This measures group is to be reported for patients regardless of age receiving office or other outpatient services, nursing facility care, or domiciliary/rest home/custodial care services with dementia.

You will need to report G-code G8902 once to indicate your intent to report on the Dementia Measures Group. Once you have reported the G-code, you should begin reporting using one of the patient sample methods listed below.

The following 2013 Physician Quality Reporting System measures are included in the Dementia Measures Group:

#280. Staging of Dementia
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period

#281. Cognitive Assessment
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period

#282. Functional Status Assessment
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period

#283. Neuropsychiatric Symptom Assessment
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period

#284. Management of Neuropsychiatric Symptoms
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period

#285. Screening for Depressive Symptoms
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period

#286. Counseling Regarding Safety Concerns
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period

#287. Counseling Regarding Risks of Driving
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12 month period

#288. Caregiver Education and Support
Measure Description
Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period

This measures group can be reported by one of the following patient sample methods:

- **20 Patient Sample Method via claims**: 20 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.
- **20 Patient Sample Method via registries**: 20 unique patients (a majority of which must be Medicare Part B FFS patients) meeting patient sample criteria for the measures group during the reporting period (January 1 through December 31, 2013 OR July 1 through December 31, 2013).

*continued on next page*
Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI®), are intended to facilitate quality improvement activities by physicians. These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The PCPI has not tested its Measures for all potential applications. The PCPI encourages the testing and evaluation of its Measures.

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Physician Quality Reporting System 2013 Dementia Measures Group, Effective Date 01/01/2013
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The performance period for this measure is 12 months.

Mild dementia — Can be classified quantitatively as MMSE score of > 18, GDS or FAST stage 4, CDR of 1; qualitatively as being likely to have difficulty with balancing a checkbook, preparing a complex meal, or managing a complicated medication schedule.

Moderate dementia — Can be classified quantitatively as MMSE score of 10–18, GDS or FAST stages 5 and 6, CDR of 2; qualitatively as experiencing difficulties with simpler food preparation, household cleanup, and yard work and requiring assistance with some aspects of self-care (e.g., picking out the proper clothing to wear).

Severe dementia — Can be classified quantitatively as MMSE score of < 10, GDS or FAST stages 6 and 7, CDR of 3; qualitatively as requiring considerable or total assistance with personal care, such as dressing, bathing, and toileting.

*For additional information on the Physician Quality Reporting System program and reporting on measures groups, please visit the CMS Web site at http://www.cms.hhs.gov/pqri.
### Cognitive Assessment

**Physician Quality Reporting System Measure #281**
- **reporting frequency:** at least once within a 12 month period
- Cognition can be assessed by direct examination of the patient using one of a number of instruments, including several originally developed and validated for screening purposes. This can also include, where appropriate, administration to a knowledgeable informant. Examples include, but are not limited to: Blessed Orientation-Memory-Concentration Test (BOMC), Mini-Cog, Montreal Cognitive Assessment (MoCA), Cognitive Assessment Screening Instrument (CASI), St. Louis University Mental Status Examination (SLUMS), Mini-Mental State Examination (MMSE), Short Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE), Ascertain Dementia 8 (AD8) Questionnaire, Minimum Data Set (MDS) Brief Interview of Mental Status (BIMS) [Note: Validated for use with nursing home patients only], Formal neuropsychological evaluation.

<table>
<thead>
<tr>
<th>Cognition assessed and reviewed</th>
<th>□ 1494F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not assessed and reviewed for medical reasons (eg, patient with very advanced stage dementia, other medical reason)</td>
<td>□ 1494F–1P</td>
</tr>
<tr>
<td>Not assessed and reviewed for patient reasons</td>
<td>□ 1494F–2P</td>
</tr>
</tbody>
</table>

**OR**

| Cognition NOT assessed and reviewed, reason not otherwise specified | □ 1494F–8P |

### Functional Status Assessment

**Physician Quality Reporting System Measure #282**
- **reporting frequency:** at least once within a 12 month period
- Functional status can be assessed by direct examination of the patient or knowledgeable informant. An assessment of functional status should include, at a minimum, an evaluation of the patient’s ability to perform instrumental activities of daily living (IADL) and basic activities of daily living (ADL). Functional status can also be assessed using one of a number of available valid and reliable instruments available from the medical literature. Examples include, but are not limited to: Lawton IADL Scale, Barthel ADL Index, Katz Index of Independence in ADL.

