

## \*Measure #4: Screening for Future Fall Risk

### **DESCRIPTION:**

Percentage of patients aged 65 years and older who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once 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.

### **This measure is reported using CPT Category II codes:**

CPT codes and patient demographics (age, gender, etc.) 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, submit the listed CPT codes and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reasons not otherwise specified.

### **NUMERATOR:**

Patients who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months

**Numerator Instructions:** Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year

**Definition:** A fall is defined as 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 (Tinetti).

### **Numerator Coding:**

#### **Screening for Future Fall Risk Performed**

**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**

**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**

**Screening for Future Fall Risk not Performed for Medical Reasons**

Append a modifier (1P) to CPT Category II code 1100F or 1101F to report documented circumstances that appropriately exclude patients from the denominator.

- 1P: Documentation of medical reason(s) for not screening for future fall risk (e.g., patient is not ambulatory)

OR

**Screening for Future Fall Risk not Performed, Reason not Specified**

Append a reporting modifier (8P) to CPT Category II code 1100F to report circumstances when an action described in a measure's numerator is not performed and the reason is not otherwise specified.

- 8P: Patient was not screened for future fall risk, reason not otherwise specified

**DENOMINATOR:**

All patients aged 65 years and older

**Denominator Coding:**

A CPT code is required to identify patients for denominator inclusion.

**CPT codes:** 97001, 97002, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 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

**RATIONALE:**

Patients may not volunteer information regarding falls.

**CLINICAL RECOMMENDATION STATEMENTS:**

All older persons who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls. (AGS/BGS/AAOS)

Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should have a fall evaluation performed. This evaluation should be performed by a clinician with appropriate skills and experience, which may necessitate referral to a specialist (e.g., geriatrician). (AGS/BGS/AAOS)

Older people in contact with health care professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the falls. (NICE) (Grade C)

Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. (NICE) (Grade C)