

# 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](http://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                                     |
|--|---------------|--|
| <b>Welcome to Medicare Examination</b><br>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 |
| <b>Annual Wellness Visit</b><br>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                     |
| <b>Evaluation and Management (E/M)</b><br>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                                   |
|---|---------------------------------------|--|
| <b>Physical Therapist - to improve balance and strength.</b>  | 97001                                 | Initial evaluation                               |
|   | 97002                                 | Re-evaluation                                    |
| <b>Occupational Therapist - to address home hazards.</b>  | 97003                                 | Initial evaluation                               |
|   | 97004                                 | Re-evaluation                                    |
| <b>Home Health Care - to manage medications and address home hazards.</b>   | G0180                                 | Certification                                    |
|   | G0179                                 | Re-certification                                 |
|   | G0181                                 | Care plan oversight                              |
| <b>Chronic care management - to address chronic conditions associated with increased fall risk (e.g., diabetes, hypertension).</b>  | 99490                                 | ≥ 20 minutes non face-to-face care               |
| <b>Transitional care – to assist with medication management, home hazards.</b>  | 99495                                 | Within 2 weeks of discharge from a hospital stay |
| <b>Durable Medical Equipment (e.g. canes, walkers, wheelchairs) – to assist with poor balance.</b>  | Varies but covered by Medicare Part B |  |
| <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)</b> | --                                    |  |

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.

| <b>MIPS/PQRS Measures/CPT Codes: Falls screening, assessment, and plan of care</b> | <b>MIPS/PQRS Measure 154, 155, 318</b> |
|--|--|
| 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                                  |
| <b>ACO Measures</b>  |  |
| Screening for future fall risk at least once within 12 months                      | 13                                     |

| <b>Common Diagnostic Codes</b>       | <b>ICD-10</b>   |
|--------------------------------------|---|
| History of fall, at risk for falling | Z91.81  |
| Repeated falls                       | R29.6   |
| Vision examination                   | Z01.00 (no abnormal findings)<br>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   |

| <b>HEDIS Measures for Medicare Advantage</b> |             |
|--|-------------|
| Reducing the Risk of Falling                 | Measure C18 |