Quality ID #155 (CBE 0101): Falls: Plan of Care

2024 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Process – High Priority

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

NOTE: *Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, 95, POS 02, POS 10) are allowable.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

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 ≥ 65 years on date of encounter
AND
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: 1100F
AND
Patient encounter during the performance period (CPT or HCPCS): 92540, 92541, 92542, 92548, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

NUMERATOR:
Patients with a plan of care for falls documented within 12 months

Definitions:
Plan of Care – Must include: balance, strength, and gait training.

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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 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.

Numerator Quality Data Coding Options:
Patient receiving Hospice Services, Patient Not Eligible
Denominator Exclusion: **G9720:** Hospice services for patient occurred any time during the measurement period

OR

Plan of Care Documented
Performance Met: **CPT II 0518F:** Falls plan of care documented

OR

Risk Assessment for Falls not Completed for Medical Reasons
Denominator Exception: **0518F *with* 1P:** Patient 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 submission modifier (8P) to CPT Category II code 0518F to submit circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.
Performance Not Met: **0518F *with* 8P:** Falls 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 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]

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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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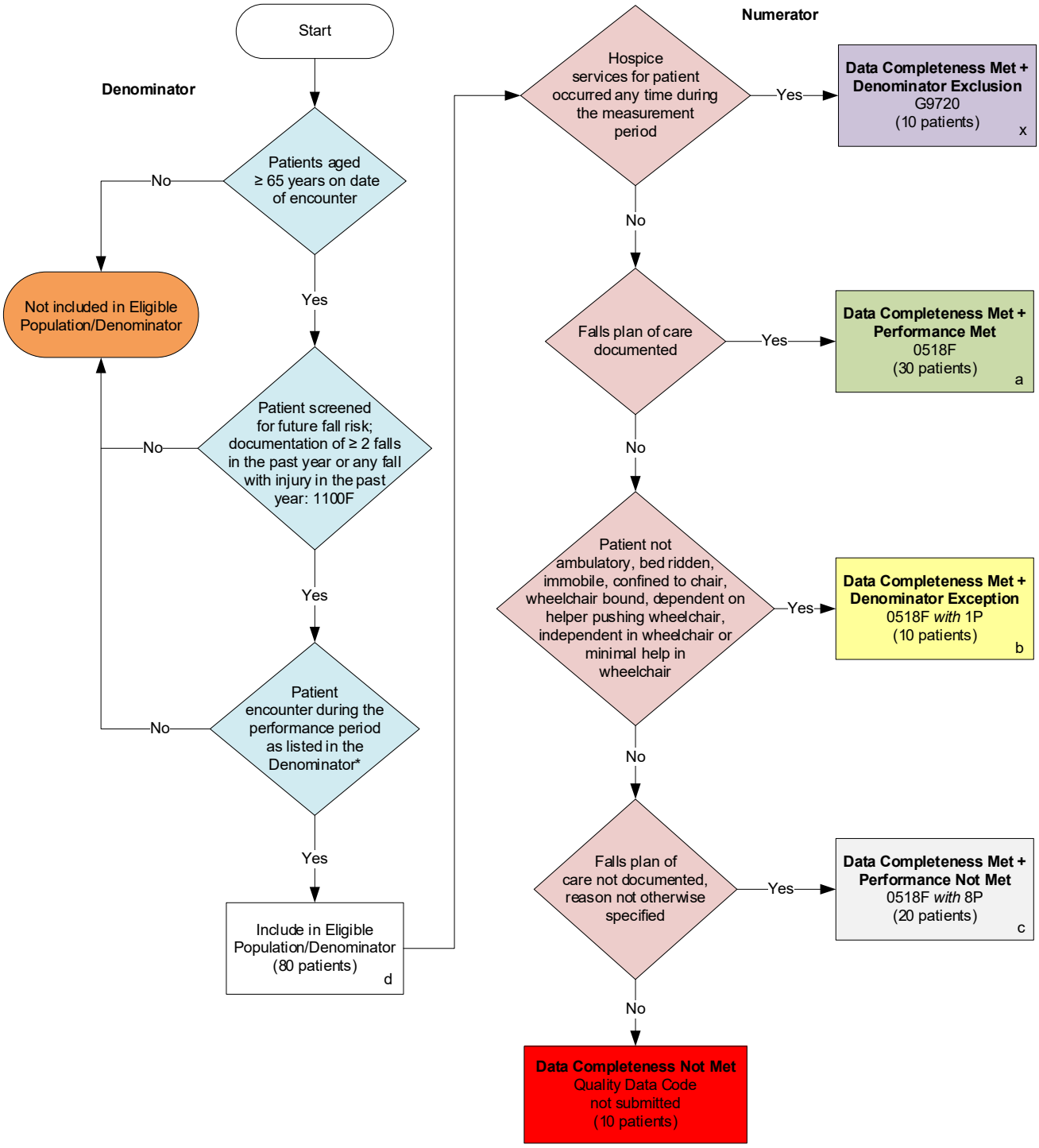
2024 Medicare Part B Claims Flow for Quality ID #155 (CBE 0101): Falls: Plan of Care

