BrainCheck

Onboarding Training

**A comprehensive overview for providers,
a better journey for patients**

Agenda

1. BrainCheck Assessment Details
2. Interpreting the Clinical Report
3. Billing and reimbursement
4. Training & demo
5. Questions

BrainCheck Platform™

The only complete digital cognitive health solution from screening to monitoring.

BrainCheck Screen™

3-5 minutes | 3 domains

Accurately and efficiently check cognitive health and determine if further testing may be needed.

New!

BrainCheck Assess™

15 minutes | 5 domains

Reimbursable

FDA Class II medical device

Detect subtle signs of cognitive impairment that may have association with dementias, including Alzheimer's disease.

BrainCheck Plan™

30 minutes

Reimbursable

Build, document, and deliver a comprehensive care plan for patients with cognitive decline, post-diagnosis.

- Digital platform
- Easy to use
- Clinically validated
- Range of ready-made screeners

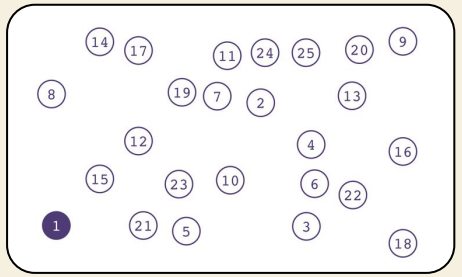
- Any device, any location
- Remote testing
- EHR integration
- Fully reimbursable

Trusted tools, transformed

Clinically-validated digital versions of familiar screeners precisely measure performance across a range of cognitive domains.

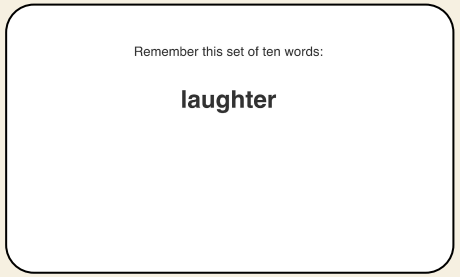
Attention

Trails A



Memory

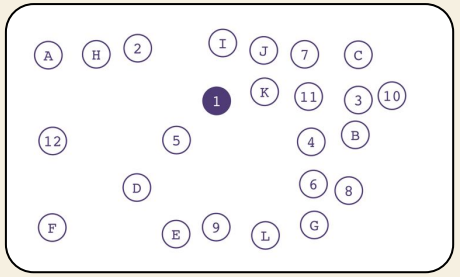
Immediate Recognition*



Delayed Recognition*

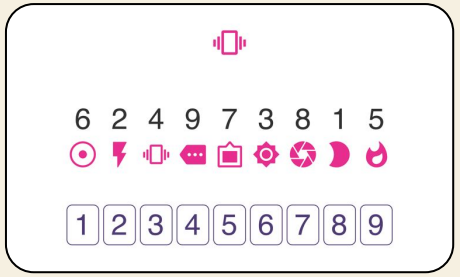
Mental Flexibility

Trails B



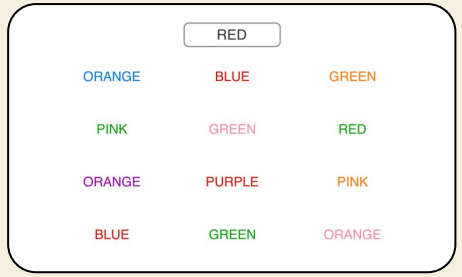
Processing Speed

Digit Symbol Substitution*



Executive Function

Stroop



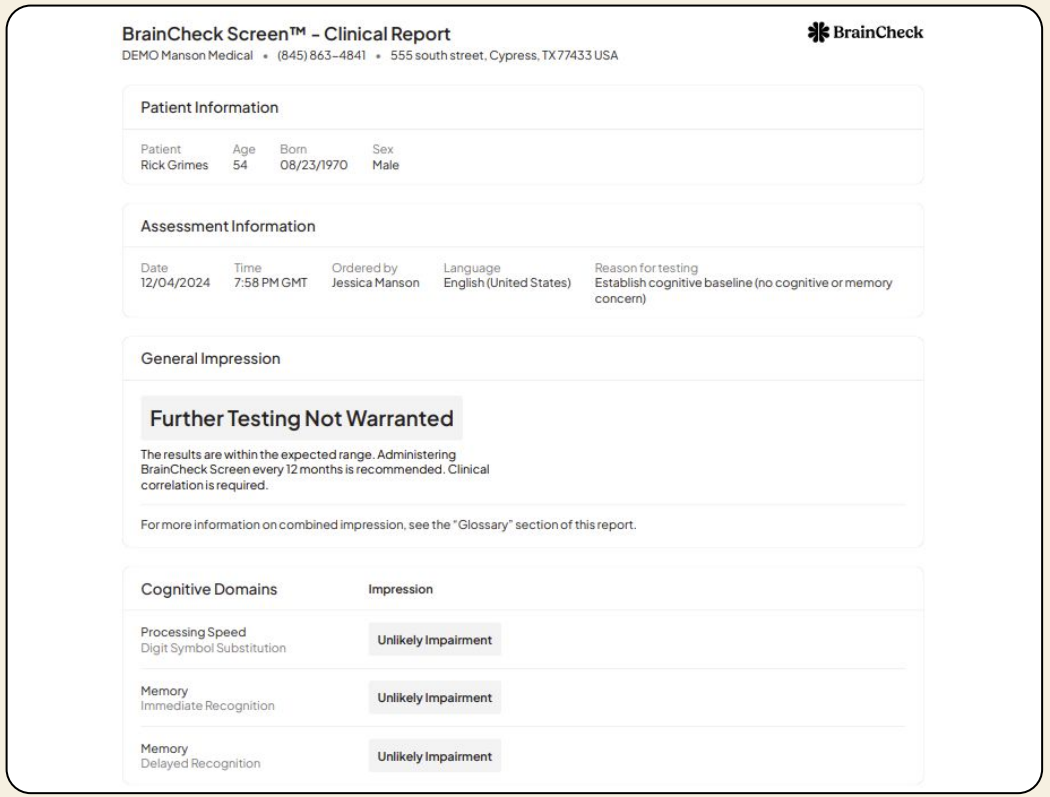
*Included in BrainCheck Screen™

BrainCheck

Interpreting the Clinical Report

BrainCheck Screen™ Results

Normal performance



BrainCheck Screen™ – Clinical Report

BrainCheck

DEMO Manson Medical • (845) 863-4841 • 555 south street, Cypress, TX 77433 USA

Patient Information

Patient	Age	Born	Sex
Rick Grimes	54	08/23/1970	Male

Assessment Information

Date	Time	Ordered by	Language	Reason for testing
12/04/2024	7:58 PM GMT	Jessica Manson	English (United States)	Establish cognitive baseline (no cognitive or memory concern)

