2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients (or caregivers as appropriate) with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who reported a fall occurred and those that fell had a plan of care for falls documented at every visit.

INSTRUCTIONS:
Reporting Frequency:
This measure is to be submitted at each visit for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who reported a fall. 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 Strata and Performance Rates:
This measure contains two strata defined by two submission criteria.
This measure produces two performance rates.

There are 2 Submission Criteria for this measure:
1) Patients with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke.
AND
2) Patients with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who report (or caregiver as appropriate) a fall occurred since last visit.

Submission Criteria 1 ensures the full patient population is being assessed and reporting requirements are met.

This measure will be calculated with 2 performance rates:
1) Patients with a diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who were assessed for at each visit during the performance period
2) Patients with a diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who report a fall occurred since the last visit AND who have a plan of care for falls

For accountability reporting in the CMS MIPS program, the rate for Submission Criteria 2 is used for performance. For the purposes of data completeness, Submission Criteria 1 will be used.

Implementation Considerations:
For the purposes of MIPS implementation, this visit measure is submitted each time a patient has a denominator eligible encounter during the performance period.

Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient

encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

SUBMISSION CRITERIA 1: PATIENTS WITH AN ACTIVE DIAGNOSIS OF A MOVEMENT DISORDER, MULTIPLE SCLEROSIS, A NEUROMUSCULAR DISORDER, DEMENTIA, OR STROKE

DENOMINATOR (CRITERIA 1):
Patients with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke.

Definition*:*
Active – Active diagnosis means the diagnosis has to be coded or billed for on the date of service, not just a diagnosis on the historical problem list.

Denominator Criteria 1(Eligible Cases):
Active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke (ICD-10-CM): A52.17, A81.00, A81.01, A81.89, E08.40, E08.42, E09.40, E09.42, E10.40, E10.42, E11.40, E11.42, E13.40, E13.42, F01.50, F02.80, E83.01, F02.81, F03.90, F03.91, F05, F06.8, F10.27, G10, G11.0, G11.1, G11.2, G11.3, G11.8, G11.9, G12.1, G12.20, G12.21, G12.24, G12.29, G12.9, G13.0, G13.1, G13.2, G13.8, G20, G23, G24.01, G24.02, G24.09, G24.1, G24.2, G24.8, G24.9, G25.2, G25.3, G25.4, G25.5, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G31.85, G31.89, G94G31.84, G32.81, G35, G60.0, G60.2, G60.3, G60.8, G60.9, G62.0, G62.1, G62.2, G62.89, G62.9, G63, G65.2, G70.00, G70.01, G70.2, G70.80, G70.81, G71.00, G71.01, G71.02, G71.09, G71.11, G71.2, G71.3, G72.41, G73.1, G73.3, G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G80.9, G90.3, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I69.010, I69.011, I69.012, I69.014, I69.015, I69.018, I69.019, I69.193, I69.893, I69.993, M33.20, M33.21, M33.22, M33.29, I69.093, M62.59, R25, R25.2, R27.0, R29.6, R41.3, W19.XXXA, W19.XXXD, W19.XXXS, G35A, G35B, G35B0, G35B1, G35B2, G35C, G35C0, G35C1, G35C2, G35D, QA0, QA001, QA0010, QA00101, QA00102, QA00109, QA0011, QA0012, QA00131, QA00139, QA00141, QA00142, QA00149, QA00151, QA00159
AND
Patient encounters during the performance period (CPT): 99421, 99422, 99423, 99241, 99242, 99243, 99244, 99245, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215,99441,99442, 99443, 99421, 99422, 99423, 99241, 99242, 99243, 99244, 99245, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214,99215, 99441, 99442, 99443, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016

NUMERATOR (CRITERIA 1):
Patients (or caregivers as appropriate) that reported a fall occurred since the last visit.

Definitions:
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 paralysis, epileptic seizure, overwhelming external force, or overwhelming environmental hazards.

NUMERATOR NOTE:
This submission criteria will be used to determine data completeness for MIPS, ensuring patients are being screened for falls at each visit. Numerator data from this submission criteria will not be used in the final performance calculation as it is assessing for incidence only.

Numerator Options:
Performance Met: Patients who did not report a fall **(M1492)**

OR
Denominator Exception: Documentation of falls not performed due to medical reasons (e.g., syncope, Vertigo and related disorders, restless leg syndrome, Tourette syndrome/tic disorder, back pain, Concussion/mild traumatic brain injury (mTBI), cervical dystonia, or epilepsy) **(M1493)**

OR
Performance Not Met: Patients that reported a fall since the last visit **(M1494)**

AND

SUBMISSION CRITERIA 2: PATIENTS WITH AN ACTIVE DIAGNOSIS OF A MOVEMENT DISORDER, MULTIPLE SCLEROSIS, A NEUROMUSCULAR DISORDER, DEMENTIA, OR STROKE WHO REPORT (OR CAREGIVER AS APPROPRIATE) A FALL OCCURRED SINCE LAST VISIT

DENOMINATOR (CRITERIA 2):
Patients with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who report (or caregiver as appropriate) a fall occurred since last visit.

Definition:
Active – Active diagnosis means the diagnosis has to be coded or billed for on the date of service, not just a diagnosis on the historical problem list.

Denominator Criteria 2(Eligible Cases):
Active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke since last visit (ICD-10-CM): A52.17, A81.00, A81.01, A81.89, E08.40, E08.42, E09.40, E09.42, E10.40, E10.42, E11.40, E11.42, E13.40, E13.42, F01.50, F02.80, E83.01, F02.81, F03.90, F03.91, F05, F06.8, F10.27, G10, G11.0, G11.1, G11.2, G11.3, G11.8, G11.9, G12.1, G12.20, G12.21, G12.24, G12.29, G12.9, G13.0, G13.1, G13.2, G13.8, G20, G23, G24.01, G24.02, G24.09, G24.1, G24.2, G24.8, G24.9, G25.2, G25.3, G25.4, G25.5, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G31.85, G31.89, G94G31.84, G32.81, G35, G60.0, G60.2, G60.3, G60.8, G60.9, G62.0, G62.1, G62.2, G62.89, G62.9, G63, G65.2, G70.00, G70.01, G70.2, G70.80, G70.81, G71.00, G71.01, G71.02, G71.09, G71.11, G71.2, G71.3, G72.41, G73.1, G73.3, G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G80.9, G90.3, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I69.010, I69.011, I69.012, I69.014, I69.015, I69.018, I69.019, I69.193, I69.893, I69.993, M33.20, M33.21, M33.22, M33.29, I69.093, M62.59, R25, R25.2, R27.0, R29.6, R41.3, W19.XXXA, W19.XXXD, W19.XXXS, G35A, G35B, G35B0, G35B1, G35B2, G35C, G35C0, G35C1, G35C2, G35D, QA0,, QA001, QA0010, QA00101, QA00102, QA00109, QA0011, QA0012, QA00131, QA00139, QA00141, QA00142, QA00149, QA00151, QA00159
AND

Patient encounters during the performance period (CPT): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99422, 99423, 99241, 99242, 99243, 99244, 99245, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99441, 99442, 99443, 99421, 99422, 99423, 99241, 99242, 99243, 99244, 99245, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99421, 99441, 99442, 99443

NUMERATOR (CRITERIA 2):
Patients who had a falls plan of care documented at every visit.

Definition:
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 paralysis, epileptic seizure, overwhelming external force, or overwhelming environmental hazards.
Plan of care – a plan of care must include the following: Balance, strength, or gait training OR Referral to physical or occupational therapy OR Home safety evaluation.

Numerator Options:
Performance Met: Patients that reported a fall occurred who had a plan of care for falls documented OR patients that did not report a fall **(M1495)**

OR

Denominator Exception: Documentation of falls not performed due to medical reasons (e.g., syncope, Vertigo and related disorders, restless leg syndrome, Tourette syndrome/tic disorder, back pain, Concussion/mild traumatic brain injury (mTBI), cervical dystonia, or epilepsy) **(M1497)**

OR

Performance Not Met: Patients that had a fall who did not have a plan of care for falls documented OR do not have documentation of being assessed for falls **(M1496)**

RATIONALE:
Many studies have been conducted on the rate of falls for common neurological conditions. All of them indicate that falls are an issue for neurology patients with symptomology that affects movement and balance. Falls and the fear of falling can impact quality of life and should be addressed for populations most at risk for falling.
In people age 65 years and older, falls are one of the leading causes of death. However, patients with neurological conditions are often younger and are at an increased risk for falls due to disease symptomology. 127,456,106 non-fatal falls were recorded from 2001-2015. For those that were hospitalized due to the fall, the cost is approximately $39,000 per patient.
The U.S. Preventive Services Task Force updated their recommendations for fall prevention in community-dwelling older adults. There are many intervention recommendations for patients 65 years and older.

CLINICAL RECOMMENDATION STATEMENTS:
- The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls (B recommendation)
- The USPSTF recommends that clinicians selectively offer multifactorial interventions to prevent falls to community-dwelling adults 65 years or older who are at increased risk for falls. Existing evidence indicates that the overall net benefit of routinely offering multifactorial interventions to prevent falls is small. When determining whether this service is appropriate for an individual, patients and clinicians should consider the balance of benefits and harms based on the circumstances of prior falls, presence of comorbid medical conditions, and the patient's values and preferences (C recommendation)
- The USPSTF recommends against vitamin D supplementation to prevent falls in community dwelling adults 65

years or older (D recommendation)

REFERENCES:

Matsuda PN, Verrall AM, Finlayson ML, Molton IR, Jensen MP. Falls among adults aging with disability. Arch Phys Med Rehabil 2015; 96:464-71.

BG, Munneke M. Falls in patients with neuromuscular disorders. J Neurol Sci 2006; 251:87-90.

Borges Sde M, Radanovic M, Forlenza OV. Fear of falling and falls in older adults with mild cognitive impairment and Alzheimer's disease. Neuropsychol Dev Cogn B Aging Neuropsychol Cogn 2015; 22:312-21.

Ansai JH, Andrade LP, Nakagawa TH, Rebelatto JR. Performances on the timed up and go test and subtasks between fallers and non-fallers in older adults with cognitive impairment. Arq Neurosiquitr 2018; 76:381-386.

Carvalho GF, Almeida CS, Florencio LL, et al. Do patients with migraine experience an increased prevalence of falls and fear of falling? A cross-sectional study. Physiotherapy 2018; 104:424-429.

US Preventive Services Task Force. Interventions to Prevent Falls in Community-Dwelling Older Adults. JAMA 2018; 319:1696-1704.

Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Available at: https://wisqars.cdc.gov/

2026 Clinical Quality Measure Flow for Quality ID #513:
Patient Reported Falls and Plan of Care

Multiple Performance Rates

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

ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS

Overall Data Completeness (Submission Criteria 1)*=

$$\frac{\text{Performance Met } (a^1 = 40 \text{ visits}) + \text{Denominator Exception } (b^1 = 10 \text{ visits}) + \text{Performance Not Met } (c^1 = 20 \text{ visits})}{\text{Eligible Population / Denominator } (d^1 = 80 \text{ visits})} = \frac{70 \text{ visits}}{80 \text{ visits}} = 87.50\%$$

Overall Performance Rate (Submission Criteria 2)*=

$$\frac{\text{Performance Met } (a^2 = 40 \text{ visits})}{\text{Data Completeness Numerator } (70 \text{ visits}) - \text{Denominator Exception } (b^2 = 10)} = \frac{40 \text{ visits}}{60 \text{ visits}} = 66.67\%$$

