



creyos.com

Creyos Protocol for Pain Clinicians

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Table of Contents

INTRODUCTIONS 03

WHAT IS CREYOS HEALTH? 04

- How does Creyos Health work?
- What's the Medical Necessity for Neuropsychological Testing in Relation to Pain and Pain Management?

PATIENT ADMINISTRATION 05

- How To Identify Patients for Testing
- How Long Do The Tests Take?
- How Frequently Should I Test Patients?

PATIENT TREATMENT 06

- Treatment Protocol

GUIDANCE FOR REIMBURSEMENT 07

- Reimbursement Codes
- Sample Verbiage

| INTRODUCTIONS

Chronic pain, and the medication to treat chronic pain, don't just impact physical health.

They also impact brain health.

You're taking the first step to better determine how patient cognition is affected by pain by utilizing the Creyos Health platform.

With Creyos, you'll elevate your routine standard of care with an online platform that objectively and efficiently measures the impact of chronic pain and pain medication on cognition. The platform provides a scientifically-validated, patient-friendly way to confidently assess brain health that's fully reimbursable.

The following guide outlines how best to administer the Creyos assessments in alignment with reimbursement requirements.

| WHAT IS CREYOS HEALTH?

Creyos is a web-based, interactive, brain health neuropsychological assessment platform. Underpinned by **30 years of research** and the industry's largest normative database of over **90,000 subjects**, Creyos is the most accurate and scientifically-validated method for measuring core elements of your patient's brain health.

How Does Creyos Health Work?

Objective, online tasks

Proprietary online tasks test cognitive function across four key domains:

- Short-term memory
- Concentration
- Reasoning
- Verbal ability

Standardized behavioral health questionnaires

The platform includes a series of objective tasks and pre-made behavioral questionnaires specifically aligned to focus areas correlated with pain management.

- PHQ
- GAD
- PMQ
- ORT
- AUDIT
- DAST

What's the Medical Necessity for Neuropsychological Testing in Relation to Pain and Pain Management?

According to CMS guidelines neuropsychological testing may be performed when:

- There is a need to assess the potential impact of adverse effects of therapeutic substances that may cause cognitive impairment.
- When there is a need for objective measurement of patients' subjective complaints about memory, attention, or other cognitive dysfunction, which directly impacts medical management by differentiating psychogenic from neurogenic syndromes (i.e. dementia vs. depression), and in some cases will result in initial detection of neurological disorders or systemic diseases affecting the brain.

| PATIENT ADMINISTRATION

The patient and clinician friendly Creyos platform makes administration **flexible, fast, and easy**. Protocols can be assigned in just a few clicks, and can be administered by anyone within your practice. They work seamlessly on **any device – mobile, desktop, or tablet**.

How to Identify Patients For Testing

Creyos can be used with any patient you deem at risk for cognitive impairment due to treatment plans or subjective complaints; however, the below criteria can help guide how you choose patients for testing and focus your care.

- **Medication management patients on Opioids, gabapentin, and Lyrica:** these medications have been linked to declines in cognitive performance, particularly in memory, language, and attention.
- **Non-Med management patients with a PHQ9 score of 10 or higher:** Depression has a documented link to a decline in information processing, decision making, executive functioning, and cognitive flexibility. If you, or another clinician, has administered the PHQ9 and your patient scores 10 or higher, further cognitive testing could be valuable.
- **Patients who self-report concerns:** Patients who report memory loss, loss of attention/focus, or slow reaction time are prime candidates for further testing to obtain a more objective assessment.

How Long Do The Tests Take?

Creyos tests take between 8 to 12 minutes and return evaluation results instantly.

How Frequently Should I Test Patients?

Patients meeting criteria should be evaluated once per year.

- Patients with ABOVE AVERAGE scores who continue Opioid therapy will be evaluated **every 12 months**.
- Patients with AVERAGE scores **BELOW the 50th PERCENTILE in any or all four segments** will be reevaluated in **90 days**.
- Patients with **BELOW AVERAGE** scores in any in any or all of the four assessment categories will be evaluated **quarterly or until cognition improves**.

