what are cognitive health screening tests?
They are assessment (not diagnostic) tools all medical healthcare professionals can administer to screen patients for cognitive health deficits.

why are cognitive health screening tests administered?
They are part of the assessment of the whole person.

when can cognitive health screening tests be administered?
Upon initial examination, when assessing intervention effectiveness that targets cognitive health, and when changes in cognitive health are suspected and of concern (e.g. delirium, dementia, depression, altered mental status).

how does one choose the right cognitive health screening test when dementia or delirium is suspected or of concern?
A number of brief cognitive health screening tests for dementia are available to all medical healthcare professionals. The Mini-Cog is commonly used to help identify if characteristics of dementia or delirium are present. The Mini-Cog should not be used to diagnose cognitive impairment, delirium or dementia.

how does one administer the Mini-Cog test?
1. Instruct your patient to listen to and remember three unrelated words (e.g. boat, apple, justice); one of the words should represent a concept.
2. Distract your patient by having her/him draw the face of a clock with the hands pointing to a specified time that includes using numbers within the clock (e.g. 11:10 or 5 after 7).
3. Then ask your patient to repeat the three previously stated words to assess her/his short-term memory recall skills.

how does one interpret the Mini-Cog test results?
Characteristics of dementia or delirium are present when a patient demonstrates impaired short-term recall skills as follows:
- Only 1-2 words are recalled AND the drawn clock is abnormal.
- All 3 words are forgotten regardless of the type of clock drawn.
Case Example: highlighting the use and value of the Mini-Cog test.
Elena, aged 88, is your patient. She is 5 months into her recovery from surgical repair of a hip fracture from a fall in her community. Her goal is to not fall again.

History of Elena’s Primary Care (PC) Teams
• Prior to 10/26/2013, her PC Team = Elena + daughter + MD.
• 10/26/2013 – 10/31/2013, her PC Team = Elena + daughter + hospital staff.
• 11/01/2013 - 12/31/2013, her PC Team = Elena + daughter + MD + Home Health Agency (HHA) staff RN, PT and OT. HHA enrolled her in the Otago exercise program (OEP) prior to discharge from all Medicare Part A services.
• Starting 01/6/2014, her PC Team = Elena + daughter + MD + PT. Medicare Part B covers medically necessary and reasonable PT services at home or in a clinic; her OEP has been progressed at home 4 times in 3 months.

Impairment Diagnoses
Mild cognitive impairment (MCI, diagnosed 2 years ago)
Muscle weakness (generalized)
Lack of coordination
Pain in joints (multiple sites)

Functional Diagnosis
Difficulty walking
At risk for recurrent falls (3 falls in the past year)

Medical Diagnoses
Orthopedic aftercare involving internal fixation device
Left hip fracture
Degenerative joint disease in lumbar spine
Osteoporosis

Medications
Aspirin 81 mg daily, Vitamin D3 1000 IUs daily

Change in condition
Today Elena is 22 weeks post-hip surgery, and this is her sixth PT visit under Medicare Part B. Her daughter reports Elena has been more fatigued the past week and last night she walked around the house in the middle of the night thinking it was daytime. A physical therapy re-examination is indicated.

Safety Assessment
• Fall screen: Elena and her daughter deny she fell; no apparent signs of injury.
• Orthostatic hypotension test: BP 120/70 (supine), BP 92/64 (standing).
• Balance test: 4-Stage Balance test.
  ○ Today: unable to pass test position 1 (stand with feet together).
  ○ Last month: passed test position 2 (partial tandem stance).
• Medication Review
  ○ Vicodin (acetaminophen 300 mg – hydrocodone 5 mg) was prescribed a week ago for back pain. (Dose =1-2 pills every 6 hours as needed.)
  ○ Elena acknowledges she is self-dosing and not keeping track.
  ○ 46 of the 90 Vicodin pills are gone.
Cognitive Health Assessment using the Mini-Cog test:

- Elena’s Mini-Cog test was normal on initial examination (1/6/2014); that is, she recalled two words AND her drawn clock was essentially normal.
- Reassessment of her cognitive health on 4/2/2014 showed Elena unable to recall any of the 3 words. She tests positive for a new onset of significant short-term memory impairment. It is not relevant to this test that her drawn clock shows constructional apraxia because she missed recalling all 3 words.

Re-Examination Summary: Elena was diagnosed with mild cognitive impairment two years ago. A cognitive health assessment was performed on 1/6/2014 and confirmed a diagnosis of MCI; that is, characteristics of dementia or delirium were not noted on the Mini-Cog test at that time. Her 4/2/2014 Mini-Cog test now reveals characteristics of delirium or dementia are present. She denies falling and has no physical signs of injury. Her current presentation includes significant declines in her short-term memory and balance control, new onset of orthostasis, and increased fall risk. One week ago she was prescribed a narcotic analgesic for lumbago. Medication mismanagement (i.e. overuse) is suspected as a contributing cause. Her physician was consulted and her primary care team (i.e. Elena, her daughter, MD and PT) agreed to modify the care plan.

Modified Care Plan:

- Elena will discontinue Vicodin until she sees her physician next week.
- Elena will put on hold her OEP until cleared by PT to resume.
- PT will provide health literacy instructions, interventions and treatment focused on improving Elena and her daughter’s self-care management skills for reducing Elena’s fall risk and pain, with a follow-up visit in 3 days.
- Daughter will supervise Elena’s medications and fluid intake.
- Daughter will assist Elena with bathing and dressing ADLs as needed.
- Daughter will call 911 or take Elena to the hospital only if her presentation worsens over the next 72 hours.
Billing for Physical Therapy Assessment and Care Management Services
5 units of 97535 are billed to reflect the total time spent (70 minutes) on direct intra-service care provided during this visit (i.e. self-care management and safety training). These services included time spent on: examining and assessing Elena and her daughter’s skills, deficits and needs through interview, observation and testing; providing medically necessary treatment, interventions and health literacy instruction; and collecting data about what occurred during the visit.

Billing for the Physical Therapy Re-Evaluation Report
1 unit of 97002 is billed to reflect the separate effort (not the time) spent on clinical analysis (e.g. comparing Mini-Cog test results), forming a clinical opinion, and formally writing up the re-evaluation report and care plan. To receive separate payment for this effort, modifier 59 must be used to unbundle code 97002 from code 97535.

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References:

Additional resources: