

**Falls — Risk Assessment (Measure 154) and Plan of Care (Measure 155)**

**Physician Quality Reporting System 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
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Patient is aged 65 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
<b>Step 2 Does patient also have the other requirements for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</b>
Is patient at risk for future falls <sup>1</sup> (ie, there is 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"/>	If <b>No</b> (ie, there is documentation of no falls in the past year OR only one fall without injury in the past year), report only 1101F and STOP. You do not need to report measure 155 for this patient.  If <b>Yes</b> , report 1100F and proceed to Steps 3 and 4.  If there is no documentation of falls status, report 1101F-8P and STOP.
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure [measure 154 (falls — risk assessment)]?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
<b>Falls Risk Assessment<sup>2</sup></b>	<input type="checkbox"/>	<input type="checkbox"/>	3288F and proceed to Step 4
Completed	<input type="checkbox"/>	<input type="checkbox"/>	3288F-1P and proceed to Step 4
Not completed for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3288F-8P and proceed to Step 4
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 3288F-8P and proceed to Step 4 (Falls risk assessment not completed, reason not otherwise specified.)

*continued on next page*

<sup>1</sup>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.

<sup>2</sup>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. *NOTE: 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.*

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Clinical Information			Billing Information
<b>Step 4 Does patient meet or have an acceptable reason for not meeting the measure [measure 155 (falls — plan of care)]?</b>			
<b>Plan of Care for Falls<sup>3</sup></b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Documented	<input type="checkbox"/>	<input type="checkbox"/>	0518F
Not documented for the following reason: <ul style="list-style-type: none"> <li>• Medical (eg, not indicated, contraindicated, other medical reason)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	0518F-1P
Document reason here and in medical chart. <hr/> <hr/>			If <b>No</b> is checked for <b>all</b> of the above, report 0518F-8P (Plan of care not documented, reason not otherwise specified.)

<sup>3</sup>Plan of Care — Must include: 1) consideration of appropriate assistance device AND 2) balance, strength, and gait training. Consideration of Appropriate Assistance Device — Medical record must include: documentation that an assistive device was provided or considered OR referral for evaluation for an appropriate assistance device. 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. *NOTE: 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.*