General Impression

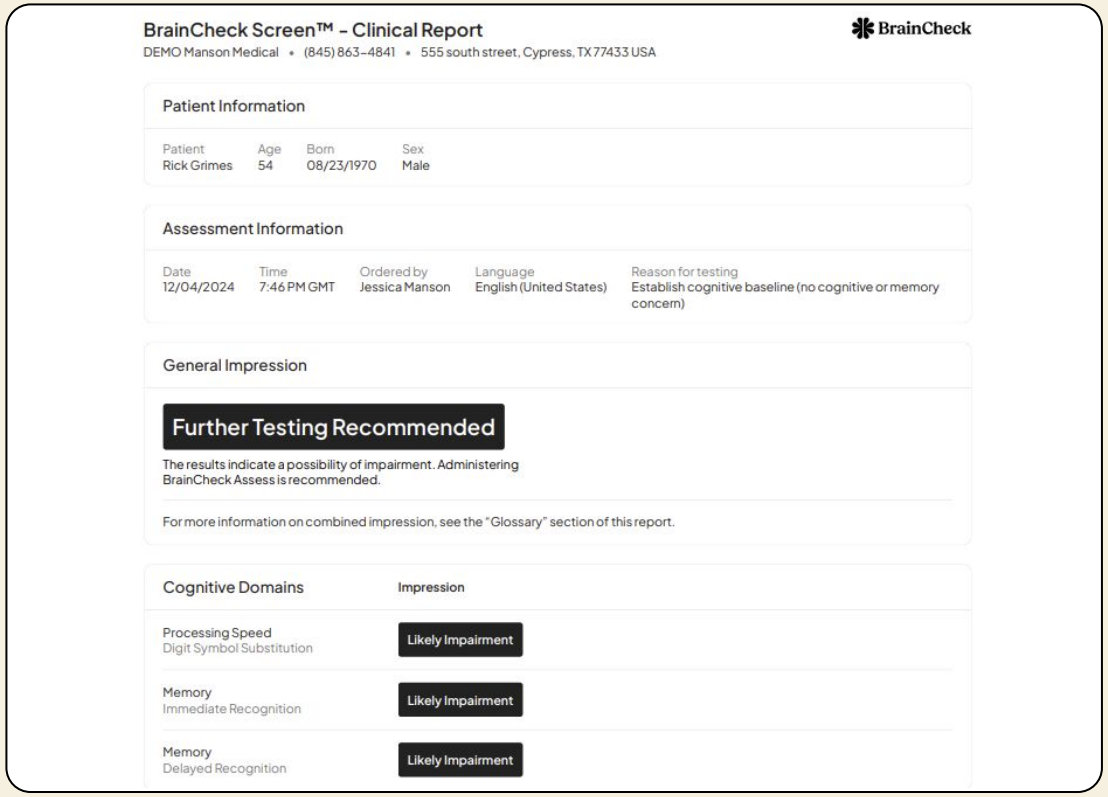
Further Testing Not Warranted

The results are within the expected range. Administering BrainCheck Screen every 12 months is recommended. Clinical correlation is required.

For more information on combined impression, see the "Glossary" section of this report.

Cognitive Domains	Impression
Processing Speed Digit Symbol Substitution	Unlikely Impairment
Memory Immediate Recognition	Unlikely Impairment
Memory Delayed Recognition	Unlikely Impairment

Abnormal performance (move onto BrainCheck Assess™)



BrainCheck Screen™ – Clinical Report

BrainCheck

DEMO Manson Medical • (845) 863-4841 • 555 south street, Cypress, TX 77433 USA

Patient Information

Patient	Age	Born	Sex
Rick Grimes	54	08/23/1970	Male

Assessment Information

Date	Time	Ordered by	Language	Reason for testing
12/04/2024	7:46 PM GMT	Jessica Manson	English (United States)	Establish cognitive baseline (no cognitive or memory concern)

General Impression

Further Testing Recommended

The results indicate a possibility of impairment. Administering BrainCheck Assess is recommended.

For more information on combined impression, see the "Glossary" section of this report.

Cognitive Domains	Impression
Processing Speed Digit Symbol Substitution	Likely Impairment
Memory Immediate Recognition	Likely Impairment
Memory Delayed Recognition	Likely Impairment

BrainCheck Screen™ Report Text Summary

Report Text Summary

Screen - Cognitive Testing Evaluation

Introduction:

Rick Grimes | 08/23/1970 | Male
This 54 year old male was administered a battery of neurocognitive testing on 12/04/2024.

Reason for Testing:

Establish cognitive baseline (no cognitive or memory concern)

Tests Administered:

Digit Symbol Substitution, Immediate Recognition, Delayed Recognition
The active testing time was 5 minutes

Interpretation of Test Scores:

Examination of individual component tests shows:
Processing Speed - Digit Symbol Substitution: Likely Impairment
Memory - Immediate Recognition: Likely Impairment
Memory - Delayed Recognition: Likely Impairment

General Impression:

Further Testing Recommended: The results indicate a possibility of impairment. Administering BrainCheck Assess is recommended.

BrainCheck Assess™ Results

Likely indication of cognitive impairment

BrainCheck Assess™ – Clinical Report

DEMO Manson Medical • (845) 863-4841 • 555 south street, Cypress, TX 77433 USA

BrainCheck

Patient Information

Patient	Age	Born	Sex
Rick Grimes	54	08/23/1970	Male

Assessment Information

Date	Time	Ordered by	Language	Reason for testing
12/03/2024	4:33 PM GMT	Jessica Manson	English (United States)	Establish cognitive baseline (no cognitive or memory concern)

General Impression — **Combined Score**

Likely Cognitive Impairment

60

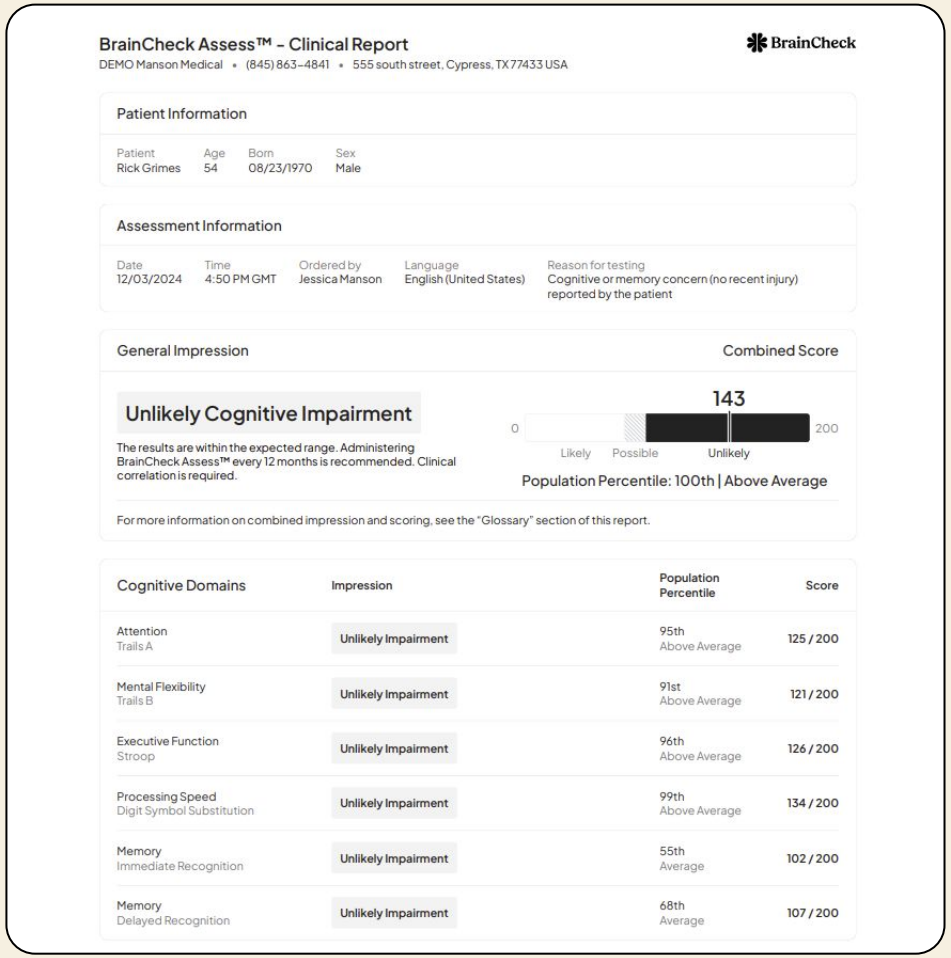
0 — Likely — Possible — Unlikely — 200

Population Percentile: 1st | Very Low

For more information on combined impression and scoring, see the "Glossary" section of this report.

Cognitive Domains	Impression	Population Percentile	Score
Attention Trails A	Unlikely Impairment	87th Above Average	117 / 200
Mental Flexibility Trails B	Unlikely Impairment	89th Above Average	119 / 200
Executive Function Stroop	Unlikely Impairment	99th Above Average	138 / 200
Processing Speed Digit Symbol Substitution	Unlikely Impairment	96th Above Average	127 / 200
Memory Immediate Recognition	Likely Impairment	1st Very Low	0 / 200
Memory Delayed Recognition	Likely Impairment	1st Very Low	27 / 200

Unlikely indication of cognitive impairment



BrainCheck Assess™ – Clinical Report

DEMO Manson Medical • (845) 863-4841 • 555 south street, Cypress, TX 77433 USA

BrainCheck

Patient Information

Patient	Age	Born	Sex
Rick Grimes	54	08/23/1970	Male

Assessment Information

Date	Time	Ordered by	Language	Reason for testing
12/03/2024	4:50 PM GMT	Jessica Manson	English (United States)	Cognitive or memory concern (no recent injury) reported by the patient

General Impression — **Combined Score**

Unlikely Cognitive Impairment

The results are within the expected range. Administering BrainCheck Assess™ every 12 months is recommended. Clinical correlation is required.

143

0 — Likely — Possible — Unlikely — 200

Population Percentile: 100th | Above Average

For more information on combined impression and scoring, see the "Glossary" section of this report.

Cognitive Domains	Impression	Population Percentile	Score
Attention Trails A	Unlikely Impairment	95th Above Average	125 / 200
Mental Flexibility Trails B	Unlikely Impairment	91st Above Average	121 / 200
Executive Function Stroop	Unlikely Impairment	96th Above Average	126 / 200
Processing Speed Digit Symbol Substitution	Unlikely Impairment	99th Above Average	134 / 200
Memory Immediate Recognition	Unlikely Impairment	55th Average	102 / 200
Memory Delayed Recognition	Unlikely Impairment	68th Average	107 / 200

General Impression of Cognitive Impairment

Qualitative description of someone's overall performance and whether there is any concern for cognitive impairment

Likely Cognitive Impairment

Indicates that **multiple** cognitive domains may indicate impairments based on the individual assessments. This was validated in BrainCheck's clinical studies with patients who have cognitive impairment.

Possible Cognitive Impairment

Indicates that **at least one** cognitive domain may indicate impairment, based on the individual assessments. You should review the individual assessment results.

Unlikely Cognitive Impairment

Indicates that a cognitive impairment is unlikely based on the patient's performance

Combined Score

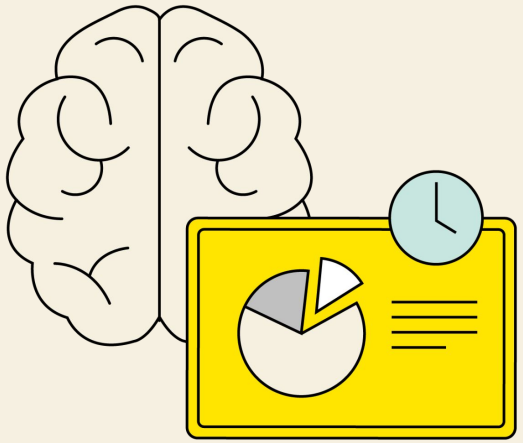
A scaled score from 0 to 200 based on performance on individual cognitive domains.

Mean Score

The mean score of the population is 100

Standard Deviation

The standard deviation is 15



- Higher scores indicate superior performance compared to the average performance of the population.
- The score is adjusted based on the patient's age group and device used, referencing BrainCheck's normative database.

Individual Assessments – Impressions & Scores

Cognitive Domains	Impression	Population Percentile	Score
Attention Trails A	Unlikely Impairment	87th Above Average	117 / 200
Mental Flexibility Trails B	Unlikely Impairment	89th Above Average	119 / 200
Executive Function Stroop	Unlikely Impairment	99th Above Average	138 / 200
Processing Speed Digit Symbol Substitution	Unlikely Impairment	96th Above Average	127 / 200
Memory Immediate Recognition	Likely Impairment	1st Very Low	0 / 200
Memory Delayed Recognition	Likely Impairment	1st Very Low	27 / 200

BrainCheck

Billing Training

Supporting reimbursement success

BrainCheck CPT Codes

96136
Neurocognitive test administration, administered by medical professional -
first 30 minutes (minimum of 16 minutes)

96138
Neurocognitive test administration, administered by technician - first 30 minutes (minimum of 16 minutes)

96132
Test interpretation, medical decision making - first hour (minimum of 31 minutes)

99483
Cognitive care planning (separate visit)

BrainCheck makes it possible to generate revenue while improving patient care

Fee-for-Service Reimbursement:

96138	Neurocognitive Test Administration	**$34**
96132	Test Interpretation & Decision Making	**$128**
99483	Cognitive Care Planning for those with cognitive impairments *(separate visit)*	**$272**

Risk Adjustment for:

HCC 125	Dementia, Severe
HCC 126	Dementia, Moderate
HCC 127	Dementia, Mild or Unspecified

Add up to:

$4,243

Per member per year in risk adjusted revenue to Medicare Advantage Plans

*The figures presented above are based on the Medicare Physician Fee Schedule before geographic adjustment.

Modifiers and ICD-10 Codes

Modifiers for Testing Codes

- A -59 modifier should be used on 96138 and 96132 for neurocognitive test administration and interpretation when billing with an E&M code.
- In the case where other procedures are billed in addition to BrainCheck, a -25 modifier would be required on the E&M code, as well as a -59 modifier on 96138 and 96132.

Modifier Examples

99214	{Diagnosis 1}
96138-59 and/or 96132-59	{Diagnosis 2}
99214-25	{Diagnosis 1}
96138-59 and/or 96132-59	{Diagnosis 2}
[Other Procedure(s)]	{Diagnosis 3}

ICD-10-CM codes' with a Cognitive Component

BrainCheck can aid clinicians in testing for cognitive deficiencies caused by a variety of conditions, including:

Mental & Behavioral Disorders

- Dementia (F02-)
- Amnestic disorder (F04-)
- Postconcussional syndrome (F07.81)
- Alcohol dependence with alcohol-induced persisting dementia (F10.27)
- Major depressive disorder, recurrent (F33-)
- Altered mental status (R41.82)

Diseases of the Nervous System & Head Injuries

- Huntington's disease (G10-)
- Parkinson's diseases (G20-)
- Alzheimer's diseases (G30-)
- Mild cognitive impairment (G31.84)
- Injuries to the head (S00-S09-)
- Concussion (S06.0-)
- Adverse effect of drugs, medications (e.g., chemo brain) (T50.905)

For a full list of ICD-10-CM codes, please reference your Medicare MAC LCD/Billing Article.

Billing Scenarios

Billed on Separate DOS

Date	Charge Code	Modifier	ICD-10 Code
03/24/2024	96138		G31.84

Date	Charge Code	Modifier	ICD-10 Code
03/31/2024	96132		G31.84

Billed on the Same DOS

Date	Charge Code	Modifier	ICD-10 Code
03/31/2024	96138		G31.84
03/31/2024	96132		G31.84

Billed on the Same DOS with an E&M Code

Date	Charge Code	Modifier	ICD-10 Code
03/31/2024	99203		XXX.XX
03/31/2024	96138	59	G31.84
03/31/2024	96132	59	G31.84

Telehealth Guidelines

96136/96138 & 96132
Permitted via telehealth.
(Can be audio-only until the end of 2024*)

or

96138
Must be proctored (phone or Zoom)

or

99483
Must be face-to-face (audio and video)

Telehealth Modifiers
-93 audio only
-95 audio and video

**CMS Provisional*

Authorization

- Each payer has their own rules set forth for claims submissions and they vary by state, region and provider specialty type.
- Some payers prior authorization for 96136/96138 & 96132 will be listed under behavioral health vs medical.
- It is recommended to always have your biller reach out to each payer to determine what their specific guidelines and requirements are for submitting claims with these codes and if prior-authorization is required during their routine eligibility and benefits check.
- Payers do not retro date authorizations, if not obtained prior to rendering service it will not be paid.

Three ways to obtain prior authorization:

1. **Payer Portal**
   Populate all required fields, import documentation to support medical necessity

2. **Fax Form**
   Download from payer portal, populate all required fields, attach documentation to support medical necessity

3. **Call Insurance**
   a. Have CPT, and ICD-10 codes to support request. Send documentation to support medical necessity.

   b. Document who you spoke with, with date and time. Always ask for call reference # in case of denial or appeal needed.

Takeaway

Being prepared on coverage specifics helps to reduce billing errors and surprises of unforeseen medical bills for patients as well as lost revenue.

Payers do not retro date authorizations.

Meeting the Requirements for 96136/96138

CMS designates a wide range of non-face-to-face activities, *which do not need to be contiguous or all in the same day*, for meeting time requirements:

Meeting Time Requirements

1. Adding test taker to the BrainCheck platform
2. Confirming existing patient in the BrainCheck platform
3. Discussing BrainCheck with a patient (introduction, explanation, answering questions specific to BrainCheck)
4. Reviewing best practices with the patient found at the beginning of every assessment
5. Patient actively testing
6. Assistance provided during the active testing period
7. Completing documentation on the administration of the test

Documentation Requirements

1. Document time spent with the patient
2. Document medical reason for testing
3. ICD Code

Testing Requirements

1. Test administrator should be available to assist the patient during the test
2. At least 16 minutes of professional activity qualifies for half-hour billing unit

Documentation Tip

Enter your time statement and copy & paste the plain text BrainCheck Results into your chart note.

Meeting the Requirements for 96132

CMS designates a wide range of non-face-to-face activities, *which do not need to be contiguous or all in the same day*, for meeting time requirements:

Meeting Time Requirement

1. Review of relevant medical history and records (including recent AWV)
2. Review of test results
3. Interpretation of test results
4. Medical decision making and changes in treatment plan
5. Report/documentation time
6. Communication of test results/interpretation to patient, family member(s), or caregiver(s)

Professionals who can bill 96132

1. Physicians
2. Doctoral Level Clinical Psychologists
3. Clinical Nurse Specialists
4. Nurse Practitioners
5. Physician Assistants

Documentation

1. Reason for testing
2. Tests administered (Trails A/B, Stroop, etc.)
3. Test results & interpretation
4. Recommendations for interventions
5. Diagnosis (or rule out of suspected diagnosis)
6. Summary of feedback to patient/family/caregiver
7. Time Spent on all activities

Documentation Tip

Enter your time statement & medical decisions / interpretation and copy & paste plain text BrainCheck Results into your chart note.

BrainCheck Assess™ Report Text Summary

Report Text Summary

Cognitive Testing Evaluation

Introduction:

Rick Grimes
08/23/1970
Male
This 54 year old male was administered a battery of neurocognitive testing on 12/03/2024.

Reason for Testing:
Establish cognitive baseline (no cognitive or memory concern)

Tests Administered:
Trails A, Trails B, Stroop, Digit Symbol Substitution, Immediate Recognition, Delayed Recognition
The active test administration time was 6 minutes

Test Results:
Cognitive testing was provided via a battery of cognitive assessments. The pattern of test scores indicate that results are valid.

A Clinical Report with further description of scores and results is also available.

Overall: Patient tested in the 1st percentile (scaled standard score of 60).
Trails A: Patient tested in the 87th percentile (scaled standard score of 117).
Trails B: Patient tested in the 89th percentile (scaled standard score of 119).
Stroop: Patient tested in the 99th percentile (scaled standard score of 138).
Digit Symbol Substitution: Patient tested in the 96th percentile (scaled standard score of 127).
Immediate Recognition: Patient tested in the 1st percentile (scaled standard score of 0).
Delayed Recognition: Patient tested in the 1st percentile (scaled standard score of 27).

Interpretation of Test Scores:
Examination of individual component tests shows:
Attention - Trails A: Unlikely Impairment
Mental Flexibility - Trails B: Unlikely Impairment
Executive Function - Stroop: Unlikely Impairment
Processing Speed - Digit Symbol Substitution: Unlikely Impairment
Memory - Immediate Recognition: Likely Impairment
Memory - Delayed Recognition: Likely Impairment

The patient's overall cognitive test performance was a standard score of 60 out of 200, which is in the 1st percentile when compared to individuals of a similar age. These results suggest the patient's presence of cognitive impairment is likely.

Example Chart Note - Impaired

When unable to "copy/paste"

Documentation for BrainCheck
(Neuropsychological Test Evaluation).

Reason for testing: This 81-year-old white female patient received neuro-cognitive testing following concerns from her family about a noticeable decline in her memory and ADL's in the past several months. Tests were administered in the clinic by technician under supervision of physician. The patient required significant assistance from the technician in taking the tests but was cooperative and attempted to perform all of the tests.

Tests Administered: Immediate Recall, Delayed Recall; Trail Making Test A&B; Stroop Test; Digit Symbol Substitution Test; Geriatric Depression Scale.

Relevant Medical History: This patient lives with her husband in their home and receives significant assistance from adult children. She had a stroke 2 years ago and made significant progress in inpatient rehabilitation. She uses a walker to ambulate and has had some decline in self-care, including needing assistance in choosing clothes and getting dressed. Husband and daughter report that patient's memory is noticeably worse, and that she repeats herself often, and may ask the same question over and over. She has left the stove on by mistake in the past week and microwaved a cold salad thinking is was a left-over that needed to be reheated. Current medications are listed elsewhere in the medical record. Aricept 10 mg daily for cognition. She is currently being treated for rheumatoid arthritis, hypertension, and glaucoma.

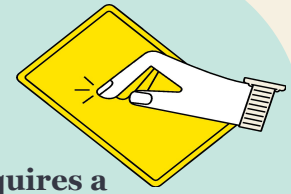
Test Results: See attached Clinical Report. Cognitive testing was provided via battery of cognitive tests. Patient scored in the low to very low range on all of the cognitive tests. Immediate recall was at the 0%ile and delayed recall at 2%ile. Deficits observed in cognitive processing, executive function, and visual attention. GDS score of 5 suggests no current clinical depression.

Interpretation of Test Scores: The patient's cognitive deficits are consistent with family/caregiver report and suggestive of progressive cognitive decline. Evidence is clear for significant deficit in immediate memory. There are no indications of stroke subsequent to the initial event two years ago. Patient's hypertension is well managed with current medications. Cognitive decline is suggestive of Alzheimer's type dementia, moderate.

Clinical Decision Making & Plan: Aricept will be increased to 20 mg daily. Patient tolerates current dosage well, and family advised to monitor for side effects with increased dosage. Family confirmed that patient has executed medical and financial powers of attorney. Home safety is of concern with patient increasing inability to handle kitchen appliances safely. Patient is no longer driving and accepts that husband or daughter provide transportation. Follow up visit scheduled for 3 months, and family advised to schedule sooner if signs of rapid decline is apparent.

Feedback to Patient/Family: Patient and family advised of documented worsening of cognition on standardized tests. Husband and daughter accepted information and expressed concern about patient's expected course of illness. Patient minimized difficulties and was mildly upset. Family advised that move from home to assisted living or memory care unit may become necessary. Information on area assisted living facilities and medication side effects give to husband.

Example Time Requirements



96136 or 96138 example: (30 minute code that requires a minimum of 16 minutes)

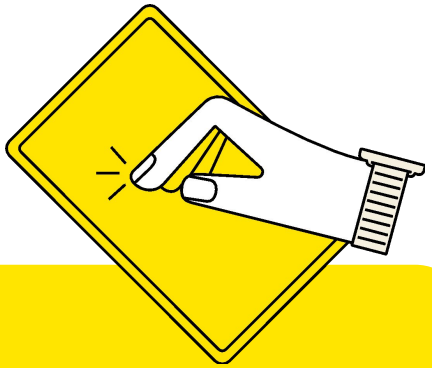
<____>minutes were spent administering cognitive testing by a medical professional **or** technician. This includes discussing cognitive testing with the patient, going over patient questions, making sure the patient can read the test, the environment is free of distractions, practice tests, and active testing time.

96132 example: (1 hour code that requires a minimum of 31 minutes)

<____>minutes were spent reviewing and interpreting the cognitive testing results, integrating patient data, discussing the results with the patient, family, and or caregiver, and developing the treatment/assessment plan.

ICD-10: G31.84 Mild Cognitive Impairment of uncertain or unknown etiology
CPT: 96138, 96132

Documentation of time



Template: 96136 or 96138

96136 or 96138 example: (30 minute code that requires a minimum of 16 minutes)

<____> minutes were spent administering cognitive testing by a medical professional **or** technician. This includes discussing cognitive testing with the patient, going over patient questions, making sure the patient can read the test, the environment is free of distractions, practice tests, and active testing time.

Template: 96132

96132 example: (1 hour code that requires a minimum of 31 minutes)

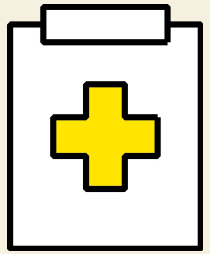
<____> minutes were spent reviewing and interpreting the cognitive testing results, integrating patient data, discussing the results with the patient, family, and or caregiver, and developing the treatment/assessment plan.

BrainCheck and Medicare Annual Wellness Visits

- You can be reimbursed for BrainCheck administration (96136 or 96138) on the same day as a Medicare Annual Wellness Visit (AWV).

- It is recommended to perform test interpretation/MDM (96132) at a separate visit and not on the same day as AWV due to documentation of time requirements.

Insurance Request for Documentation



If insurance company requests documentation, we recommend sending the following:

- A copy of the clinical report
- The text from the “Report Text Summary” excerpt from the final page of the Assess report should be pasted into the chart note for that date of service.
- Your chart note for that date of service should be submitted
    - Confirm time requirements are clearly documented in note to support BrainCheck billing codes

Audit Checklist for Claim Success

- **Documentation**
  - Time and documentation requirements are supported in the note.

- **Medical Necessity**
  - Confirm ICD-10 meets medical necessity per insurance policy.

- **Prior Authorization**
  - Confirm requirement and attached to claim.

- **Modifier Assignment**
  - Confirm assigned correctly per CCI and/or payer edit.

- **Frequency**
  - CPT 99483 not repeated before 180 days or 6 months.

Claim Denials

For Claims Denials or Billing Issues

- **Contact:** Kathy Sager, BrainCheck's Billing Support Manager - support@braincheck.com
- **Process:**
  - Request a review.
  - Kathy will guide you to upload documents to our HIPAA-secure document center, eBridge.
  - Once uploaded, she will review and liaise with the insurance company as needed.
- **Follow-Up:**
  - Comments will be added with instructions or requests for more info.
  - Zoom calls available for complex issues.

Be prepared to provide the following:

- EOB(s)
- HCFA Claim Form(s)
- Documentation accompanying each claim

Please do not send these documents to via email

BrainCheck

Product demo

BrainCheck

THANK YOU

Problem #1

Cognitive impairment is extremely common but is rarely diagnosed and often too late.

7+ million

Americans are unaware they have mild cognitive impairment (MCI)

About

33%

of these patients could go on to develop Alzheimer's disease or dementia without intervention.

Up to

40%

of Alzheimer's disease and related dementias may be preventable or delayed by addressing key risk factors.

Problem #2

There is a shortage of specialists, and current methods are inadequate.

For too long, outdated tools have limited opportunities to optimize outcomes for patients.

With 62 million seniors in the U.S., but only 268,000 primary care physicians and 9,350 neurologists, new approaches are needed to lower barriers to care.

Solution

BrainCheck empowers people to access quick and accurate cognitive care at scale, eliminating obstacles and accelerating intervention.

Earlier is better.

Earlier detection and care planning are key to unlocking opportunities to preserve brain health.

40% of dementia is caused by 12 modifiable risk factors such as physical inactivity, diabetes and smoking

New and emerging Alzheimer's treatments **increase urgency** for early detection.

Clinicians play a **critical role** in early detection, **maximizing** the window for intervention.

Together, we can make a difference.
Don't raincheck the BrainCheck.

Susan and Jerry's journey

BrainCheck makes cognitive care proactive so patients and families get support faster.

Typical Experience

Jan	June	Aug	Sep	Jan	Feb	March
MWV	1st appt	Call	2nd appt	Neuro	Neuro	Support
Paper-based screener or observation misses early signs of impairment	Susan voices Jerry's recent forgetfulness. Provider asks her to keep an eye on it	Susan calls about Jerry's memory & schedules another appointment	Paper-based test & neuro referral	Initial consult	Neuropsych testing indicates Jerry may have cognitive impairment	Susan seeks out resources

BrainCheck Experience

Jan	Feb	Mar	April
MWV	1st appt	2nd appt	Support
BrainCheck Screen™ indicates more testing is needed	BrainCheck Assess™ indicates Jerry may have cognitive impairment	BrainCheck Plan™ provides Susan with resources & next steps to preserve Jerry's ADLs	Susan takes advantage of resources

Result

Susan & Jerry feel support, care, transparency and hope

Susan is connected with local resources from the Alzheimer's Association 24/7 helpline, able to coordinate in-home care part time, and works with social work services provided by the county.

Susan & Jerry update Jerry's care plans with their provider every 6 months to preserve Jerry's independence and slow down degradation as much as possible.

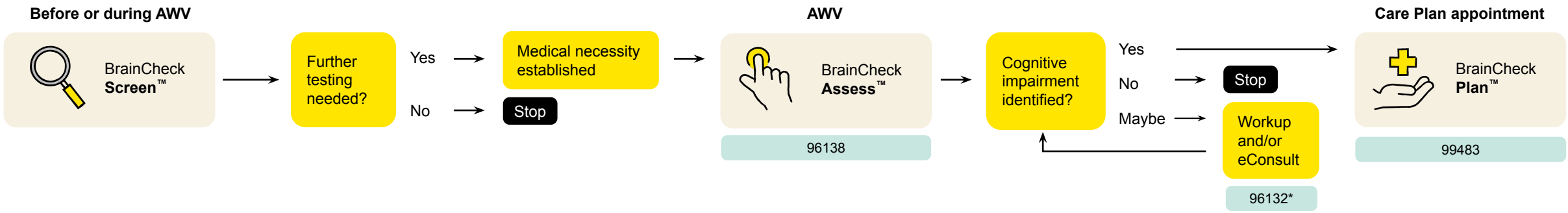
Streamlined workflows

Legend

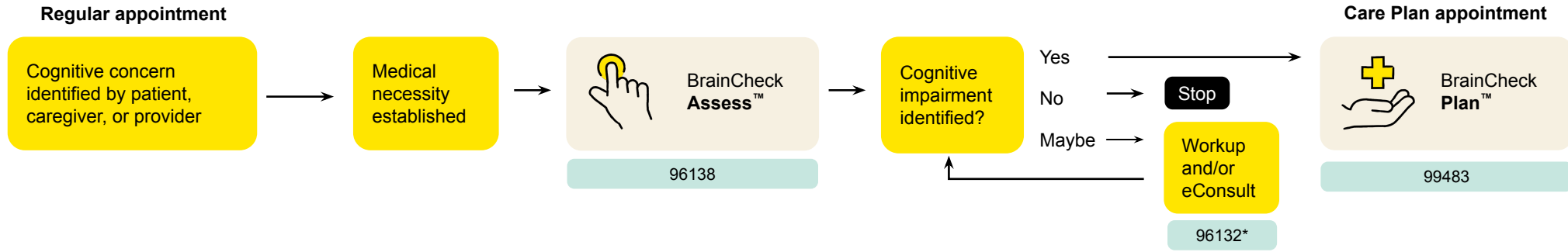
BrainCheck Platform™ | Workflow | Reimbursement

* If applicable with time requirements

Annual wellness visit workflow



Cognitive concern workflow



Key Benefits

Powering the shift to proactive cognitive care

Providers

- Catch signs of decline sooner and easily define next steps
- Accurate and quick assessments
- Evaluate and track cognitive health over time – regardless of device or location
- Easily deploy tests and care plans
- Streamlined workflow gives time back

Patients

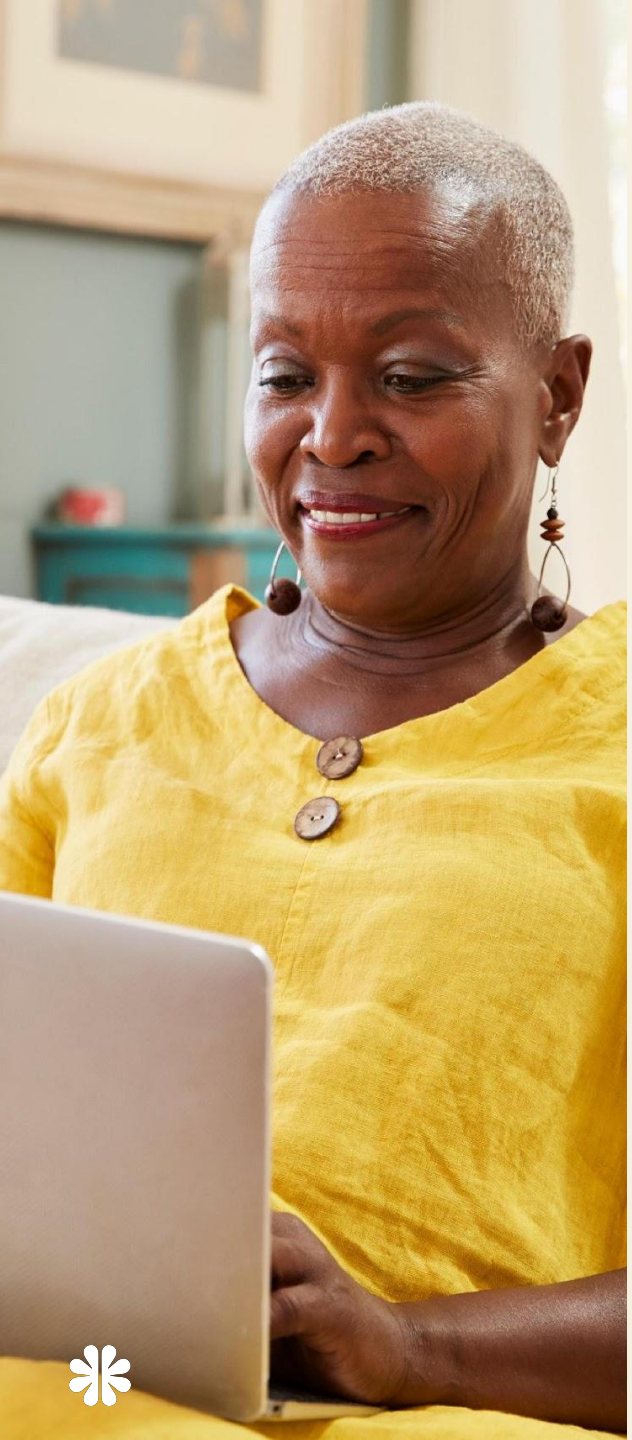
- Convenient and accessible testing
- Timely insights into cognitive health
- Proactive management of brain health
- Enhanced patient satisfaction

Caregivers

- Evidence-based care plans take the guesswork out of next steps
- Critical guidance and ongoing expertise help preserve brain health and quality of life
- In-office or remote caregiver questionnaires prevent care gaps and enhance coordination

BrainCheck

Patient case studies



Case Study

Joan B.

- Joan is a 66-year-old widow; hypertensive, sedentary, with a BMI of 35.
- Joan is concerned about forgetfulness; she has difficulty remembering names of people and actors. Her family has noticed episodes of repetition.
- Joan's father was diagnosed with Alzheimer's disease at 75 and died of myocardial infarction at 80.
- Joan has no siblings; her father's and mother's family both have history of early onset dementia.

Assessment	Evaluation	Recommendation
Joan performed BrainCheck Assess at home, with an overall score of 85. Joan scored very low on the Delayed Recognition test, and slightly low on immediate recognition and Digital Symbol Substitution Test. Trails A & B tests were below normal.	Mild cognitive impairment; possible early onset Alzheimer's disease.	With a baseline established, Joan was recommended to repeat BrainCheck Assess if her symptoms progressed or to establish stability. Her doctor discussed lifestyle interventions to improve her brain health, and she was referred for further diagnostic and neurological testing.

* Case study provided courtesy of Bruce Lowell, MD. Alias and stock photo used to protect patient's privacy.

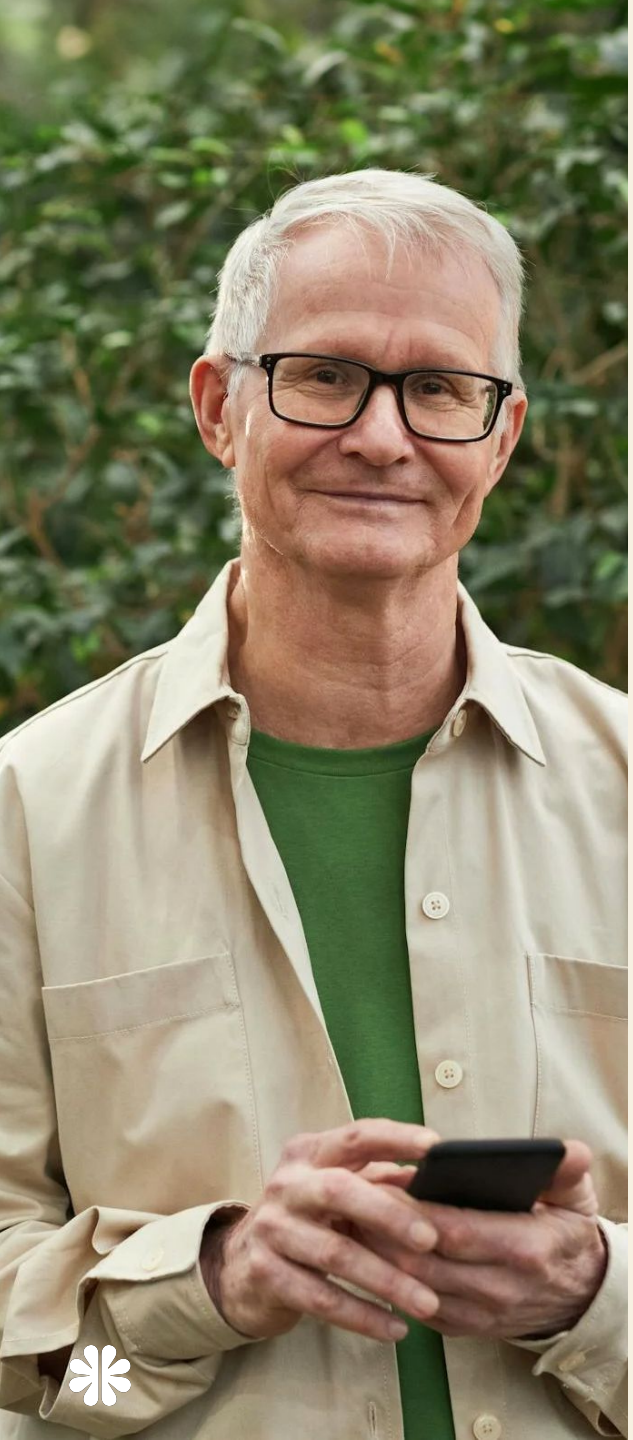
Case Study

Matt S.

- Healthy 48-year-old executive who expressed concerns about aging and cognitive health.
- He recently married a younger woman and has a newborn, which has changed his sleep pattern. He also complains of stress and decreased exercise pattern.
- He listens to multiple podcasts on aging, health, and fitness, meditates, takes “anti-aging” supplements, and practices a healthy lifestyle, yet he feels as if his cognition is “slipping” compared to his peers.

