Quality ID #155 (NQF: 0101): Falls: Plan of Care
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Preventable Healthcare Harm

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

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

This measure may be submitted 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 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.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

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, 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
AND NOT
DENOMINATOR EXCLUSIONS:
Hospice services for patient occurred any time during the measurement period: G9720

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

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

Performance Met:	Falls plan of care documented **(0518F)**
OR	
Denominator Exception:	Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair **(0518F *with* 1P)**
OR	
Performance Not Met:	Falls plan of care not documented, reason not otherwise specified **(0518F *with* 8P)**

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]
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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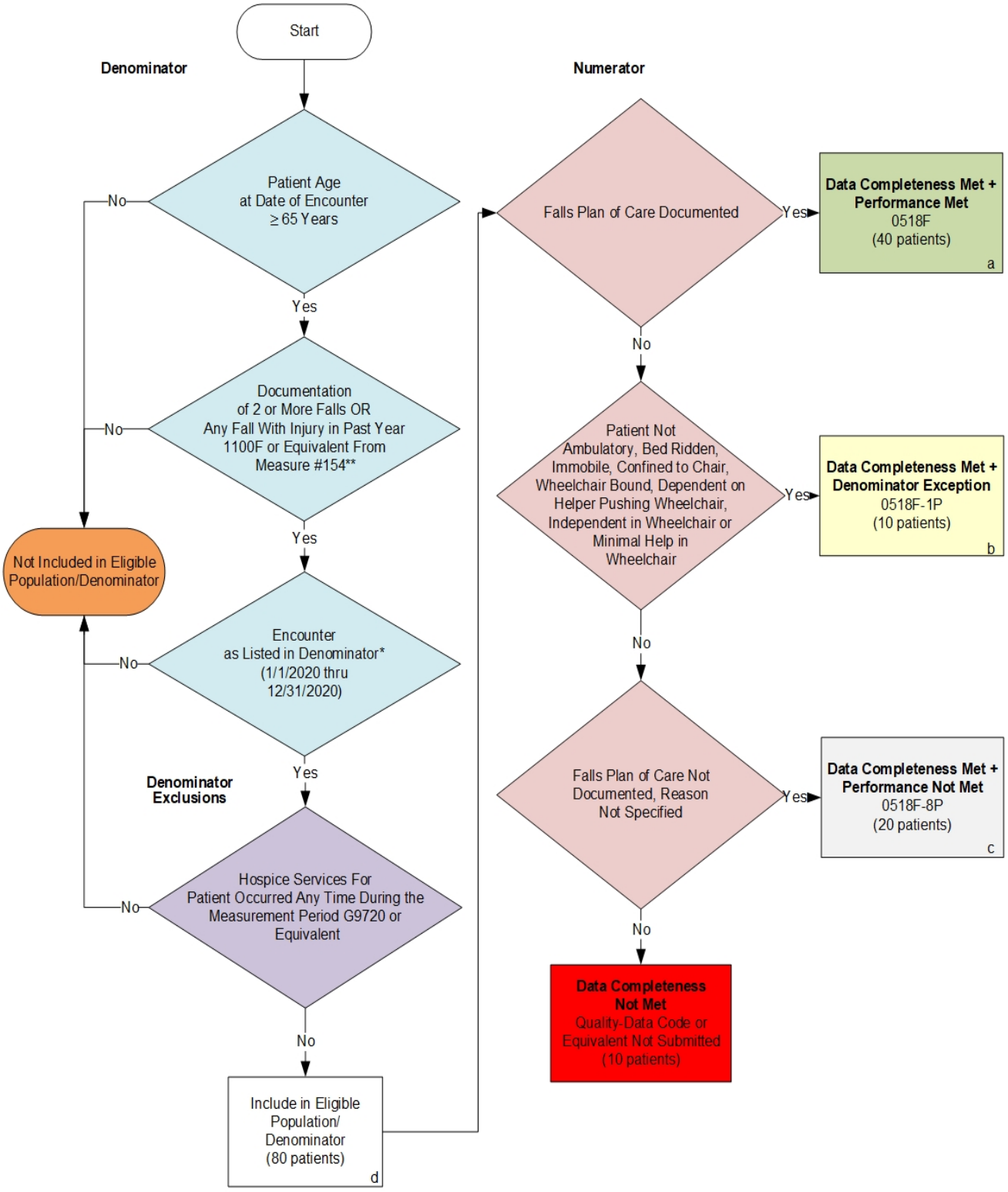
2020 Clinical Quality Measure Flow for Quality ID #155 NQF #0101: Falls: Plan of Care

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=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **66.67%**
Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

* See the posted measure specification for specific coding and instructions to submit this measure.
** Submitting measure #154 is a precursor for submitting this measure. Patients where 1100F without modifier or equivalent (documentation of 2 or more falls or any fall with injury in past year) is submitted in measure #154 are pulled into the denominator for measure #155.
NOTE: Submission Frequency: Patient-Process

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2020 Clinical Quality Measure Flow Narrative for Quality ID#155 NQF #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 Patient Age:
    a. If Patient Age is greater than or equal to 65 Years on Date of Encounter equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 65 Years on Date of Encounter 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 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 Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, procced to check Hospice Services For Patient Occurred Any Time During the Measurement Period.
5. 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 No, include in Eligible Population.
    b. If Hospice Services For Patient Occurred Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
6. 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 80 patients in the Sample Calculation.
7. Start Numerator
8. Check Falls Plan of Care Documented:
    a. If Falls Plan of Care Documented equals Yes, include in Data Completeness Met and Performance Met.

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b. 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 40 patients in Sample Calculation.

c. If Falls Plan of Care Documented equals No, proceed to check 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.

9. Check 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:

   a. If 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 equals Yes, include in Data Completeness Met and Denominator Exception.

   b. 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.

   c. If 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 equals No, proceed to check Falls Plan of Care Not Documented, Reason Not Specified.

10. 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 Data Completeness Met and Performance Not Met.

    b. 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.

    c. If Falls Risk Assessment Not Completed, Reason Not Specified equals No, proceed to check Data Completeness Not Met.

11. Check Data Completeness Not Met:

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

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{\text{70 patients}}{\text{80 patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{\text{40 patients}}{\text{60 patients}} = \mathbf{66.67\%}$$

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