

## ♣ Measure #181: Elder Maltreatment Screen and Follow-Up Plan

### 2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

#### 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."

#### **Measure Reporting via Claims:**

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate numerator G-code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

#### **Measure Reporting via Registry:**

CPT or HCPCS codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

#### DENOMINATOR:

All patients aged 65 years and older

#### Denominator Criteria (Eligible Cases):

Patients aged  $\geq 65$  years on date of encounter

#### AND

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

**Definitions:**

**Screen for Elder Maltreatment** – An elder maltreatment screen includes assessment and documentation of *all* of the following components: (1) physical abuse, (2) emotional or psychological abuse, (3) neglect (active or passive), (4) sexual abuse, (5) abandonment, (6) financial or material exploitation, (7) self-neglect, and (8) unwanted control.

**Physical Abuse** – Infliction of physical injury by punching, beating, kicking, biting, burning, shaking, or other actions that result in harm.

**Emotional or Psychological Abuse** – Involves psychological abuse, verbal abuse, or mental injury and includes acts or omissions by loved ones or caregivers that have caused or could cause serious behavioral, cognitive, emotional, or mental disorders.

**Neglect** – Involves attitudes of others or actions caused by others-such as family members, friends, or institutional caregivers-that have an extremely detrimental effect upon well-being.

**Active** – Behavior that is willful or when the caregiver intentionally withholds care or necessities. The neglect may be motivated by financial gain or reflect interpersonal conflicts.

**Passive** – Situations where the caregiver is unable to fulfill his or her care giving responsibilities as a result of illness, disability, stress, ignorance, lack of maturity, or lack of resources.

**Sexual Abuse** – The forcing of undesired sexual behavior by one person upon another against their will who are either competent or unable to fully comprehend and/or give consent. This may also be called molestation.

**Elder Abandonment** – Desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.

**Financial or Material Exploitation** – Taking advantage of a person for monetary gain or profit.

**Self-Neglect** – Self-imposed attitudes or actions that contribute to decline in the persons overall health and well being, may be associated with an inappropriate or nontraditional lifestyle. Other names used may include Diogenes syndrome (DS), aged reclusion, social breakdown, and squalor syndrome.

**Unwarranted Control** – Controlling a person's ability to make choices about living situations, household finances, and medical care.

**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 Coding Options for Reporting Satisfactorily:**

**Elder Maltreatment Screen Documented as Positive and Follow-Up Plan Documented**

*(One G-code [G873x] is required on the claim form to submit this numerator option)*

**G8733:** Documentation of a positive elder maltreatment screen and documented follow-up plan at the time of the positive screen

**OR**

**Elder Maltreatment Screen Documented as Negative, Follow-Up Plan not Required**

**G8734:** Elder maltreatment screen documented as negative, no follow-up required

**OR**

**Elder Maltreatment Screen not Documented, Patient not Eligible**

*(One G-code [G8535 or G8941] is required on the claim form to submit this numerator option)*

G8535: No documentation of an elder maltreatment screen, patient not eligible

**OR**

**Elder Maltreatment Screen Documented, Patient not Eligible for Follow-Up**

G8941: Elder Maltreatment Screen Documented, Patient not Eligible for Follow-Up

**OR**

**Elder Maltreatment Screen not Documented, Reason not Given**

*(One G-code [G8536 or G8735] is required on the claim form to submit this numerator option)*

G8536: No documentation of an elder maltreatment screen, reason not given

**OR**

**Elder Maltreatment Screen Documented as Positive, Follow-Up Plan not Documented, Reason not Given**

G8735: Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given

#### **RATIONALE:**

Elder abuse is the infliction of physical, emotional, or psychological harm on an older adult, but also can take the form of financial exploitation or intentional or unintentional neglect of an older adult by the caregiver. Over the past ten years there has been an increase in elder abuse, which is not being identified and reported to appropriate authorities. The reasons for underreporting are two-fold: health care professionals may not ask patients if they are being abused and patients may not disclose potential or existing abuse for fear of retaliation by their caregivers (American Psychological Association (APA), 2010). In *Elder Abuse and Neglect: In Search of Solutions*, it is reported every year an estimated 2.1 million older Americans are victims of physical, psychological, or other forms of abuse and neglect and for every reported case of elder abuse and neglect there may be as many as five unreported cases. Recent research suggests that elders who have been abused tend to die earlier than those who are not abused, even in the absence of chronic conditions or life threatening disease.

One in nine seniors reported being abused, neglected or exploited in the past twelve months. Elder abuse is vastly under-reported; only one in 23.5 cases are reported to any agency; for financial abuse it is one in 44; and for neglect it is one in 57. Elder abuse victims are four times more likely to go into a nursing home (Lachs et al., 2011). Financial exploitation is extremely high, with 1 in 20 older adults indicating some form of perceived financial mistreatment occurring at least one time in the recent past. Financial exploitation by family members and by strangers was increased among the more physically disabled adults, indicating perhaps a greater need for monitoring for this subgroup of elders (Acierno et al., 2009).

In a 2010 study performed by Natan et al., more than half of nursing facility surveyed staff reported they identified abuse of elderly residents over the past year in one or more than one type of maltreatment with approximately two-thirds reporting incidents of neglect. The study further found 75% of respondents were present at incidents in which another staff member abused an elderly resident in one or more types of maltreatment, and in such situations mental abuse and mental neglect were the most prevalent forms of maltreatment.

The extent to which elder maltreatment affects the health care system is largely unknown. Common clinical findings associated with maltreatment include bruises, lacerations, abrasions, head injury, fractures, dehydration, and malnutrition. These injuries commonly result in hospitalization. In one descriptive study that tracked the emergency department utilization of known elderly victims of physical abuse identified through adult protective services, 114 individuals had 628 emergency department visits during a 5-year window surrounding the referral; 30 percent of these visits resulted in hospital admission (IOM, 2002).

#### **CLINICAL RECOMMENDATION STATEMENTS:**

Health care professionals should assess older persons in domestic and institutional settings who are at risk for elder abuse and recommend interventions to reduce the incidence of mistreatment.