

The Challenge: Older Adult Falls in the US

Each year falls result in more than:

- 2.8 million emergency department visits
- 800,000 hospitalizations
- 27,000 deaths

Falls are the leading cause of fatal and non-fatal injuries for older Americans. One of the top barriers to delivery of a falls risk assessment in the clinical setting is lack of a dedicated Current Procedural Terminology (CPT) code for this service. However, providers are able to counsel their patients regarding falls risk and bill payers using existing Evaluation and Management (E/M) CPT codes.

**Take
Action!**



Help your patients prevent their next fall by counseling them on falls risk and strategies to prevent falls.

How to Counsel Patients Regarding Their Fall Risk

The CDC STEADI Initiative offers a coordinated approach to implementing the American and British Geriatrics Societies' clinical practice guidelines for fall prevention. STEADI consists of 3 core elements: Screen, Assess, and Intervene using effective clinical and community strategies. More information is available at: www.cdc.gov/STEADI

Reimbursement for Falls-Related Services

Falls-related services may be reimbursable by Medicare or through negotiation with private plans.

Outpatient Visit Type	Billing Codes	Considerations
Welcome to Medicare Examination A falls risk assessment is a required element of the Welcome to Medicare examination (Initial Patient Preventative Physical Exam).	G0402	Billable within first 12 months of enrollment only
Annual Wellness Visit A review of individual functional level and safety (falls) is included in the initial Annual Wellness Visit (AWV).	G0438	Initial AWV
	G0439	Subsequent follow-up to an AWV
Evaluation and Management (E/M) Falls-related assessment may be completed as part of a scheduled office visit if >50% of visit was face-to-face education/counseling and documented (<i>time</i>) or by an identified and appropriately documented reimbursable medical condition. See note below.	99201-99205	New-patient
	99211-99215	Established Patient

Note: E/M codes can be used to bill for falls risk assessment when more than 50% of the visit is dedicated to education/counseling. Billing must be based on reimbursable medical condition at time of visit. Billing is dependent on time, complexity and documentation (*i.e., more than 50% of the 30-minute visit was counseling the patient on reducing their risk for falls*). Falls risk counseling that exceeds the time and complexity of the highest level E/M code can be billed using CPT codes 99354 and 99355.

Effective strategies for reducing fall risk may include the following referrals and follow-up.

Referrals, follow-up and examples of the fall risk factors they could address.	Billing codes	Considerations
Physical Therapist - to improve balance and strength.	97001	Initial evaluation
	97002	Re-evaluation
Occupational Therapist - to address home hazards.	97003	Initial evaluation
	97004	Re-evaluation
Home Health Care - to manage medications and address home hazards.	G0180	Certification
	G0179	Re-certification
	G0181	Care plan oversight
Chronic care management - to address chronic conditions associated with increased fall risk (e.g., diabetes, hypertension).	99490	≥ 20 minutes non face-to-face care
Transitional care – to assist with medication management, home hazards.	99495	Within 2 weeks of discharge from a hospital stay
Durable Medical Equipment (e.g. canes, walkers, wheelchairs) – to assist with poor balance.	Varies but covered by Medicare Part B	
Others may include: Hearing assessment, cognitive screening, evidence-based falls prevention program, Ophthalmology (cataract or single lens eyewear), Podiatry (poor foot health), Pharmacy (medication therapy management)	--	

The following quality measures in the Physician Quality Reporting System (PQRS), Merit-Based Incentive Payment System (MIPS), and Accountable Care Organization (ACO) measures are used to incentivize providers to conduct fall prevention in older adults.

MIPS/PQRS Measures/CPT Codes: Falls screening, assessment, and plan of care	MIPS/PQRS Measure 154, 155, 318
0 falls in past year	1101F
1 fall in past year with no injury	1101F
1 fall in past year with injury	1100F
2 or more falls in past year	1100F
Fall risk assessment completed within 12 months in persons with fall history	3288F
Fall Care Plan documented within 12 months in persons with fall history	0518F
ACO Measures	
Screening for future fall risk at least once within 12 months	13

Common Diagnostic Codes	ICD-10
History of fall, at risk for falling	Z91.81
Repeated falls	R29.6
Vision examination	Z01.00 (no abnormal findings) Z01.01 (abnormal findings)
Orthostatic hypotension	I95.1
Difficulty walking	R26.2
Muscle weakness (generalized)	M62.81
Lack of coordination	R27.9
Gait abnormality	R26.89, R26.9
Decreased cognition	R41.9

HEDIS Measures for Medicare Advantage	
Reducing the Risk of Falling	Measure C18