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

Submission Criteria One

SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness =

$$\frac{\text{Performance Met } (a^1 = 40 \text{ visits}) + \text{Denominator Exception } (b^1 = 10 \text{ visits}) + \text{Performance Not Met } (c^1 = 20 \text{ visits})}{\text{Eligible Population / Denominator } (d^1 = 80 \text{ visits})} = \frac{70 \text{ visits}}{80 \text{ visits}} = 87.50\%$$
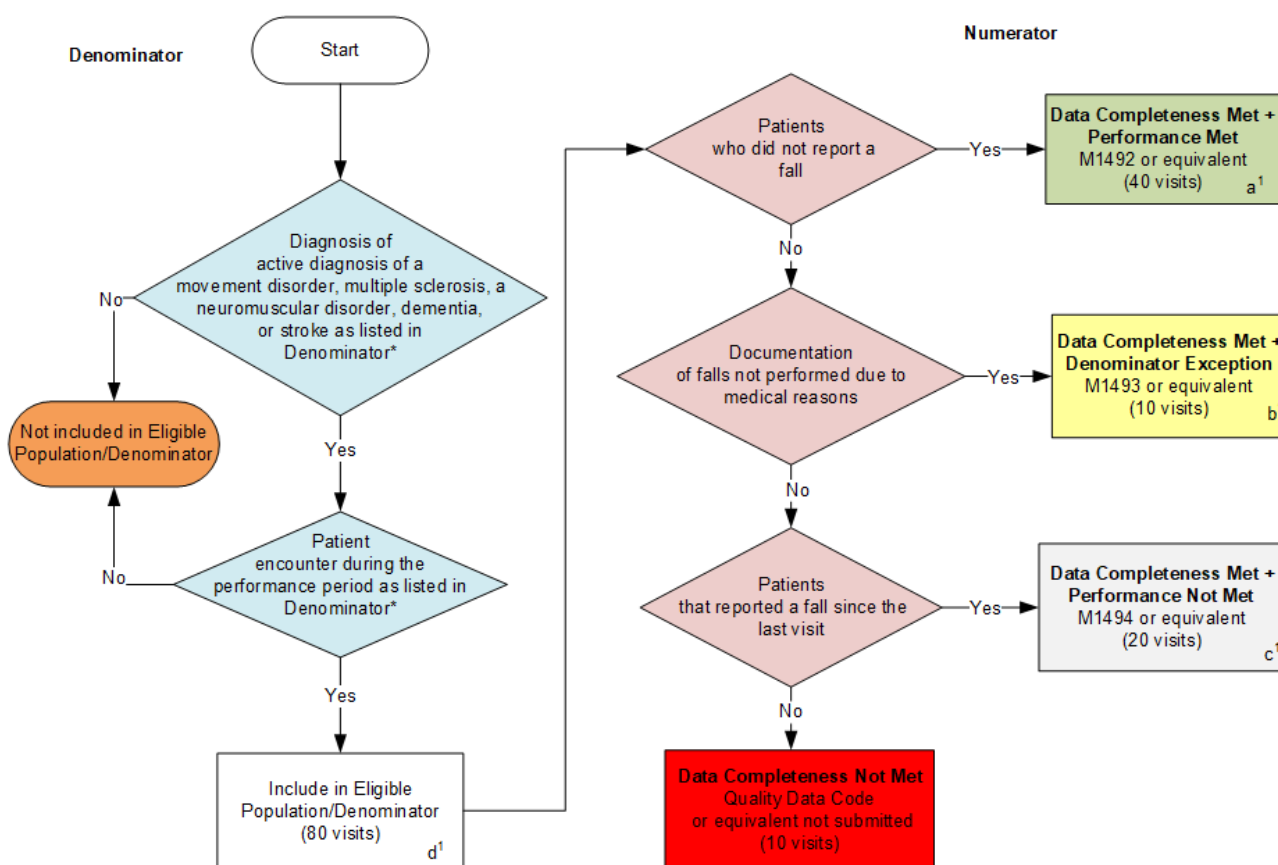
Performance Rate =

$$\frac{\text{Performance Met } (a^1 = 40 \text{ visits})}{\text{Data Completeness Numerator } (70 \text{ visits}) - \text{Denominator Exception } (b^1 = 10 \text{ visits})} = \frac{40 \text{ visits}}{60 \text{ visits}} = 66.67\%$$