PATIENT TREATMENT

Upon assessment completion, the Creyos platform provides a **comprehensive report** that includes quantitative results and context for easy interpretation. Reports include recommended next steps to help more easily **formulate treatment plans that address cognition issues.**

Treatment Protocol

If a consistent decline in cognition is observed, consider referring the patient out for further evaluation. If a mild decline is observed, consider the following:

- **Current treatments**, and possible changes in medication and/or dosage.
- **Lifestyle modification** (i.e. change in diet, moderate physical exercise, mind game exercises such as puzzles and number games etc.).
- **Adding an OTC dietary supplement** such as omega 3s, folic acid, B12, and/or B6.

The image displays three overlapping reports from the Creyos platform. The top report is the 'Cognitive Assessment Report' for a patient with an average score of 97 (41st percentile). It includes sections for 'Digit Span' (score 97, 41st percentile) and 'Feature Match' (score 92, 31st percentile), both of which are noted as being within the average range. The 'Double Trouble' section has a score of 95 (37th percentile), also within the average range. The report lists common everyday activities associated with each score and provides a list of tasks completed, completion date (2023-04-20 14:48), and a comparative group (Females, 25-34). A horizontal bar chart shows the patient's score relative to the average (113) and above-average (113) ranges.

The middle report is the 'ORT Report' (Opioid Risk Tool) for a patient with ID 574983, male, completed on 03/07/2015. The overall result is 8 points, indicating a moderate risk of developing aberrant behaviors. It includes a description of the tool, an interpretation of the score, and a table of raw responses.

Item	03/07	05/15
1a. Family history of substance abuse: Alcohol	3 Yes	3 Yes
1b. Family history of substance abuse: Illegal drugs	3 Yes	3 Yes
1c. Family history of substance abuse: Prescription drugs	0 No	0 No
2a. Personal history of substance abuse: Alcohol	0 No	0 No
2b. Personal history of substance abuse: Illegal drugs	0 No	0 No
2c. Personal history of substance abuse: Prescription drugs	0 No	0 No
3. Age 16-45	0 No	0 No
4. History of preadolescent sexual abuse	0 No	0 No
5a. Psychological disease: Attention deficit disorder, obsessive-compulsive disorder, bipolar, schizophrenia	0 No	0 No
5b. Psychological disease: Depression	0 No	1 Yes
Total	6	7

The bottom report is a 'Feature Match' report showing a score of 92 (31st percentile) and a list of activities associated with this score, such as staying focused on a task and identifying similarities and differences.

| GUIDANCE FOR REIMBURSEMENT

The following outlines the reimbursement codes and administrative verbiage we recommend pain clinicians use when conducting testing with Creyos Health.

Reimbursement Codes

96138 (approximate reimbursement **\$38.00**)

Neuropsychological Assessment Administration

Modifier 25 on E/M along with a 59 modifier on 96138

Description: Psychological or Neuropsychological test administration and scoring by a technician, two or more tests, any method

- F45.42 – pain disorder with psychological factors (primary diagnosis)
- F11.20 opioid use disorder

96132 (approximate reimbursement **\$135.00**)

Neuropsychological Assessment Interpretation

Modifier 25 on E/M along with a 59 modifier on 96132

Description: Psychological or Neuropsychological test review by qualified health care practitioner.

- F45.42 – pain disorder with psychological factors (primary diagnosis)
- F11.20 opioid use disorder

Sample Verbiage

When seeking reimbursement for the use of Creyos, clinicians typically use the following language

Verbiage for Recommending Creyos Testing

Due to the patient being seen for chronic pain and medication management, I recommend a cognitive neuropsychological test to better assess cognitive function. This is a computer based, interactive, scored neuropsychological assessment that the patient performed in the office. The patient will return for interpretation of the results.

Verbiage for Reviewing Results

The patient has completed the cognitive neuropsychological test. I have integrated patient data and interpreted the standardized test results and clinical data which have helped with clinical decision-making and treatment planning. Results have been reviewed with the patient.

Episodic Memory

- Below average
- Average
- Above average

Score:

Visuospatial processing

- Below average
- Average
- Above average

Score:

Attention

- Below average
- Average
- Above average

Score:

Verbal short-term memory

- Below average
- Average
- Above average

Score: