the assessment process over time. This transparent tracking system provides an essential measure of accountability for the BRE Program.

3. A third-party certified healthcare auditor has independently audited the BRE program and system for compliance. The audit covered testing and review of the BRE system protocols as well as billing/insurance content related to the Behavioral Response Evaluation Assessment Tests, reports, and dissemination of newly created or updated treatment plans as part of the work-product. Also included in the audit were the reimbursement requirements for compliance relative to specific CPT codes applicable to the BRE System and related services. The audit confirmed that BRE's protocols are appropriate and in compliance with CMS and other insurance company guidelines.

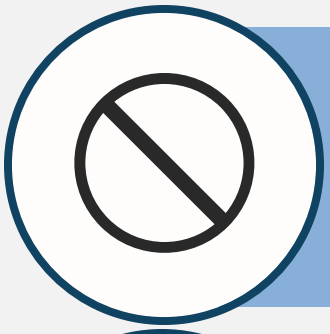
4. BRE provides its practice partners with a 100% Error-free billing and collection guarantee.

5. Reduces tort liability exposure through third party documentation and BRE's meticulous compliance measures and procedures.

> *After an in-depth review, we are satisfied that the protocols and information as presented, are appropriate and in compliance with CMS and certain other insurance company guidelines*
>
> - BRE Program Audit

The Challenges for Practices to Independently Implement A Behavioral and Mental Health Program

Increased Staffing - To profitably support the patient volumes necessary to complete both in-office and remote patient monitoring requirements, a practice would need to hire a minimum of four trained, dedicated staff members at 100% efficiency. Current staff cannot properly administer the necessary protocols and documentation for compliance in addition to other duties.



Delayed/Rejected Reimbursement - Coding requirements with time elements, including service descriptions, must be met and documented. Without them, payers will require further documentation before reimbursement or simply reject reimbursement requests altogether.

Increased Time & Expense - Implementing an independent system without efficient, actionable documentation and data provides little patient benefit, and only adds to the doctor's time when interacting with the patient. The net effect is more work, frustration, and less money.

Research and Compliance Expense - Practices need someone to stay current on all changes to procedural codes and payer reimbursement requirements.

Liability Exposure - Independent implementation without a verifiable method and tracking system exposes the practice to tort and other liabilities. BRE's program reduces provider time through efficient software access and our professionally trained staff, while providing improved documentation and compliance.

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Appendix

Appendix A-1

CPT Code #	Descriptor	Date Est.
Test Evaluation Services		
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	2019
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	2019
Test Administration & Scoring		
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	2019
Remote Patient Monitoring & Scoring		
99453	Remote monitoring of physiologic parameter(s) (e.g, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment. (One-time, Annual)	2019
99457	Remote patient monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes	2019
Annual Patient Screening Services *(Some of these codes may not apply to your office. BRE seamlessly handles this)*		
G0442	Annual alcohol misuse screening, 15 minutes	2011
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment, and brief intervention 15 to 30 minutes	2008
G0444	Annual depression screening, 15 minutes	2011

Notes:

Codes 96130 and 96132 concern psych and neuro psych assessments. We use the base codes like you would an E&M code, but only for patients who qualify for inclusion in the program. Code 96138 is used to bill for the administrative of same. If a patient qualifies for more frequent testing during their annual screening process, these are the codes used starting with in-office testing and associated support services, tracking, and monitoring.

Codes 99453 and 99457 apply to remote monitoring of chronic illness patients generally with one or more disease processes although completely at the discretion of the attending physician, 99453 is a one-time setup code. 99457 is used for ongoing monthly monitoring done manually using a device or method. Although new coding allows for more discretionary remote patient monitoring, BRE adheres to a rigorous compliance policy.