2014 PQRS Update

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Now that you've figured out how to report the Dementia Measures for your Medicare patients, CMS has changed the reporting procedures. The Dementia Measures can no longer be reported via claims – they must be reported via registry. This requires finding a CMS approved registry that handles the Dementia codes, paying a yearly fee, and learning how to use their reporting system. If you're in private practice, this may not be a reasonable process. The alternative is to report Individual Measures that are claims based. You do not need to notify Medicare that you will no longer be reporting the Dementia Measures. Nor do you have to use a special code to inform them that you will now be reporting on the Individual Measures.

There are 4 Individual Measures that can be used for neuropsychological services:

#130	Documentation and verification of current medications	CPT 96116
#131	Pain assessment	CPT 96116 or 96118
#134	Screening for clinical depression	CPT 96116 or 96118
#181	Elder maltreatment screen	CPT 96116

Avoiding The Penalty

In order to avoid the 1.5% reimbursement adjustment in 2016, you must report on 3 of these measures on at least 50% of eligible patients during 2014. This should not be too difficult, as these measures are not restricted by diagnosis. Reporting details are outlined below.

Earning The Incentive

If the only services you provide to Medicare patients are neuropsychological evaluations, then you will need to report on all 4 of the measures to earn the .5% incentive bonus. Since you are reporting on less than the 9 measures that Medicare is asking for, your claims will automatically trigger the Measure Applicability Validation (MAV) review process. CMS will then verify that there are only 4 Individual Measures associated with these CPT codes (96116 and 96118) and you should qualify for the incentive.

If, however, you also provide psychotherapy services to Medicare clients (CPT codes 90791, 90834, etc.) then you will have to report on 9 Individual Measures to earn the incentive bonus. The additional claims-based measures that are associated with these codes are:

#106	Major Depressive Disorder: diagnostic evaluation	(page 209)
#107	Major Depressive Disorder: suicide risk assessment	(page 214)
#128	Body Mass Index	(page 258)
#226	Preventive care and screening: tobacco use	(page 437)
#247	Substance use disorders: counseling for treatment options	(page 471)
#248	Substance use disorders: screening for depression	(page 473)

Given the extra reporting that will become necessary if you use the Diagnostic Interview code 90791, it is recommended that you use 96116 for the clinical interview if you are only providing neuropsychological services. This is consistent with recommendations made by Tony Puente and with CMS guidelines.

Note: If you are providing psychotherapy services, but choose not to report 9 measures, you will still avoid the penalty if you report on 3 of the measures on 50% of eligible patients. It is simply a matter of whether you feel the .5% incentive bonus is worth the extra reporting effort.

A guide for reporting on the 4 neuropsychology-related measures follows below. For details on reporting the 6 additional psychotherapy-related measures, review the 2014 CMS Manual . The page numbers for each of the measures is listed above.

Individual Measures for Neuropsychology Codes

#130 Documentation of Current Medications in the Medical Record

This measure can be used with 96116, with any diagnosis, on any patient 18 years or older. It must be reported for EACH VISIT. This is something that is likely already included as part of your neurobehavioral exam. You must keep a list of all prescription, OTC and supplements taken by the patient and you must include the name, dosage, frequency and route of administration. The specific codes to report are listed on page 262 of the CMS manual (see above link).

#131 Pain Assessment and Follow-Up

This measure can be used with 96116 or 96118, with any diagnosis, on any patient 18 years or older. It must be reported for EACH VISIT. There are some very quick and easy clinical instruments that can be used to document this assessment. The Iowa Geriatric Education Center has online links to 9 different forms. The specific codes to report are listed on page 266 of the CMS manual (see above link).

#134 Preventive Care and Screening: Clinical Depression and Follow-Up Plan

This measure can be used with 96116 or 96118, with any diagnosis, on any patient 12 years or older. It only has to be reported ONCE PER PATIENT. This is doubtless already part of your neuropsychological exam. A standardized screening measure of your choice is required. Examples are the Geriatric Depression Scale or Beck Depression Inventory. The specific codes to report are listed on page 270 of the CMS manual (see above link).

#181 Elder Maltreatment Screen and Follow-Up Plan

This measure can be used with 96116, with any diagnosis, on any patient 65 years or older. It only has to be reported ONCE PER PATIENT. The assessment should include physical, emotional, or sexual abuse; neglect, financial exploitation or unwarranted control. Follow-up of abuse must include a documented report to Adult Protective Services. Documentation of this measure can be done using any standardized screening tool of your choice. Three very brief measures that are acceptable are:

Hwalek-Senstock Elder Abuse Screening Test

Vulnerability to Abuse Screening Scale

Elder Abuse Suspicion Index

The specific codes to report are listed on page 358 of the CMS manual (see above link).

Click here for a Sample Claim Form

Please note that this information is for educational and guidance purposes only and is not to be construed as legal advice, or a guarantee of reimbursement or passing a Medicare audit. Clinicians assume sole responsibility for their actions in utilizing these measures within their practice.