

NEUROVANA:
BRINGING CES
TO THE FOREFRONT OF
MENTAL
WELLNESS



NEUROVANA
THE SCIENCE OF CALM

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About the Authors

Tauna Young | FNP-C

Tauna Young is a board-certified Family Nurse Practitioner specializing in psychiatry, with over a decade of hands-on clinical experience treating patients with anxiety, depression, insomnia, chronic pain, attention deficit disorder, and many other complex psychiatric conditions. She practices full-time in an outpatient setting, where she evaluates patients daily, prescribes and monitors treatment plans, manages medication side effects, and adjusts care based on real-world response, not theory.

Tauna is the founder and owner of the private practice where both authors continue to work as full-time psychiatric providers. Her clinical perspective is shaped by direct patient responsibility, including navigating treatment failures, medication intolerances, and working with individuals who feel they've reached a dead end after years of searching for effective solutions.

It was through this lens that Tauna discovered Cranial Electrotherapy Stimulation. Her reaction was the same as many clinicians have when first encountering the evidence: Why isn't something this effective already part of standard care? That question became the foundation for Neurovana, a mission she and Tyson now share with conviction.

Tyson Flower | FNP-C

Tyson Flower is a board-certified Family Nurse Practitioner specializing in psychiatry, practicing full-time alongside Tauna at her private practice. With a clinical background rooted in evidence-based evaluation and patient-centered care, Tyson brings a deliberate, measured approach to treatment decisions, one shaped by years of managing complex psychiatric conditions including anxiety disorders, major depressive disorder, insomnia, and treatment-resistant presentations.

As a clinician who holds the standard of patient outcomes above all else, Tyson assessed CES the same way he evaluates any treatment: through the lens of the evidence, and then through the lens of his patients' real-world responses. What he observed in practice confirmed what the research had long supported.

Tyson is committed to closing the gap between the existing science on CES and its adoption in clinical practice, ensuring that providers have the knowledge and tools to offer their patients a treatment option that is both proven and underutilized.

A Shared Mission

Tauna and Tyson founded Neurovana with a clear, simple mission: to elevate the profile of effective, safe, non-pharmacological tools. They aim to make Cranial Electrotherapy Stimulation (CES) a standard part of the discussion every healthcare provider has with every patient who stands to benefit.



Neurovana: Bringing CES to the Forefront of Mental Wellness

At Neurovana, we are dedicated to making Cranial Electrotherapy Stimulation (CES) a viable, widely known, and accessible treatment option for countless individuals suffering from debilitating anxiety and/or persistent insomnia.

We envision a world where CES is recognized as a mainstream therapeutic intervention. Our efforts are focused on educating the public and healthcare professionals about the compelling science behind CES, promoting its proven efficacy, and ensuring it is readily available to those who need relief. Through rigorous research, collaborative partnerships, and patient advocacy, Neurovana strives to overcome existing barriers to adoption, ultimately establishing CES as a foundational component of modern mental health care, thereby offering people everywhere a safe, effective, and sustainable path to improved sleep and reduced anxiety.

Bridging the Gap: Accessibility and Sustainability

Mental Health Professionals are fundamentally driven by a desire to alleviate suffering and improve the well-being of their patients, but this is often complicated by the financial and logistical challenges of providing beneficial treatments like CES. Simultaneously, clinic managers and healthcare providers operate within the undeniable reality that financial profitability is essential for long-term sustainability. A model that only focuses on clinical effectiveness without considering the economic viability for the practice is ultimately unsustainable

The models outlined in this guide are designed to bridge this tension. By integrating CES into a structured service offering rather than a simple, one-time device sale, we significantly reduce the cost-of-entry and barriers to use for the patient.

The established device-only model continues to be a safe and effective choice. Neurovana fully supports patients and clinics who maintain this preference. However, the core innovations outlined in these CES treatment models which have been meticulously developed, serve dual purposes:

1. Patient Accessibility and Adherence: They provide supported pathways for patients to begin and maintain CES therapy, moving beyond just owning a device to actively engaging in a clinical protocol. This structured support increases the likelihood of positive outcomes.

2. Practice Profitability and Sustainability: By offering CES as a structured service rather than just a retail product, the practice generates recurring revenue streams and utilizes existing staff and infrastructure more efficiently. This transforms offering CES from an altruistic, break-even activity into a demonstrably profitable and sustainable action that enhances the practice's overall financial health while also setting a new, higher standard of care delivery.