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=30 pts) + Denominator Exclusions (x=10 pts) + Denominator Exceptions (b=10 pts) + Performance Not Met (c=20 pts) = 70 pts = **87.50%**
Eligible Population / Denominator (d=80 pts) = 80 pts

Performance Rate=

Performance Met (a=30 pts) = 30 pts = **60.00%**
Data Completeness Numerator (70 pts) - Denominator Exclusions (x=10 pts) - Denominator Except (b=10 pts) = 50 pts

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

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2024 Medicare Part B Claims Flow Narrative for Quality ID #155 (CBE 0101): Falls: Plan of Care

***Disclaimer**: Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *Patients aged greater than or equal to 65 years on date of encounter*:
    a. If *Patients aged greater than or equal to 65 years on date of encounter* equals No; do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 65 years on date of encounter* equals Yes; proceed to *Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year.*
3. Check *Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year*:
    a. If *Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year* equals No; do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year* equals Yes; proceed to *Patient encounter during the performance period as listed in the Denominator**.
4. Check *Patient encounter during the performance period as listed in the Denominator**:
    a. If *Patient encounter during the performance period as listed in the Denominator** equals No; do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in the Denominator** equals Yes; include in *Eligible Population/Denominator*.
5. Denominator Population:
    - 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 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Hospice services for patient occurred any time during the measurement period*:
    a. If *Hospice services for patient occurred any time during the measurement period* equals Yes; include in *Data Completeness Met and Denominator Exclusion*.
        - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x equals 10 patients in Sample Calculation.
    b. If *Hospice services for patient occurred any time during the measurement period* equals No; proceed to *Falls plan of care documented*.
8. Check *Falls plan of care documented*:

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a. If *Falls plan of care documented* equals Yes; include in *Data Completeness Met and Performance Met*.

- *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 30 patients in Sample Calculation.

b. If *Falls plan of care documented* equals No; proceed to *Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair*.

9. Check *Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair*:

   a. If *Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair* equals Yes; include in *Data Completeness Met and Denominator Exception*.

   - *Data Completeness Met and Denominator Exception* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in Sample Calculation.

   b. If *Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair* equals No; proceed to *Falls plan of care not documented, reason not otherwise specified*.

10. Check *Falls plan of care not documented, reason not otherwise specified*:

    a. If *Falls plan of care not documented, reason not otherwise specified* equals Yes; include in the *Data Completeness Met and Performance Not Met*.

    - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

    b. If *Falls plan of care not documented, reason not otherwise specified* equals No; proceed *to Data Completeness Not Met.*

11. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 30 patients) plus Denominator Exclusion (x equals 10 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 30 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exclusion (x equals 10 patients) minus Denominator Exception (b equals 10 patients). All equals 30 patients divided by 50 patients. All equals 60.00 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

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NOTE: Submission Frequency: Patient-Process

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