

Screening for Future Fall Risk

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 65 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Screening for Future Fall¹ Risk			
Performed — Patient is at risk (documentation of two or more falls in the past year or any fall with injury in the past year)	<input type="checkbox"/>	<input type="checkbox"/>	1100F
Performed — Patient is not at risk (documentation of no falls in the past year or only one fall without injury in the past year)	<input type="checkbox"/>	<input type="checkbox"/>	1101F
Not performed for the following reason: • Medical (eg, patient is not ambulatory)	<input type="checkbox"/>	<input type="checkbox"/>	1100F-1P or 1101F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 1100F-8P (Patient was not screened for future fall risk, reason not otherwise specified.)

¹A 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 et al., 1997).