<table>
<thead>
<tr>
<th>Functional status assessed and reviewed</th>
<th>□ 1175F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not assessed and reviewed for medical reasons (eg, patient is severely impaired and caregiver knowledge is limited, other medical reason)</td>
<td>□ 1175F–1P</td>
</tr>
</tbody>
</table>

**OR**

| Functional status for dementia NOT assessed and results NOT reviewed, reason not otherwise specified | □ 1175F–8P |

*continued on next page*
Neuropsychiatric Symptom Assessment

Physician Quality Reporting System Measure #283

- reporting frequency: at least once within a 12 month period
- Neuropsychiatric symptoms can be assessed by direct examination of the patient or knowledgeable informant. Examples of reliable and valid instruments that are commonly used in research settings and that can be used to assess behavior include, but are not limited to: Dementia Signs and Symptoms (DSS) Scale, Neuropsychiatric Inventory (NPI). The assessment of behavioral status may include the assessment of Behavioral and Psychological Symptoms of Dementia (BPSD). For patients residing in nursing homes, it may include an assessment of the behavioral symptom items from the Minimum Data Set (MDS).

- The following is a non-exhaustive list of dimensions (based on items included in available validated instruments) that may be evaluated during an assessment of neuropsychiatric symptoms: Activity disturbances: agitation, wandering, purposeless hyperactivity, verbal or physical aggressiveness, resistiveness with care, apathy, impulsiveness, socially inappropriate behaviors, appetite, eating disturbances, sleep problems, diurnal/sleep-wake cycle disturbances, repetitive behavior; OR mood disturbances: anxiety, dysphoria, euphoria, irritability, mood lability/fluctuations; OR thought and perceptual disturbances: having fixed false beliefs (delusions), hearing or seeing non-present entities (hallucinations), paranoia.

Management of Neuropsychiatric Symptoms

Physician Quality Reporting System Measure #284

- reporting frequency:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1181F</td>
<td>Neuropsychiatric symptoms assessed and results reviewed</td>
</tr>
<tr>
<td>1181F–BP</td>
<td>Neuropsychiatric symptoms NOT assessed and results NOT reviewed, reason not otherwise specified</td>
</tr>
<tr>
<td>G8947 AND 4525F</td>
<td>Neuropsychiatric intervention ordered for 1 or more neuropsychiatric symptoms.</td>
</tr>
<tr>
<td>G8947 AND 4526F</td>
<td>Neuropsychiatric intervention received for 1 or more neuropsychiatric symptoms.</td>
</tr>
<tr>
<td>G8947 AND 4525F–BP</td>
<td>Neuropsychiatric intervention NOT ordered or received OR one code for no neuropsychiatric symptoms</td>
</tr>
<tr>
<td>G8947 AND 4526F–BP</td>
<td>Neuropsychiatric intervention NOT ordered or received OR one code for no neuropsychiatric symptoms</td>
</tr>
<tr>
<td>G8948</td>
<td>No neuropsychiatric symptoms</td>
</tr>
</tbody>
</table>
### Screening for Depressive Symptoms

**Physician Quality Reporting Measure #285**
- **reporting frequency:** once within a 12 month period
- **In addition to clinical qualitative approaches, dementia patients can be screened for depressive symptoms using one of a number of valid, reliable instruments available from the medical literature. Examples include, but are not limited to: Cornell Scale for Depression in Dementia, Geriatric Depression Scale, PHQ-9.**

**Depressive Symptoms —** Depressive symptoms in a patient with dementia can include: anxiety, sadness, lack of reactivity to pleasant events, irritability, agitation, retardation, multiple physical complaints, acute loss of interest, appetite loss, lack of energy, diurnal variation of mood, difficulty falling asleep, multiple awakenings during sleep, early morning awakenings, suicide, self-deprecation, pessimism, and mood congruent delusions. Since patients may be unable to describe their symptoms, caregiver report of depressive symptoms should be reviewed and included in the screen for depressive symptoms.

