



# **PQRS Specification #181:**

## ***Elder Maltreatment Screening and Follow-Up Plan***

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# 2013 PQRS Specification

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# Description

Percentage of patients aged 65 years and older with a documented elder maltreatment screen on the date of encounter AND a documented follow-up plan on the date of positive screen

# Instructions

- This measure is to be reported once during the reporting period for patients seen during the reporting period.
- This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding at the time of the qualifying visit.
- The **documented follow up plan** must be related to positive elder maltreatment screening, example:  
“Patient referred for social services due to positive elder maltreatment screening.”

# Denominator

All patients aged 65 years and older on the date of the encounter

AND

**CPT HCPCS Code:** Visits to Office, Psychiatric, Social workers, Occupational Therapy, Medical Nutrition, Domiciliary or Rest Home, and Home Visit, GYN Visit, Initial Medicare Visit

*Patient encounter during the reporting period (CPT or HCPCS):*

90791, 90792, 96116, 96150, 97003, 97802, 97803, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0270, G0402, G0438, G0439



# Numerator

Patients with a documented elder maltreatment screen on the date of the encounter and follow-up plan documented on the date of the positive screen



# 2013 Definitions

Screen for Elder Maltreatment- An elder maltreatment screen includes assessment and documentation of ***all of the following components***:

- Physical abuse
- Emotional or psychological abuse
- Neglect
- Sexual abuse
- Elder abandonment
- Financial or material exploitation
- Self-neglect
- Unwarranted control



# 2013 Definitions

## Follow-Up Plan

- May include but is not limited to documentation of a referral or discussion with other providers, on-going monitoring or assessment, and/or a direct intervention.

## Not Eligible

- A patient is not eligible if one of more of the following conditions exist:
  - Patient refuses to participate
  - Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status





# Numerator Quality Data Codes

## Inclusion codes – performing quality action

- **G8733:** Documentation of a positive elder maltreatment screen and documented follow-up plan at the time of the positive screen  
OR
- **G8734:** Elder maltreatment screen documented as negative, no follow-up required



# Numerator Quality Data Codes

## Exclusion Codes

- **G8535:** No documentation of an elder maltreatment screen, patient not eligible
- OR
- **G8941:** Elder Maltreatment Screen Documented, Patient not Eligible for Follow-Up



# Numerator Quality Data Codes

## Failure Codes

- **G8536:** No documentation of an elder maltreatment screen, reason not given
- OR
- **G8735:** Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given



# **Rationale/Clinical Recommendations**

- Up-to-date recommendations based on environmental scan
- Clinical recommendation statement



# Review of Reporting 1/1/12 to 6/29/12

- **There were 53,915,669** total denominator applicable cases (1/2 year)
  - **21,118** total denominator applicable cases for participating providers
  - **1,438** total QDC's reported on applicable cases
    - **1,365** reported as meeting measure (either one of two QDC's)
  - **82.71%** of the TIN/NPI's (133 participating) had a performance rate of at least 90 percent
- **Those reporting**
  - Counselor/Psychologist, Family Practice, Geriatrics, Internal Medicine, Other Eligible Professional, Physical/Occupational Therapy, Psychiatry, Urology



# After the Break

Begin to peel back the onion skin and understand possible reasons for low reporting on such an important topic

# Break

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Please stay connected to the Webinar and  
phone lines during this scheduled break