



Future Fall Risk Screening Guide

Importance of Screening for Future Fall Risk

As the leading cause of both fatal and nonfatal injuries for older adults, falls are one of the most common and significant health issues facing people aged 65 years or older. It is estimated that one in three adults over 65 will fall each year. Identifying at-risk patients and applying preventive measures is the most important part of management in this vulnerable traditional Medicare population.

Measure Description

Percentage of patients 65 years or older who were screened for future fall risk during the measurement period.

Definitions

Screening for Future Fall Risk: An assessment of whether an individual has experienced a fall or problems with gait or balance. No specific screening tool is required for this measure. Potential screening tools include "Morse Fall Scale" and the timed "Timed Up & Go" (TUG).

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.

CPT II Codes

Submit CPT II codes via claim to identify **numerator compliance**:

- **3288F** - Fall Risk Assessment documented
- **1100F** - 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
- **1101F** - Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year

Tips for Improving Performance

- Fall risk is part of the **Annual Wellness Visit (AWV)**. Claims submission of an AWV procedure code will be captured as numerator compliant for fall risk. All other visits require CPT II code reporting.
- Identify patients 65 and older who were NOT screened for fall risk during the measurement year.
- Use your EMR to develop an evidence based fall risk assessment that identifies patients having more than one fall during the measurement year or who had a fall that resulted in an injury.
- Establish standards of practice (standing orders, pre visit planning) for documenting fall risk assessments for patients 65 and older.
- Provide patient/family education materials on fall prevention strategies.

Improvement Notation

Higher score indicates better quality



Denominator

Patients aged 65 and older at the start of the measurement period with a visit during the measurement period.

Numerator

Patients who were screened for future fall risk at least once within the measurement period.

Exclusions

- Patients who are in hospice care for any part of the measurement period
- Moved out of country
- Deceased
- Non-FFS Medicare (Commercial payers, Medicare Advantage, Non-FFS Medicare, HMOs, etc.)

Resources

- Morse Fall Scale Calculator (<https://www.mdapp.co/morse-fall-scale-calculator-248/>)
- TUG Assessment (https://www.cdc.gov/steady/pdf/TUG_test-print.pdf)
- STEADI Initiative Clinical Resources (<https://www.cdc.gov/steady/materials.html>)

Disclaimer: *This information is not intended to dictate or substitute your professional judgment in a particular patient.*

References

[CMS, Quality ID #155 \(NQF 0101\): Falls: Plan of Care \(2024\)](#)

[eCQI, Falls: Screening for Future Fall Risk \(2024\)](#)

[Screening for Future Fall Risk Star Measure \(2023\)](#)

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