Billing and Documentation: CPT Coding Essentials

Accurate application of Current Procedural Terminology (CPT) codes is essential for proper billing and subsequent reimbursement.



Initial Patient Evaluations (New Patients):

Comprehensive assessment and treatment planning for new patients are billed using Evaluation and Management (E&M) codes. The most common codes in psychiatry for this service are:

- 99204: Moderate complexity
- 99205: High complexity

Follow-Up Sessions (Established Patients):

For ongoing management, medication review, progress assessment, and treatment plan adjustments in established patients, the complexity or time spent determines the E&M code:

- 99213: Low complexity
- 99214: Moderate complexity
- 99215: High complexity

Integrated Psychotherapy and Medication Management:

A key element distinguishing psychiatric practice is the frequent combination of psychotherapy with E&M services. When a distinct psychotherapy service of 16 minutes or more is performed alongside an E&M service, the add-on code 90833 is utilized. This code is appended to the primary E&M code (e.g., 99214 + 90833) to correctly capture both services.

Psychiatry's Unique Billing Framework:

While foundational E&M codes like 99204, 99205, 99214, and 99215 are shared across medical specialties for corresponding service levels, the regular addition of psychotherapy codes, such as 90833, highlights the unique, integrated nature of mental health care. Other medical specialties typically use the same E&M codes for office visits but do not include concurrent psychotherapy services in their billing framework.

A Note on Financial Models:

This publication does not cover the detailed intricacies of CPT code classification, as external resources are widely available. However, it is crucial to understand that the operational and financial models detailed herein are predicated on the ability to bill for standard, recognized CPT-coded procedures and secure insurance reimbursement for E&M services. These models are likely not financially viable or useful for healthcare providers operating outside an insurance-billing framework or who cannot secure reimbursement for these services.

Optimizing Care: The Structured CES Treatment Protocol

In our practice, we offer a comprehensive, multi-session protocol for all patients prescribed a CES device. This structured approach maximizes therapeutic benefits while ensuring a sustainable revenue stream through billable medical services.

Phase 1: Intensive Loading and Support (Weeks 1-4)

- **Frequency:** Four weekly sessions within the first month.
- **Rationale:** The initial "loading phase" involves high-frequency use (twice daily, if tolerated and clinically indicated) to significantly increase the likelihood of early, substantial therapeutic benefits. Weekly meetings provide essential support, monitor compliance, troubleshoot issues, and adjust parameters to maximize the benefits of the first month.
- **Focus:** Device education, usage log review, symptom assessment, and motivational interviewing for protocol adherence.



Phase 2: Monitoring and Maintenance (Weeks 6 & 8)

- **Frequency:** Two subsequent sessions, scheduled two weeks apart.
- **Rationale:** Patients transition toward independent use. These check-ins assess sustained benefits and guide the patient in finding the optimal long-term maintenance schedule.

Phase 3: Final Assessment and Long-Term Planning (Month 3)

- **Frequency:** The seventh session is scheduled approximately one month after the sixth, marking the three-month benchmark.
- **Overall Goal:** To provide comprehensive oversight, empower the patient to achieve maximum benefit, and confidently manage long-term symptom management.
- **Continuation:** Monitoring may be discontinued or continued indefinitely, depending on the specific situation of each patient and clinic.



Benefits of the Protocol: A Win-Win

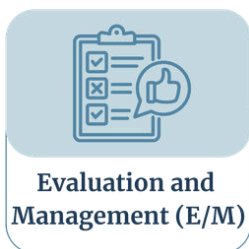
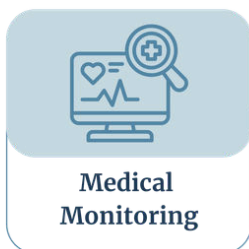
Patient Benefit: Patients receive a closely monitored, highly effective treatment plan. The structured support and loading phase significantly enhance the probability of a positive and impactful response.



Clinic Benefit: Establishing a Sustainable Revenue Stream:

- **Consistent Billing Opportunities:** For every patient enrolled in a comprehensive plan, the clinic adds a minimum total of seven billable sessions.
- **Insurance Reimbursement Strategy:** While it is important to note that, to our knowledge, major health insurance providers do not typically reimburse for the cost of the CES devices themselves, they do typically cover the associated medical services.

Our protocol focuses on billing for the essential clinical components:



- **Medical Monitoring:** Services related to tracking patient progress, monitoring for side effects, and adjusting the treatment plan.
- **Evaluation and Management (E/M):** Billing for the medical complexity or clinical time spent during evaluating the patient's underlying conditions and their response to the CES treatment.
- **Therapy and Support:** Providing structured support and guidance related to the conditions the patient is using CES to treat.

Financial Feasibility and Access: Care Plan Models

To successfully integrate Cranial Electrotherapy Stimulation (CES) devices into a clinical practice while maintaining financial viability, clinics must establish clear protocols for distribution, usage, and collection. The following models outline strategies to balance patient accessibility with clinic financial security:

1. Financial Security Through Contractual Agreements

This model protects the clinic's financial interests by requiring patients in a structured CES treatment program to sign a contract that includes a financial guarantee (e.g., a credit/debit card hold).

- **Protocol:** Patients sign an agreement authorizing the clinic to hold their card information.
- **Protection Clause:** The contract explicitly states that if the patient fails to complete the agreed-upon treatment protocol (minimum sessions or duration), their card will be charged the full retail price of the CES device. This serves as a strong incentive for compliance.
- **Clinic Benefit:** This strategy converts potential debt collection into a simple charge-back process, significantly strengthening the clinic's financial stability.

- **Observed Effectiveness:** Compliance in our clinic is very high. Approximately 80% of patients complete 100% of the program requirements without issue. Non-adherence is usually resolved with a follow-up call. Our clinic has had to charge a patient's card in less than 2% of cases and has experienced no total losses (devices absconded).
- **Success Factor:** Success is dependent on providers and staff clearly explaining the program, answering all patient questions, and ensuring meticulous administrative follow-through, including appointment setting and active compliance monitoring.

2. Deposit or Purchase Plan Option

This strategy mitigates upfront financial risk for the clinic by making the patient an immediate financial stakeholder in the device.

- **Patient Choice:** Patients are offered two clear options:
 - **Outright Purchase:** Buy the CES device for the full retail price (e.g., \$400), suited for patients with immediate financial capability and long-term commitment.
 - **Care Plan Enrollment:** Enroll by paying a significantly reduced, non-refundable deposit or down payment (e.g., \$99 down, or a market-tailored amount like \$50 or \$149).
- **Risk Mitigation:** The initial deposit immediately offsets a portion of the clinic's risk. The lower entry cost simultaneously broadens access to therapy..

3. Rental/Lease Model with Integrated Care

This model treats the CES device as a leased therapeutic tool, integrating device use with consistent professional oversight.

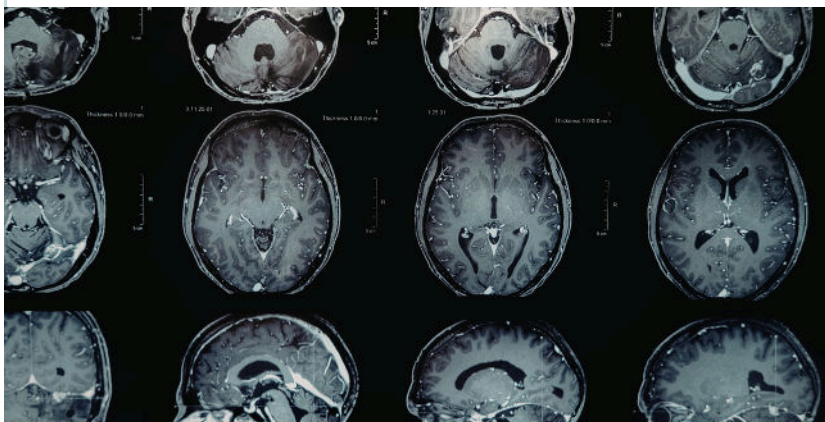
- **Lease Structure:** The patient signs an agreement to lease the CES device for a low, predictable monthly fee, covering the cost of device use and service.
- **Integrated Care:** A critical feature is the inclusion of a regular (e.g., monthly) Evaluation and Management (E&M) visit throughout the lease term. This ensures regular clinical oversight, progress monitoring, compliance checks, and troubleshooting, maximizing therapeutic benefit and justifying the ongoing cost.
- **End-of-Term Options:** Includes options to keep the device at no additional cost or a small final payment, or to return the device.



The Delegation Model: Optimizing Provider Capacity and Patient Care

The concept of this comprehensive treatment model is frequently met with skepticism by busy providers, many of whom are immediately concerned about the additional time commitment it implies. Specifically, this model mandates the integration of seven more scheduled visits for every patient enrolled in the CES care plan. We understand this hesitation; as active, high-volume providers ourselves, we are familiar with the pressures of a fully booked schedule.

The strength of the delegation model lies not in demanding more time from already burdened providers, but in strategically redistributing the workload to optimize clinical efficiency. Our successful implementation of this model in our clinic demonstrates a practical solution to this time constraint.



Strategic Implementation of Delegation:

Our approach is to delegate the CES-specific components of a patient's care plan to a colleague with greater available capacity. This colleague may be a provider who:

1. Has fewer overall patients on their roster.
2. Has fewer scheduled appointments on a particular day or within a specific week.
3. Is a well-qualified, though currently under-utilized member of the clinical team.

Note: Patients are informed that only the CES component is delegated to another provider, not their entire treatment plan, which remains with the provider with whom the therapeutic relationship has been established.

- **Dual Benefit:**

- **Enhanced Patient Flexibility and Access:** An additional authorized provider dramatically increases scheduling flexibility, leading to higher compliance and better outcomes.
- **Optimal Utilization of Clinical Resources:** This model fully deploys the clinical workforce, transforming under-utilized providers into valuable contributors to the specialized CES program, enhancing overall productivity and revenue without overburdening the busiest providers.

The delegation model is about smarter work distribution, ensuring specialized needs are met promptly while maximizing the efficiency of the entire clinical team.

Standardized Clinical and Billing Procedures:

- **CES Session Structure:** We employ standardized, internal templates for all CES sessions. These templates ensure consistency and guide our qualified healthcare professionals through essential steps: patient assessment, device application, continuous monitoring of immediate response, and detailed documentation of progress.
- **Billing for Medical Oversight (E/M Service):** The structured nature of our sessions, combined with detailed, continuous monitoring and documentation, consistently meets the criteria for a moderately complex evaluation and management (E/M) service.
 - CPT Code 99214 is the typical and appropriate billing code for the vast majority of our CES sessions. This code is used for an established patient visit requiring at least two of the three key components: a detailed history, a detailed examination, or medical decision making of moderate complexity.



Enhancing Treatment with Integrated Psychotherapy:

- **Dual-Coding for Enhanced Care:** We recognize that concurrent psychological intervention often enhances the therapeutic benefit of CES. In most cases, our sessions include a dedicated minimum of 16 minutes of psychotherapy focused on underlying conditions (e.g., anxiety, insomnia) for which CES is medically indicated.
- **Billing for Psychotherapy:** When this specific, time-based threshold of psychotherapy (16 minutes or more) is met and documented, we accurately reflect the comprehensive care by adding the CPT code 90833 to the claim, alongside the 99214 E/M code. This dual-coding approach ensures accurate reimbursement for both the medical oversight and the integrated mental health intervention.

The integration of a device and service model offers clear financial advantages, generating significantly higher revenue than a device-only sales approach. Crucially, this integrated strategy facilitates the delivery of highly effective CES treatment. This approach not only results in superior patient outcomes, but also elevates the standard for industry care by making effective treatment both sustainable and widely accessible. In essence, the robust financial performance drives this enhanced level of patient care, establishing the model as valuable in terms of both business viability and clinical efficacy.

The Neurovana Commitment:

Neurovana is dedicated to establishing CES as a foundational, mainstream treatment for anxiety and insomnia.. To fulfill this, we recognize the critical importance of equipping mental health professionals with comprehensive education and support, enabling them to confidently recommend CES to their patients.

In response to this need, we have developed a specialized training initiative. We regularly host in-depth instructional webinars for our authorized distributors. These sessions are a vital resource where we openly share our proprietary clinical templates, standardized protocols, and the detailed content used in patient monitoring sessions within our own clinical practice.

This comprehensive clinical education empowers all providers—regardless of their prior experience with CES—to integrate it into their treatment plans with competence and confidence. Our goal is to eliminate any knowledge gaps, ensuring CES is recommended with the clarity, professional assurance, and commitment to positive patient outcomes that all patients deserve.