

Measure #154 (NQF: 0101): Falls: Risk Assessment – National Quality Strategy Domain: Patient Safety

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

This is a two-part measure which is paired with Measure #155: Falls: Plan of Care. If the falls risk assessment indicates the patient has documentation of two or more falls in the past year or any fall with injury in the past year (CPT II code 1100F is submitted), #155 should also be reported.

DESCRIPTION:

Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for patients seen during the reporting period. There is no diagnosis associated with this measure. This measure is appropriate for use in all non-acute settings (excludes emergency departments and acute care hospitals). This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II 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 CPT Category II codes OR the CPT Category II code(s) with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reason not otherwise specified. 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 listed numerator options 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 who have a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year). Documentation of patient reported history of falls is sufficient.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 65 years on date of encounter.

AND

Patient encounter during the reporting period (CPT or HCPCS): 92540, 92541, 92542, 92548, 97001, 97002, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

NUMERATOR:

Patients who had a risk assessment for falls completed within 12 months

Numerator Instructions: All components do not need to be completed during one patient visit, but should be documented in the medical record as having been performed within the past 12 months.

Definitions:

Fall – A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.

Risk Assessment – Comprised of balance/gait AND one or more of the following: postural blood pressure, vision, home fall hazards, and documentation on whether medications are a contributing factor or not to falls within the past 12 months.

Balance/gait Assessment - Medical record must include documentation of observed transfer and walking or use of a standardized scale (e.g., Get Up & Go, Berg, Tinetti) or documentation of referral for assessment of balance/gait

Postural blood pressure - Documentation of blood pressure values in supine and then standing positions

Vision Assessment - Medical record must include documentation that patient is functioning well with vision or not functioning well with vision based on discussion with the patient or use of a standardized scale or assessment tool (e.g., Snellen) or documentation of referral for assessment of vision

Home fall hazards Assessment - Medical record must include documentation of counseling on home falls hazards or documentation of inquiry of home fall hazards or referral for evaluation of home fall hazards

Medications Assessment- Medical record must include documentation of whether the patient's current medications may or may not contribute to falls

NUMERATOR NOTE: *The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Risk Assessment for Falls Completed

(Two CPT II codes [3288F & 1100F] are required on the claim form to submit this numerator option)

Performance Met: CPT II 3288F: Falls risk assessment documented

AND

CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

OR

Risk Assessment for Falls not Completed for Medical Reasons

(Two CPT II codes [3288F-1P & 1100F] are required on the claim form to submit this numerator option)

Append a modifier **(1P)** to CPT Category II code **3288F** to report documented circumstances that appropriately exclude patients from the denominator.

Medical Performance Exclusion: 3288F with 1P: Documentation of medical reason(s) for not completing a risk assessment for falls (i.e., patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair)

AND

CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

OR

If patient is not eligible for this measure because patient has documentation of no falls or only one fall without injury the past year, report:

Patient not at Risk for Falls

(One CPT II code [1101F] is required on the claim form to submit this numerator option)

Other Performance Exclusion: CPT II 1101F: Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year

OR

If patient is not eligible for this measure because falls status is not documented, report:

Falls Status not Documented

(One CPT II code [1101F-8P] is required on the claim form to submit this numerator option)

Append a reporting modifier (8P) to CPT Category II code 1101F to report circumstances when the patient is not eligible for the measure.

Other Performance Exclusion: 1101F with 8P: No documentation of falls status

OR

Risk Assessment for Falls not Completed, Reason not Otherwise Specified

(Two CPT II codes [3288F-8P & 1100F] are required on the claim form to submit this numerator option)

Append a reporting modifier (8P) to CPT Category II code 3288F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 3288F with 8P: Falls risk assessment not completed, reason not otherwise specified

AND

CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

RATIONALE:

Screening for specific medical conditions may direct the therapy. Although the clinical guidelines and supporting evidence calls for an evaluation of many factors, it was felt that for the purposes of measuring performance and facilitating implementation this initial measure must be limited in scope. For this reason, the work group defined an evaluation of balance and gait as a core component that must be completed on all patients with a history of falls as well as four additional evaluations – at least one of which must be completed within the 12 month period. Data elements required for the measure can be captured and the measure is actionable by the physician.

CLINICAL RECOMMENDATION STATEMENTS:

Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by a health care professional with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualized, multifactorial intervention. (NICE) (Grade C)

Multifactorial assessment may include the following:

- Identification of falls history
- Assessment of gait, balance and mobility, and muscle weakness
- Assessment of osteoporosis risk
- Assessment of the older person's perceived functional ability and fear relating to falling
- Assessment of visual impairment
- Assessment of cognitive impairment and neurological examination
- Assessment of urinary incontinence

- Assessment of home hazards
- Cardiovascular examination and medication review (nice) (grade c)

A falls risk assessment should be performed for older persons who present for medical attention because of a fall, report recurrent falls in the past year, report difficulties in walking or balance or fear of falling, or demonstrate unsteadiness or difficulty performing a gait and balance test.

The falls risk evaluation should be performed by a clinician with appropriate skills and experience. [C]

A falls risk assessment is a clinical evaluation that should include the following, but are not limited to:

- A history of fall circumstances
- Review of all medications and doses
- Evaluation of gait and balance, mobility levels and lower extremity joint function
- Examination of vision
- Examination of neurological function, muscle strength, proprioception, reflexes, and tests of cortical, extrapyramidal, and cerebellar function
- Cognitive evaluation
- Screening for depression
- Assessment of postural blood pressure
- Assessment of heart rate and rhythm
- Assessment of heart rate and rhythm, and blood pressure responses to carotid sinus stimulation if appropriate
- Assessment of home environment

The falls risks assessment should be followed by direct intervention on the identified risk. [A] (AGS)

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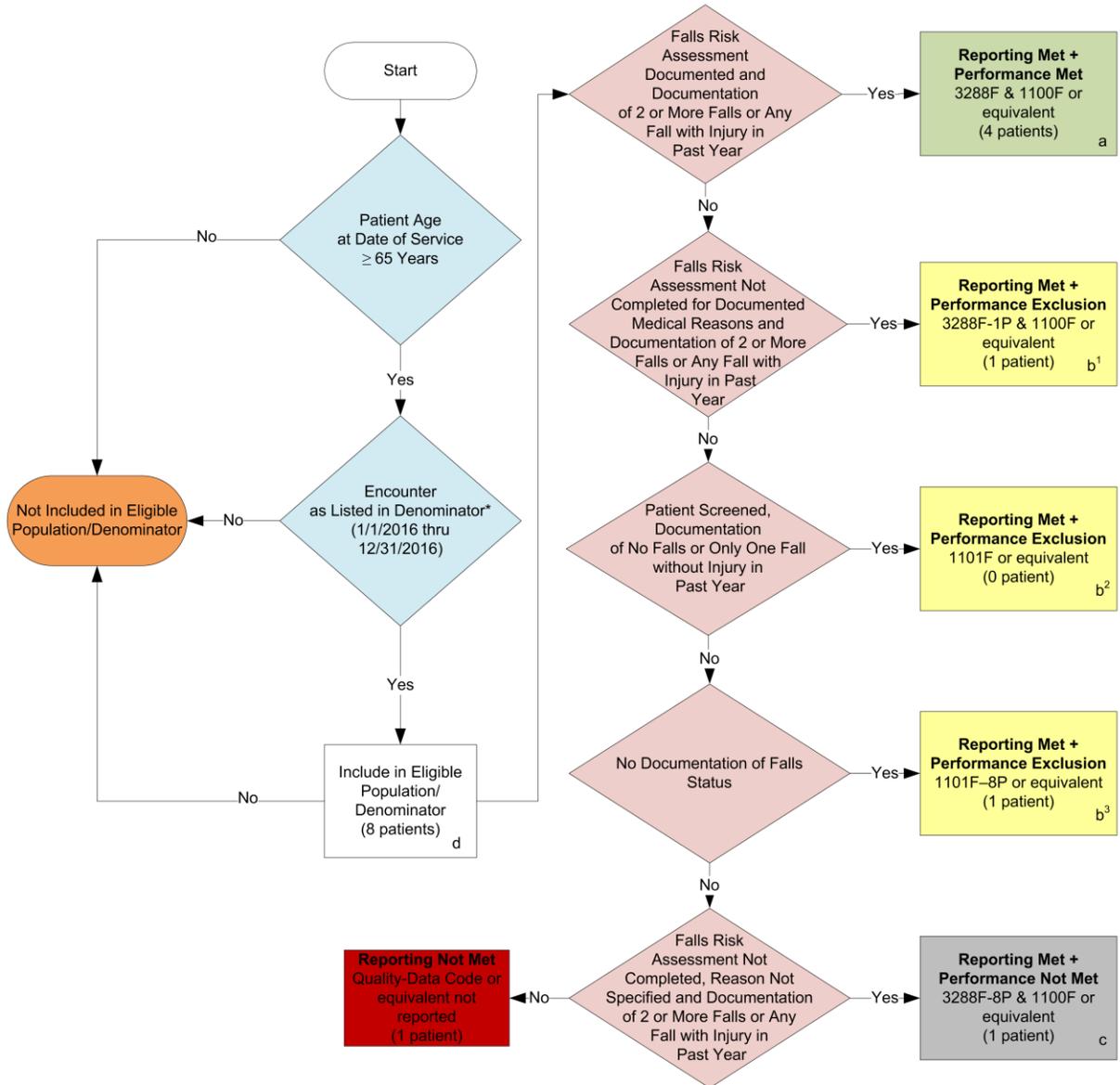
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**2016 Claims Individual Measure Flow
PQRS #154 NQF#0101: Falls: Risk Assessment**



SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Exclusion (b}^1\text{+b}^2\text{+b}^3\text{=2 patients)} + \text{Performance Not Met (c=1 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

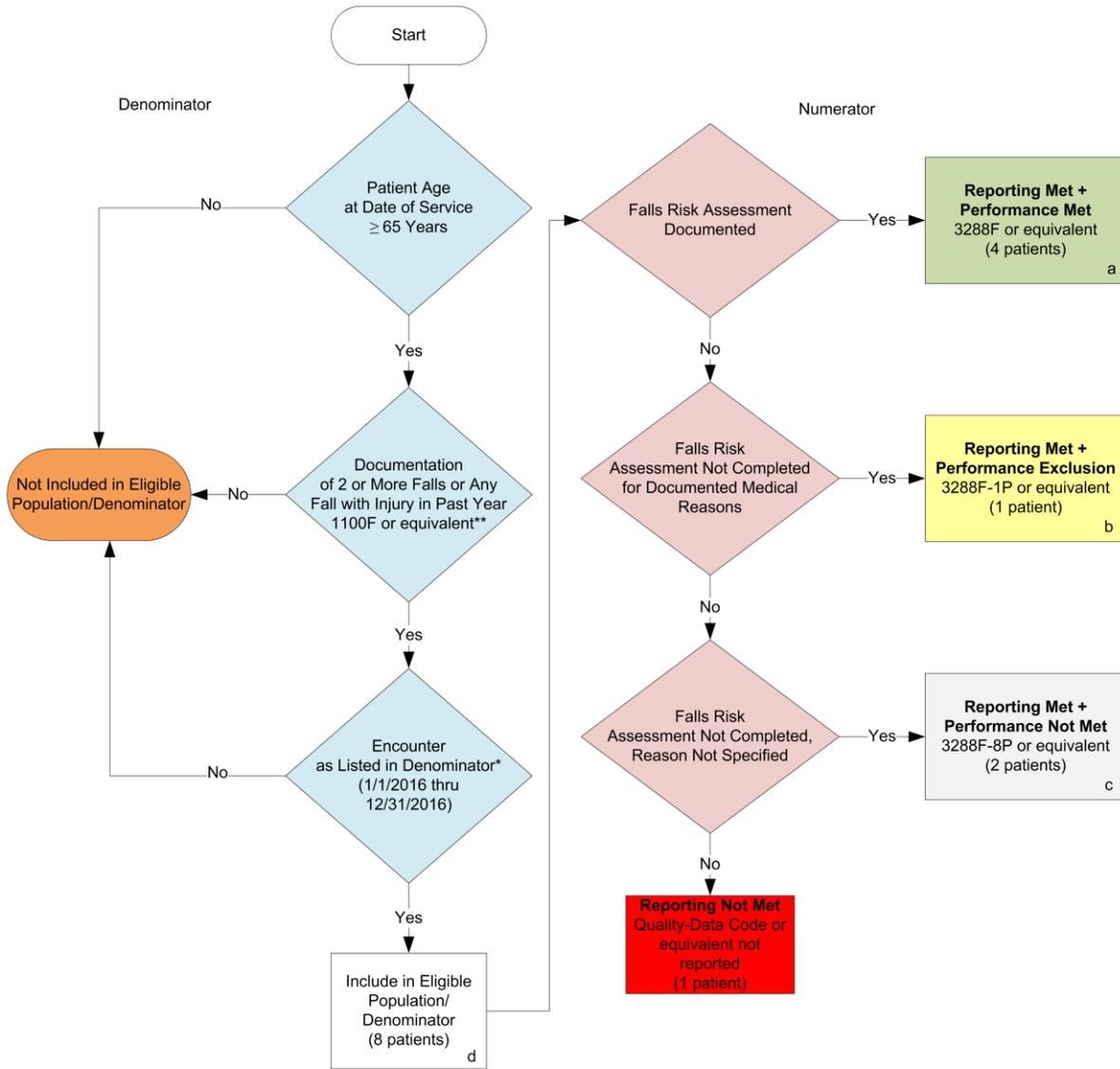
Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b}^1\text{+b}^2\text{+b}^3\text{=2 patients)}} = \frac{4 \text{ patients}}{5 \text{ patients}} = 80.00\%$$

*See the posted Measure Specification for specific coding and instructions to report this measure. This measure flow is for claims-based reporting of the measure.
 NOTE: Reporting Frequency: Patient-process

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

**2016 Registry Individual Measure Flow
PQRS #154 NQF# 0101: Falls: Risk Assessment**



SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients) + Performance Exclusion (b=1 patient) + Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.66\%$$

*See the posted Measure Specification for specific coding and instructions to report this measure. This measure flow is for registry-based reporting of the measure.

**Patients with documentation of 2 or more falls or any fall with injury in past year (1100F or equivalent) have been moved to the denominator of this measure to identify the measure's intended eligible population more accurately. This flow should be followed very carefully since the eligible population in this flow differs from the one posted in the Measure Specification. This flow should be utilized for registry-based reporting.

NOTE: Reporting Frequency: Patient-process

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2016 Claims Individual Measure Flow
PQRS #154 NQF #0101: Falls: Risk Assessment

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure. This measure flow is for claims-based reporting.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 65 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 65 years of age on Date of Service and equals Yes during the measurement period, proceed to check Encounter Performed.
3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
4. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
5. Start Numerator
6. Check Falls Risk Assessment Documented and Documentation of 2 or More Falls or Any Fall with Injury in Past Year:
 - a. If Falls Risk Assessment Documented and Documentation of 2 or More Falls or Any Fall with Injury in Past Year equals Yes, include in Reporting Met and Performance Met.
 - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
 - c. If Falls Risk Assessment Documented and Documentation of 2 or More Falls or Any Fall with Injury in Past Year equals No, proceed to Falls Risk Assessment Not Completed for Documented Medical Reasons and Documentation of 2 or More Falls or Any Fall with Injury in Past Year.
7. Check Falls Risk Assessment Not Completed for Documented Medical Reasons and Documentation of 2 or More Falls or Any Fall with Injury in Past Year:
 - a. If Falls Risk Assessment Not Completed for Documented Medical Reasons and Documentation of 2 or More Falls or Any Fall with Injury in Past Year equals Yes, include in Reporting Met and Performance Exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.

- c. If Falls Risk Assessment Not Completed for Documented Medical Reasons and Documentation of 2 or More Falls or Any Fall with Injury in Past Year equals No, proceed to Patient Screened, Documentation of No Falls or Only One Fall without Injury in Past Year.
8. Check Patient Screened, Documentation of No Falls or Only One Fall without Injury in Past Year:
 - a. If Patient Screened, Documentation of No Falls or Only One Fall without Injury in Past Year equals Yes, include in Reporting Met and Performance Exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 0 patients in the Sample Calculation.
 - c. If Patient Screened, Documentation of No Falls or Only One Fall without Injury in Past Year equals No, proceed to No Documentation of Falls Status.
9. Check No Documentation of Falls Status:
 - a. If No Documentation of Falls Status equals Yes, include in Reporting Met and Performance Exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b3 equals 1 patient in the Sample Calculation.
 - c. If No Documentation of Falls Status equals No, proceed to Falls Risk Assessment Not Completed, Reason Not Specified and Documentation of 2 or More Falls or Any Fall with Injury in Past Year.
10. Check Falls Risk Assessment Not Completed, Reason Not Specified and Documentation of 2 or More Falls or Any Fall with Injury in Past Year:
 - a. If Falls Risk Assessment Not Completed, Reason Not Specified and Documentation of 2 or More Falls or Any Fall with Injury in Past Year equals Yes, include in the Reporting Met and Performance Not Met.
 - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 1 patient in the Sample Calculation.
 - c. If Falls Risk Assessment Not Completed, Reason Not Specified and Documentation of 2 or More Falls or Any Fall with Injury in Past Year equals No, proceed to Reporting Not Met.
11. Check Reporting Not Met:
 - a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in the sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Exclusion (b}^1+\text{b}^2+\text{b}^3=2 \text{ patients)} + \text{Performance Not Met (c=1 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b}^1+\text{b}^2+\text{b}^3=2 \text{ patients)}} = \frac{4 \text{ patients}}{5 \text{ patients}} = 80.00\%$$

2016 Registry Individual Measure Flow
PQRS #154 NQF #0101: Falls: Risk Assessment

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure. This measure flow is for registry-based reporting.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 65 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 65 years of age on Date of Service and equals Yes during the measurement period, proceed to check Documentation of Two or More Falls or Any Fall with Injury in the Past Year.
3. Check Documentation of Two or More Falls or Any Fall with Injury in the Past Year:
 - a. If Documentation of Two or More Falls or Any Fall with Injury in the Past Year equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Documentation of Two or More Falls or Any Fall with Injury in the Past Year equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
5. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
6. Start Numerator
7. Check Falls Risk Assessment Documented:
 - a. If Falls Risk Assessment Documented equals Yes, include in Reporting Met and Performance Met.
 - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
 - c. If Falls Risk Assessment documented equals No, proceed to Falls Risk Assessment Not Completed for Documented Medical Reasons.
8. Check Falls Risk Assessment Not Completed for Documented Medical Reasons:
 - a. If Falls Risk Assessment Not Completed for Documented Medical Reasons equals Yes, include in Reporting Met and Performance Exclusion.

- b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in the Sample Calculation.
 - c. If Falls Risk Assessment Not Completed for Documented Medical Reasons equals No, proceed to Falls Risk Assessment Not Completed, Reason Not Specified.
9. Check Falls Risk Assessment Not Completed, Reason Not Specified:
- a. If Falls Risk Assessment Not Completed, Reason Not Specified equals Yes, include in the Reporting Met and Performance Not Met.
 - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.
 - c. If Falls Risk Assessment Not Completed, Reason Not Specified equals No, proceed to Reporting Not Met.
10. Check Reporting Not Met:
- a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in the sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Exclusion (b=1 patient)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.66\%$$