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

Submission Criteria Two

Denominator

Numerator

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Start
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Diagnosis of active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke as listed in Denominator*

— No → **Not included in Eligible Population/Denominator**

Yes ↓

Patient encounter during the performance period as listed in Denominator*

— No → **Not included in Eligible Population/Denominator**

Yes ↓

Include in Eligible Population/Denominator (80 visits) d^2

Patients that reported a fall occurred who had a plan of care for falls documented OR patients that did not report a fall

— Yes → **Data Completeness Met + Performance Met** M1495 or equivalent (40 visits) a^2

No ↓

Documentation of falls not performed due to medical reasons

— Yes → **Data Completeness Met + Denominator Exception** M1497 or equivalent (10 visits) b^2

No ↓

Patient that had a fall who did not have a plan for falls documented OR do not have documentation of being assessed for falls

— Yes → **Data Completeness Met + Performance Not Met** M1496 or equivalent (20 visits) c^2

No ↓

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 visits)

SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

Data Completeness =

$$\frac{\text{Performance Met } (a^2=40 \text{ visits}) + \text{Denominator Exception } (b^2 = 10 \text{ visits}) \text{ Performance Not Met } (c^2=20 \text{ visits})}{\text{Eligible Population / Denominator } (d^2=80 \text{ visits})} = \frac{70 \text{ visits}}{80 \text{ visits}} = 87.50\%$$

Performance Rate =

$$\frac{\text{Performance Met } (a^2=40 \text{ visits})}{\text{Data Completeness Numerator (70 visits)} - \text{Denominator Exception } (b^2 = 10)} = \frac{40 \text{ visits}}{60 \text{ visits}} = 66.67\%$$
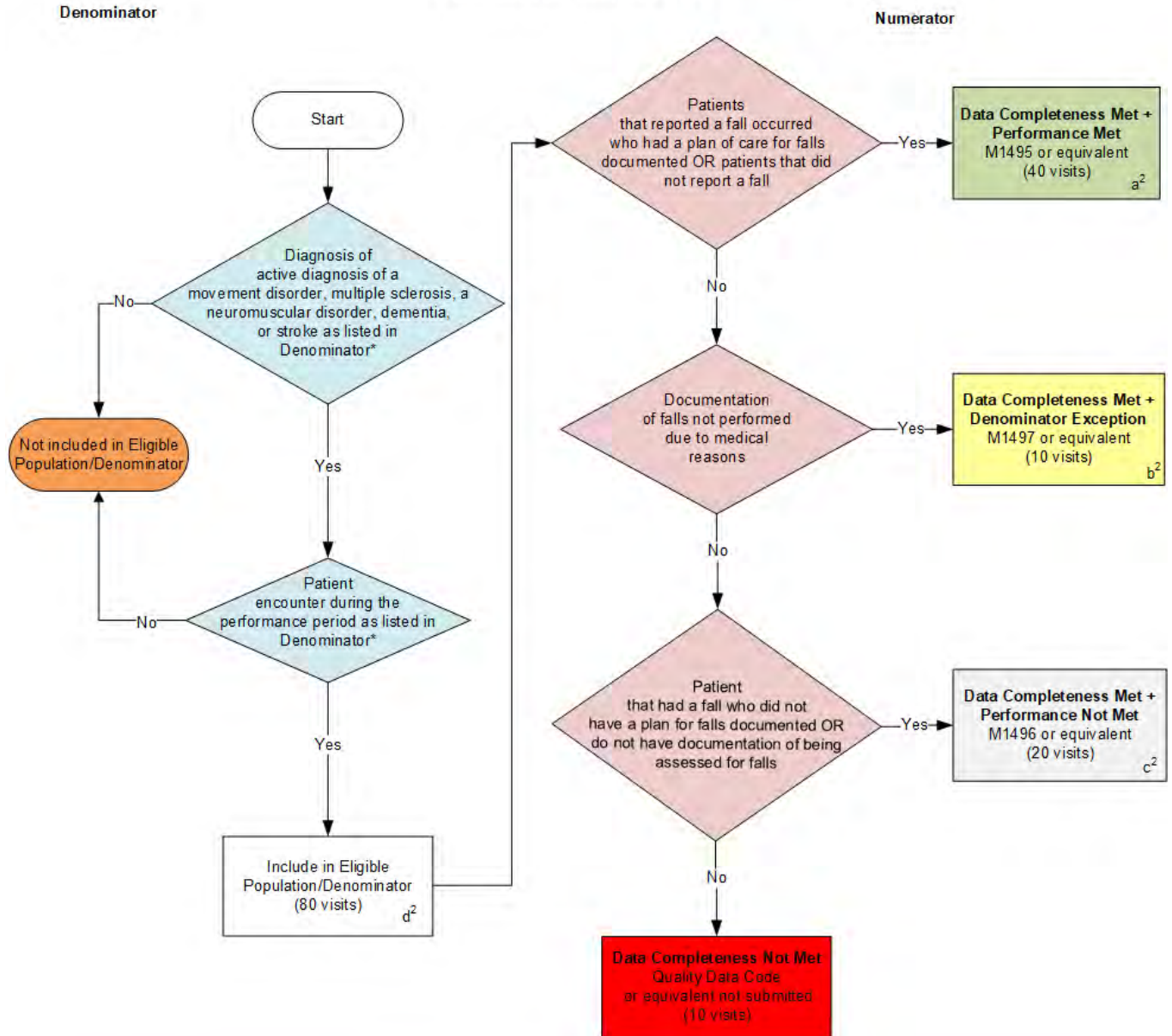
*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Visit

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

Accountability Reporting in the CMS MIPS Program: Sample Calculations

Overall Data Completeness (Submission Criteria 1) Performance Met (a^1 equals 40 patients) plus Denominator Exceptions (b^1 equals 10 patients) plus Performance Not Met (c^1 equals 20 patients) divided by Eligible Population/Denominator (d^1 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Overall Performance Rate (Submission Criteria 2) Performance Met (a^2 equals 40 patients) divided by Data Completeness Numerator (b^2 equals 10 patients) minus Denominator Exceptions (b^2 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Visit

Submission Criteria One:

1. Start with Denominator

2. Check *Diagnosis of active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke as listed in Denominator*.

   a. If *Diagnosis of active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke as listed in Denominator* equals No, do not include in *Eligible Population/ Denominator.* Stop processing.

   b. If *Diagnosis of active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke as listed in Denominator* equals, Yes, proceed to check *Patient encounters during the performance period as listed in Denominator*

3. Check *Patient encounters during the performance period as listed in Denominator*.

   a. If *Patient encounters during the performance period as listed in Denominator* equals No, do not include in *Eligible Population/ Denominator.* Stop processing.

   b. If *Patient encounters during the performance period as listed in Denominator* equals Yes, include in *Eligible Population/ Denominator.*

4. 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^1 equals 80 patients in the Sample Calculation.

