MIPS Falls Risk Assessment Tool

Quality Measures: 154: Falls Risk Assessment 155: Falls Plan of Care

STEADI Stopping Elderly Accidents, Deaths & Injuries

Patient: **Date:**

On an annual basis, ask every patient, age 65 and over, if they have fallen in the past year.

If document 0 or 1 fall without injury, report MIPS Quality Measure 154 using CPT code 1101F.
NO NEED TO PERFORM FURTHER ASSESSMENT UNTIL NEXT YEAR.

Falls History

Any falls in the past year? ☐ Yes ☐ No
If yes, how many? _____
If yes, any injury? ☐ Yes ☐ No

If two or more falls in past year or one with injury, patient considered to be at increased risk.

MIPS 154 requires balance / gait assessment and review of one or more potentially contributing factors.
MIPS 155 requires all patients determined to be at increased risk for falls to be provided with a "Plan of Care".
After evaluation, separate the attached "Balance and Strength Training Exercises" and give to patient.

Evaluation

Gait, Strength & Balance *(For MIPS 154, must perform at least one. See opposite side for instructions.)*

Timed Up and Go (TUG) Test	*Increased risk if > 12 seconds*	☐ Normal ☐ Increased Risk
30-Second Chair Stand Test	*Score based on age and gender*	☐ Normal ☐ Increased Risk
4-Stage Balance Test	*Increased risk if full tandem stance < 10 seconds*	☐ Normal ☐ Increased Risk

Medications, Prescriptions, OTCs, Supplements *(If yes to any, consider consultation with MD)*

Cognitive impairment	☐ Yes ☐ No
CNS or pyschoactive medications	☐ Yes ☐ No
Medications that can cause sedation or confusion	☐ Yes ☐ No
Medications that can cause hypotension	☐ Yes ☐ No

Vision

Acuity <20/40 OR no eye exam in >1 year	☐ Yes ☐ No

Medical Conditions

Problems with heart rate and/or rhythm	☐ Yes ☐ No
Incontinence	☐ Yes ☐ No
Depression	☐ Yes ☐ No
Foot problems *(Specify)* _____	☐ Yes ☐ No
Other medical conditions *(Specify)* _____	☐ Yes ☐ No

Postural Hypotension

A decrease in systolic BP ≥20 mm Hg or a diastolic BP of ≥10 mm Hg or lightheadedness or dizziness from lying to standing	☐ Yes ☐ No

Plan of Care *(Separate and provide attached handout with goal of increasing mobility & lower extremity stability.)*

The patient was provided balance, strength and gait training instructions	☐ Yes ☐ No
The patient was advised about Vitamin D supplementation	☐ Yes ☐ No
The patient was counseled about home fall hazards and advised on benefits of occupational therapy	☐ Yes ☐ No
The patient was provided a "Plan of Care" to take home	☐ Yes ☐ No

Falls Risk Assessment Billing:

- If Falls Risk Assessment determines history of falls and includes evaluation and plan of care, patient visit may be billable as 99213.

Consider diagnosis codes:
History of falls: Z79.81 Repeated falls: R29.6

MIPS Falls Prevention Quality Measure Reporting via Registry

- If documentation of 2 or more falls in past year or one fall with injury, report MIPS Quality Measure 154 as CPT:
  - 3288F (falls risk assessment documented) and
  - 1100F (patient screened for fall risk)
- MIPS Quality Measure 155, Falls: Plan of Care
  - 0518F (falls plan of care documented)

Consider Balance AFO, foot orthoses and shoes if any of the following conditions are present:

Muscle weakness, generalized	M62.81
Difficulty in walking	R26.2
Unsteadiness on feet	R26.81
Other abnormalities of gait and mobility	R26.89
Dropfoot, acquired	M21.371 (Rt.), M21.372 (Lt.)

Adapted from materials developed by the Centers for Disease Control and Prevention.

Additional copies of forms available, for free, from Arizona AFO and SafeStep.

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Directions: Patients wear their regular footwear and can use a walking aid if needed. Have patient sit back in a standard arm chair and identify a line **10 feet** away on the floor.
Instructions to the patient: *When I say "Go," I want you to:*

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word "Go" begin timing.

Stop timing after patient has sat back down and record.

Time: _____ *seconds*

Observe the patient's postural stability, gait, stride length, and sway.
Circle all that apply:

Slow tentative pace

Loss of balance

Short strides

Little or no arm swing

Steadying self on walls

Shuffling

En bloc turning

Not using assistive device properly

An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.

Notes:

The 4-Stage Balance Test

Purpose: To assess static balance

Directions: There are four progressively more challenging positions. Patients should not use an assistive device (cane or walker) and keep their eyes open. Describe and demonstrate each position. Stand next to the patient, hold his/her arm and help them assume the correct foot position. When the patient is steady, let go, but remain ready to catch the patient if he/she should lose their balance. If the patient can hold a position for 10 seconds without moving his/her feet or needing support, go on to the next position. If not, stop the test.

Instructions to the patient: *I'm going to show you four positions.*
Try to stand in each position for 10 seconds. You can hold your arms out or move your body to help keep your balance but don't move your feet. Hold this position until I tell you to stop.

For each stage, say "Ready, begin" and begin timing.
After 10 seconds, say "Stop."

Instructions to the patient:

1. Stand with your feet side by side. Time: _____ seconds

2. Place the instep of one foot so it is touching the big toe of the other foot. Time: _____ seconds

3. Place one foot in front of the other, heel touching toe. Time: _____ seconds

4. Stand on one foot. Time: _____ seconds

An older adult who cannot hold the heel to toe, #3, stance for at least 10 seconds is at increased risk of falling.

Notes:

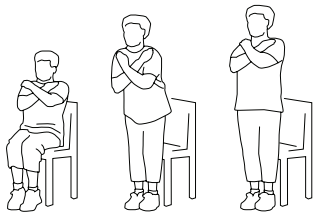
The 30-Second Chair Stand Test

Purpose: To test leg strength and endurance

Equipment: A chair with a straight back without arm rests (seat 17" high), A stopwatch.

Instructions to the patient: *When I say "Go," I want you to:*

1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight and keep your arms against your chest.
5. On "Go," rise to a full standing position and then sit back down again.
6. Repeat this for 30 seconds.



On "Go" begin timing.

- If the patient must use his/her arms to stand, stop the test. Record "0" for the number and score.
- Count the number of times the patient comes to a full standing position in 30 seconds.
- If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.
- Record the number of times the patient stands in 30 seconds.

*Number:*_____ *Score:* _____

Chair Stand Below Average Scores

Age	Men	Women
60-64	<14	<12
65-69	<12	<11
70-74	<12	<10
75-79	<11	<10
80-84	<10	<9
85-89	<8	<8
90-94	<7	<4

A below average score indicates a high risk for falls.

Notes:

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Provide all patients determined to be at increased risk for falls with attached Balance, Strength and Gait Training Exercises.