### Counseling Regarding Safety Concerns

**Physician Quality Reporting System Measure #286**
- **reporting frequency:** once within a 12 month period
- **Counseling should include a discussion with the patient and their caregiver(s) regarding one or more of the following common safety concerns and potential risks to the patient. When appropriate, it should also include a recommendation or referral for a home safety evaluation. Note: for nursing home patients, different safety concerns might apply. A number of organizations have developed educational materials that are recommended to aid implementation of the measure. These materials/tools include: Alzheimer’s Association Safety Topics, Alzheimer’s Disease Education and Referral Center’s Home Safety for the Alzheimer’s Patient.**

**Safety Concerns —** Safety concerns include, but are not limited to: fall risk; gait/balance; medication management; financial management; home safety risks that could arise from cooking or smoking; physical aggression posing threat to self, family caregiver, or others; wandering; access to firearms or other weapons; access to potentially dangerous materials; being left alone in home or locked in room; inability to respond rapidly to crisis/household emergencies; driving; operation of hazardous equipment; suicidality; abuse or neglect.

<table>
<thead>
<tr>
<th>Safety Counseling Provided</th>
<th>Safety Counseling Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 6101F</td>
<td>□ 6102F</td>
</tr>
</tbody>
</table>

- **Documentation of medical reason(s) for NOT providing counseling regarding safety concerns (eg, patient in palliative care, other medical reason)**

<table>
<thead>
<tr>
<th>Documentation of Medical Reason(s) for NOT Providing Counseling Regarding Safety Concerns</th>
<th>□ 6101F–1P</th>
</tr>
</thead>
</table>

- **Documentation of medical reason(s) for NOT ordering counseling regarding safety concerns (eg, patient in palliative care, other medical reason)**

<table>
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<th>Documentation of Medical Reason(s) for NOT Ordering Counseling Regarding Safety Concerns</th>
<th>□ 6102F–1P</th>
</tr>
</thead>
</table>

- **Safety Counseling for Dementia NOT provided, reason not otherwise specified**

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<thead>
<tr>
<th>Safety Counseling for Dementia NOT Provided, Reason Not Otherwise Specified</th>
<th>□ 6101F–8P</th>
</tr>
</thead>
</table>

- **Safety Counseling for Dementia NOT ordered, reason not otherwise specified**

<table>
<thead>
<tr>
<th>Safety Counseling for Dementia NOT Ordered, Reason Not Otherwise Specified</th>
<th>□ 6102F–8P</th>
</tr>
</thead>
</table>

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Report one code for depression screening performed OR one code for NOT performed.

Report one code for safety counseling ordered or provided OR one code for safety counseling NOT ordered or provided.
Counseling Regarding Risks of Driving

Physician Quality Reporting System Measure #287
• reporting frequency: once within a 12 month period
• a resource that can be used as education materials for patient and caregiver is the Physician’s Guide to Assessing and Counseling Older Drivers.

Counseling provided regarding risks of driving and the alternatives to driving
□ 6110F

Documentation of medical reason(s) for not counseling regarding the risks of driving (eg, patient is no longer driving, other medical reason)
□ 6110F–1P

OR

Counseling regarding risks of driving and alternatives to driving NOT performed, reason not otherwise specified
□ 6110F–BP

Caregiver Education and Support

Physician Quality Reporting System Measure #288
• There are a number of assessment tools available for the caregiver. These should be considered as an integral component of comprehensive caregiver education and support. The American Medical Association has developed a Caregiver Health Self-assessment Questionnaire to help caregivers analyze their own behavior and health risks and, with their physician’s help, make decisions that will benefit both the caregiver and the patient.

• Education should also include advising the caregiver that he or she is at “increased risk of serious illness (including circulatory and heart conditions and respiratory disease and hypertension), increased physician visits and use of prescription medications, emotional strain, anxiety, and depression.”

Caregiver provided with education and referred to additional resources for support
□ 4322F

Documentation of medical reason(s) for not providing the caregiver with education on disease management and health behaviors or referring to additional sources for support (eg, patient does not have a caregiver, other medical reason)
□ 4322F–1P

OR

Caregiver NOT provided with education and NOT referred to additional resources for support, reason not otherwise specified
□ 4322F–BP

Step 4 Reporting Instructions

This measure can be reported for each eligible patient in one of two ways:
1. Report the corresponding CPT category II or G-code(s) as selected above for each of the nine measures in the Dementia Measures Group

2. If all quality actions for the patient have been performed for each of the nine measures in the Dementia Measures Group, G8761 may be reported. Note: If any CPT category II code with the BP modifier has been selected from Step 3, G8761 is not appropriate for this patient.