5. Start Numerator

6. Check *Patients who did not report a fall.*

   a. If *Patients who did not report a fall* equals Yes, include in *Data Completeness and Performance Met.*

- *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a[1] equals 40 patients in the Sample Calculation.

    b. If *Patients who did not report a fall* equals No, proceed to *Documentation of falls not performed due to medical reasons.*

7. Check *Documentation of falls not performed due to medical reasons.*

    a. If *Documentation of falls not performed due to medical reasons* equals Yes, then include in *Data Completeness Met and Denominator Exception.*

- *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b[1] equals 10 patients in the Sample Calculation.

    b. If *Documentation of falls not performed due to medical reasons* equals No, then proceed to *Patients that reported a fall since the last visit.*

8. Check *Patients that reported a fall since the last visit.*

    a. If *Patients that reported a fall since the last visit* equals Yes, then include in *Data Completeness Met and Performance Not Met.*

- *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c[1] equals 20 patients in the Sample Calculation.

    b. If Patients that reported a fall since the last visit equals no, then include in Data Completeness Not Met.

9. Check *Data Completeness Not Met.*

- 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 equals Performance Met (a[1] equals 40 patients) plus Denominator Exceptions (b[1] equals 10 patients) plus Performance Not Met (c[1] equals 20 patients) divided by Eligible Population/Denominator (d[1] equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a[1] equals 40 patients) divided by Data Completeness Numerator (equals 70 patients) minus Denominator Exceptions (b[1] equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Visit

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

Submission Criteria Two:

1. Start with Denominator
2. Check *Active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke since last visit as listed in Denominator*.*
   a. If *Active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke since last visit as listed in Denominator** equals No, do not include in *Eligible Population/ Denominator.* Stop processing.
   b. If *Active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke since last visit as listed in Denominator** equals, Yes, proceed to check *Patient encounters during the performance period as listed in Denominator**
3. Check *Patient encounters during the performance period as listed in Denominator*.*
   a. If *Patient encounters during the performance period as listed in Denominator* equals No, do not include in *Eligible Population/ Denominator.* Stop processing.
   b. If *Patient encounters during the performance period as listed in Denominator* equals Yes, include in *Eligible Population/ Denominator.*

4. 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^2 equals 80 patients in the Sample Calculation.
5. Start Numerator
6. Check *Patients that reported a fall occurred who had a plan of care for falls documented OR patients that did not report a fall.*
   a. If *Patients that reported a fall occurred who had a plan of care for falls documented OR patients that did not report a fall* equals Yes, then include in *Data Completeness Met and Performance Met.*
      - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 40 patients in the Sample Calculation.
   b. If *Patients that reported a fall occurred who had a plan of care for falls documented OR patients that did not report a fall* equals No, proceed to *Documentation of falls not performed due to medical reasons.*
7. Check *Documentation of falls not performed due to medical reasons.*
   a. If *Documentation of falls not performed due to medical reasons* equals Yes, include in *Data Completeness Met and Denominator Exception.*
      - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 10 patients in the Sample Calculation.
   b. If *Documentation of falls not performed due to medical reasons* equals No, proceed to

Patients that had a fall who did not have a plan of care for falls documented OR do not have documentation of being assessed for falls.

8. Check *Patients that had a fall who did not have a plan of care for falls documented OR do not have documentation of being assessed for falls.*

    a. If *Patients that had a fall who did not have a plan of care for falls documented OR do not have documentation of being assessed for falls* equals Yes, include in *Data Completeness Met and Performance Not Met.*

        - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 20 patients in the Sample Calculation.

    b. If *Patients that had a fall who did not have a plan of care for falls documented OR do not have documentation of being assessed for falls* equals No, proceed to *Data Completeness Not Met.*

9. Check *Data Completeness Not Met.*

    - 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 equals Performance Met (a^2 equals 40 patients) plus Denominator Exceptions (b^2 equals 10 patients) plus Performance Not Met (c^2 equals 20 patients) divided by Eligible Population/Denominator (d^2 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^2 equals 40 patients) divided by Data Completeness Numerator (b^2 equals 10 patients) minus Denominator Exceptions (b^2 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Visit

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.