

**Measure #155 (NQF: 0101): Falls: Plan of Care – National Quality Strategy Domain: Communication and Care Coordination**

**2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:  
CLAIMS, REGISTRY**

This is a two-part measure which is paired with Measure #154: Falls: Risk Assessment.

This measure should be reported if CPT II code 1100F “Patient screened for future falls risk; documentation of two or more falls in the past year or any fall with injury in the past year” is submitted for Measure #154.

**DESCRIPTION:**

Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented 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:**

All eligible instances when CPT II code 1100F (patient screened for future falls risk; documentation of two or more falls in the past year or any fall with injury in the past year) is reported in the numerator for Measure #154 make up the denominator for this measure. CPT Category II codes are used to report the numerator of the measure.

When CPT II code 1100F is reported with Measure #154, add 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:**

All eligible instances when patient is reported in the numerator for Measure #154 as screened for future falls risk; documentation of two or more falls in the past year or any fall with injury in the past year 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 with 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  $\geq 65$  years on date of encounter

**AND**

All eligible instances when **CPT II code 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) is reported in the numerator for Measure #154.

**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 with a plan of care for falls documented 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:**

**Plan of Care** – Must include: **1)** consideration of vitamin D supplementation **AND 2)** balance, strength, and gait training.

**Consideration of Vitamin D Supplementation** – Documentation that vitamin D supplementation was advised or considered or documentation that patient was referred to his/her physician for vitamin D supplementation advice.

**Balance, Strength, and Gait Training** – Medical record must include: documentation that balance, strength, and gait training/instructions were provided OR referral to an exercise program, which includes at least one of the three components: balance, strength or gait OR referral to physical therapy.

**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.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Plan of Care Documented**

***Performance Met:***

**CPT II 0518F:** Falls plan of care documented

**OR**

**Plan of Care not Documented for Medical Reasons**

Append a modifier (**1P**) to CPT Category II code **0518F** to report documented circumstances that appropriately exclude patients from the denominator.

***Medical Performance Exclusion: 0518F with 1P:*** Documentation of medical reason(s) for no plan of care for falls (ie, 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)

**OR**

**Plan of Care not Documented, Reason not Otherwise Specified**

Append a reporting modifier (**8P**) to CPT Category II code **0518F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

***Performance Not Met: 0518F with 8P:*** Plan of care not documented, reason not otherwise specified

**RATIONALE:**

Interventions to prevent future falls should be documented for the patient with 2 or more falls or injurious falls.

**CLINICAL RECOMMENDATION STATEMENTS:**

The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.

Grade: B Recommendation.

The AGS 2010 Clinical Practice Guidelines Recommend:

Multifactorial/Multicomponent Interventions to Address Identified Risk(s) and Prevent Falls

1. A strategy to reduce the risk of falls should include multifactorial assessment of known fall risk factors and management of the risk factors identified.[A]
2. The components most commonly included in efficacious interventions were:
  - a. Adaptation or modification of home environment [A]
  - b. Withdrawal or minimization of psychoactive medications [B]
  - c. Withdrawal or minimization of other medications [C]
  - d. Management of postural hypotension [C]
  - e. Management of foot problems and footwear [C]
  - f. Exercise, particularly balance, strength, and gait training [A]
3. All older adults who are at risk of falling should be offered an exercise program incorporating balance, gait, and strength training. Flexibility and endurance training should also be offered, but not as sole components of the program. [A]
4. Multifactorial/multicomponent intervention should include an education component complementing and addressing issues specific to the intervention being provided, tailored to individual cognitive function and language. [C]
5. The health professional or team conducting the fall risk assessment should directly implement the interventions or should assure that the interventions are carried out by other qualified healthcare professionals. [A]

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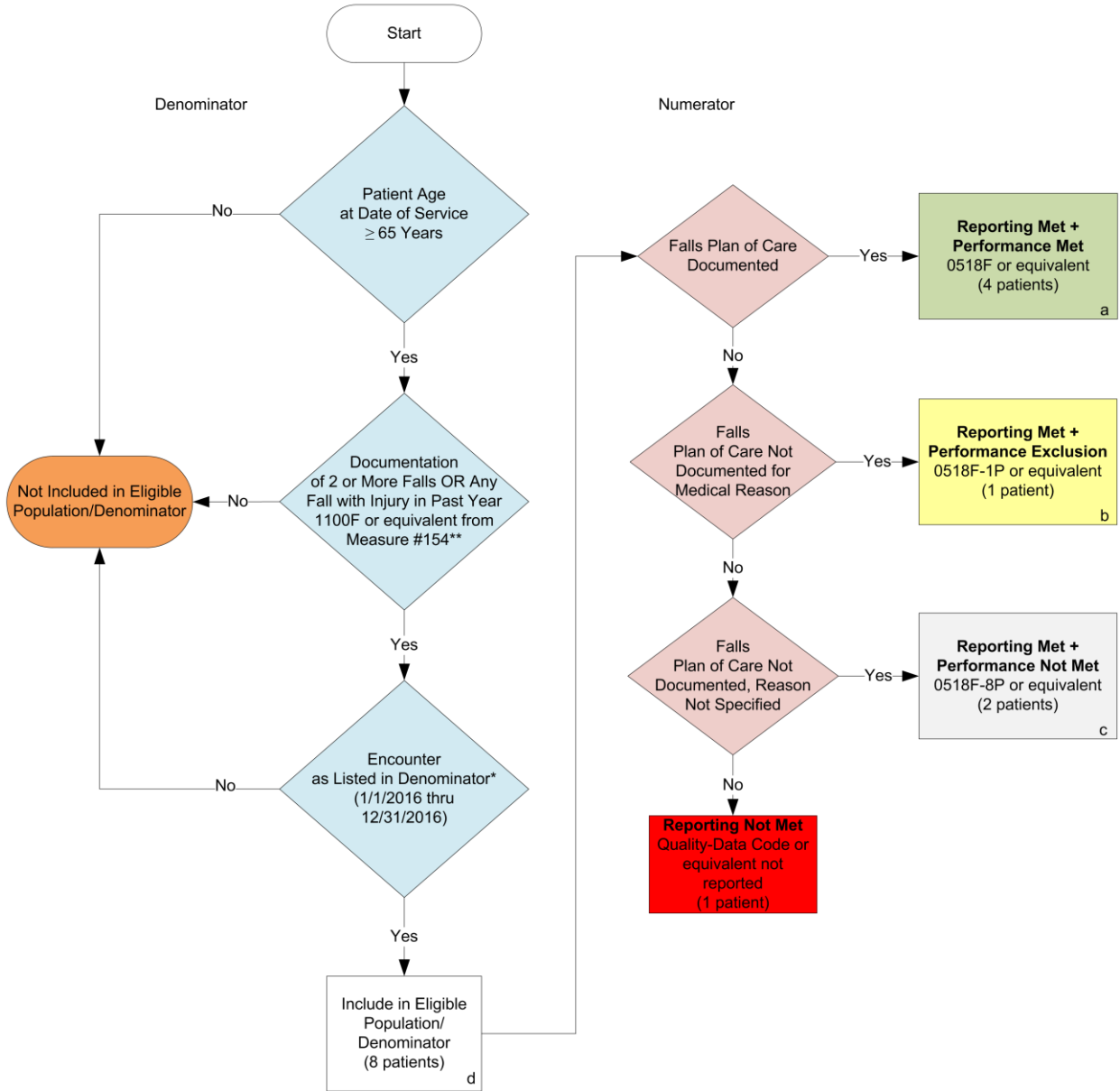
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**2016 Claims/Registry Individual Measure Flow  
PQRS #155 NQF #0101: Falls: Plan of Care**



**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=**  

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

\* See the posted Measure Specification for specific coding and instructions to report this measure.

\*\* Reporting measure #154 is a precursor for reporting this measure. Patients where 1100F without modifier or equivalent (documentation of 2 or more falls or any fall with injury in past year) is reported in measure #154 are pulled into the denominator for measure #155.

NOTE: Report 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 Claims/Registry Individual Measure Flow**  
**PQRS #155 NQF #0101: Falls: Plan of Care**

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

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 Plan of Care Documented:
  - a. If Falls Plan of Care 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 Plan of Care Documented equals No, proceed to Falls Plan of Care Not Documented for Medical Reasons.
8. Check Falls Plan of Care Not Documented for Medical Reasons:
  - a. If Falls Plan of Care Not Documented for 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 Plan of Care Not Documented for Medical Reasons equals No, proceed to Falls Plan of Care Not Documented, Reason Not Specified.
9. Check Falls Plan of Care Not Documented, Reason Not Specified:
- a. If Falls Plan of Care Not Documented, 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=**  

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