Assessment	Evaluation	Recommendation
Matt tested normal with a rapid, in-office BrainCheck Screen. He wanted a more complete test, so he took BrainCheck Assess at home, with an overall score of 127.	Stress, sleep deprivation.	Matt’s doctor assured him that he tested normal for his age, and recommended lifestyle interventions to reduce stress and improve sleep. Further cognitive testing was not recommended, although BrainCheck Assess can be repeated in six months.

* Case study provided courtesy of Bruce Lowell, MD. Alias and stock photo used to protect patient’s privacy.



Case Study

Dr. S.

- 78-year-old former Chief of Cardiology at a well-known hospital.
- Lives with his 73-year-old wife; significant family history of Alzheimer's.
- Has diabetes, hypertension, and hyperlipidemia, all controlled.
- Wife reports memory changes, confusion, belligerence, poor medication compliance, unsteady gait, and hygiene decline.
- He denies issues and refused cognitive testing due to embarrassment. Family is very concerned.

Assessment	Evaluation	Recommendation
Following his annual wellness exam, Dr. S. agreed to take BrainCheck Assess at home, with an overall score of 40. His test showed decline in all areas, with memory being the most pronounced.	Significant cognitive changes, with potential dementia such as vascular, Alzheimer's, Lewy body, or Frontotemporal.	Dr. S was referred to a neurologist for further testing. MR scan of brain (quant scan) showed atrophy compatible with both vascular and Alzheimer's disease. BrainCheck Plan was provided to Dr. S and a follow up was arranged to monitor clinical response.

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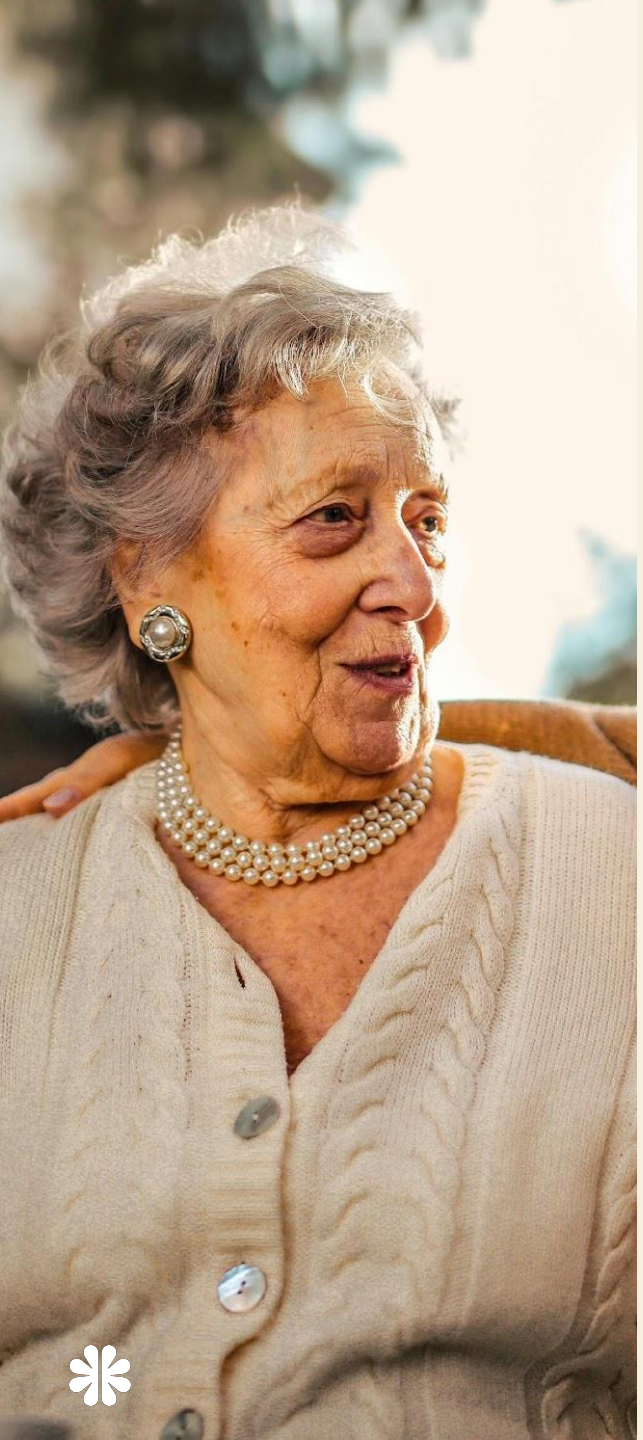

Case Study

Marie H.

- 91-year-old widow with advanced diagnosed Alzheimer’s disease, but no significant past medical history.
- She has been prescribed donepezil and Namenda.
- Lives with her unmarried 70-year old daughter, who is also starting to exhibit signs of cognitive change. The family is very concerned about their safety.

Assessment	Evaluation	Recommendation
Marie was unable to complete BrainCheck Assess. She also could not complete the clock drawing test or the naming of animals.	Alzheimer’s disease, with care risk.	Marie was provided BrainCheck Plan. Her care at home was deemed unsafe and Marie was deemed high risk for falls and malnutrition. Her caregiver daughter refused any intervention; the family is discussing next steps.

* Case study provided courtesy of Bruce Lowell, MD. Alias and stock photo used to protect patient’s privacy.

Case Study

Harry P.

- Healthy 40-year-old with a family history of dementia.
- Home genetic test revealed APOE ¾; he is very concerned about his cognitive health.
- Harry has been treated for ADHD since high school and wants to be proactive about his cognitive health. He has recently discontinued his ADHD medication.

Assessment	Evaluation	Recommendation
Harry completed BrainCheck Assess, with an overall score of 100. Testing showed below normal in attention category.	No evidence of cognitive changes. Testing for attention deficit was positive.	Discussed lifestyle interventions to improve brain health, and advised Harry to continue his ADHD medication and follow up with a neurologist for ADHD evaluation. Recommend annual cognitive assessments during his annual wellness exam.

* Case study provided courtesy of Bruce Lowell, MD. Alias and stock photo used to protect patient's privacy.

Case Study

Marvin S.

- 82-year-old retired CEO for a well-known, publicly traded medical corporation.
- Marvin’s parents both lived into their 90’s and there is no history of dementia. He has age-related hearing loss, hyperlipidemia, and an enlarged prostate.
- He is concerned about his overall health, he exercises regularly, eats clean, travels, and routinely participates in company board meetings.

Assessment	Evaluation	Recommendation
Established a baseline of cognition at his annual wellness exam, and scored 120 with BrainCheck Assess.	Successful aging	Advised to continue his present lifestyle.

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