

## Elder Maltreatment Screen and Follow-Up Plan

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### Coding Specifications

Codes required to document a visit occurred:

A CPT code or a G-code is required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

### CPT codes or G-codes

- 90801
- 90802
- 96116\*
- 96150
- 97003
- 97802, 97803\*, G0270\*

*\*Note: When reporting CPT codes 96116, 97803, or G0270, the measure is to be reported each time the code is submitted.*

Quality codes for this measure:

### G-code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **G8534:** Documentation of an elder maltreatment screen and follow-up plan
- **G8537:** Elder maltreatment screen documented, follow-up plan not documented, patient not eligible
- **G8535:** No documentation of an elder maltreatment screen, patient not eligible (eg, not an initial visit<sup>1</sup> patient refuses to participate, patient is in an urgent or emergent situation and to delay treatment would jeopardize the patient's health status)
- **G8536:** No documentation of an elder maltreatment screen, reason not specified
- **G8538:** Elder maltreatment screen documented, follow-up plan not documented, reason not specified

<sup>1</sup>Excluding CPT or HCPCS Codes 96116, 97803, G0270—the elder maltreatment screen and documented follow-up is required at every visit for these procedure codes.