

Quality ID #155: Falls: Plan of Care

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.

INSTRUCTIONS:

Reporting Frequency

This measure is to be submitted a minimum of **once per performance period** 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 a history of falls. There is no diagnosis associated with this measure. This measure is appropriate for use in all non-acute settings (with the exception of emergency departments and acute care hospitals). This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code (QDC) will be used if the measure is submitted more than once.

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.

DENOMINATOR:

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year). Documentation of patient reported history of falls is sufficient.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 65 years on date of encounter

AND

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: 1100F

AND

Patient encounter during the performance period (CPT or HCPCS): 92540, 92541, 92542, 92548, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

AND NOT

DENOMINATOR EXCLUSIONS:

Hospice services for patient occurred any time during the measurement period: G9720

NUMERATOR:

Patients who had a plan of care for falls documented within 12 months.

Definitions:

Plan of Care – Must include: balance, strength, and gait training.

Balance, Strength, and Gait Training – Medical record must include: documentation that balance, strength, and gait training/instructions were provided OR referral to an exercise program, which includes at least one of the three components: balance, strength or gait OR referral to physical therapy.

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.

Numerator Instructions:

All components do not need to be completed during one patient visit, but should be documented in the medical record as having been performed within the past 12 months.

Numerator Options:

Performance Met:

Falls plan of care documented (0518F)

OR

Denominator Exception:

Patient not ambulatory, bedridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair (0518F with 1P)

OR

Performance Not Met:

Falls plan of care not documented, reason not otherwise specified (0518F with 8P)

RATIONALE:

Interventions to prevent future falls should be documented for the patient with 2 or more falls or injurious falls.

CLINICAL RECOMMENDATION STATEMENTS:

The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.

Grade: B Recommendation.

The AGS 2010 Clinical Practice Guidelines Recommend:

Multifactorial/Multicomponent Interventions to Address Identified Risk(s) and Prevent Falls

1. A strategy to reduce the risk of falls should include multifactorial assessment of known fall risk factors and management of the risk factors identified. [A]

2. The components most commonly included in efficacious interventions were:

- a. Adaptation or modification of home environment [A]
- b. Withdrawal or minimization of psychoactive medications [B]
- c. Withdrawal or minimization of other medications [C]
- d. Management of postural hypotension [C]
- e. Management of foot problems and footwear [C]
- f. Exercise, particularly balance, strength, and gait training [A]

3. All older adults who are at risk of falling should be offered an exercise program incorporating balance, gait, and strength training. Flexibility and endurance training should also be offered, but not as sole components of the program. [A]

4. Multifactorial/multicomponent intervention should include an education component complementing and addressing issues specific to the intervention being provided, tailored to individual cognitive function and language. [C]

5. The health professional or team conducting the fall risk assessment should directly implement the interventions or should assure that the interventions are carried out by other qualified healthcare professionals. [A]

REFERENCES:

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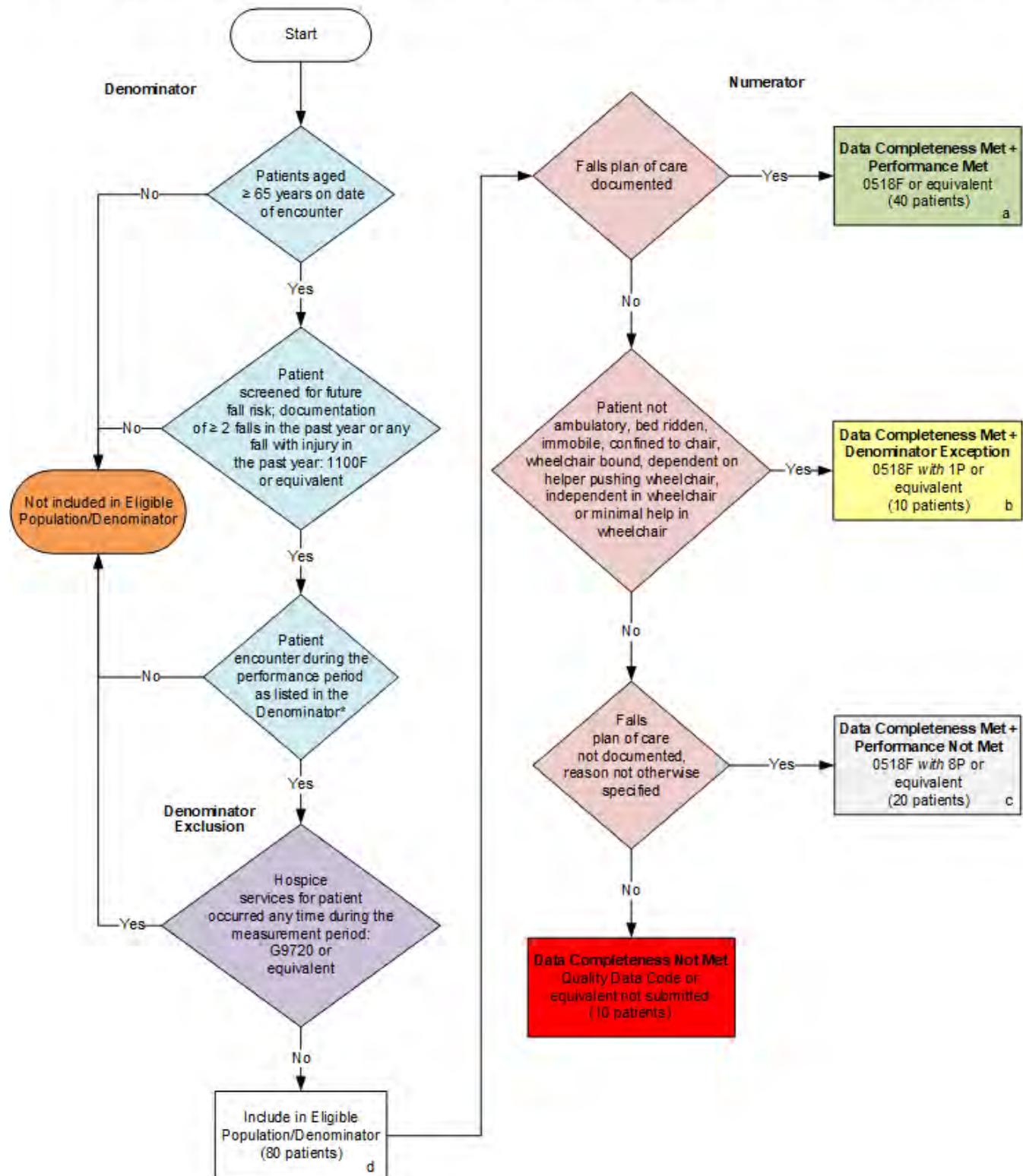
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2026 Clinical Quality Measure Flow for Quality ID #155: Falls: Plan of Care

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = 87.50%
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = 66.67%
Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

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

NOTE: Submission Frequency: Patient-Process

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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.

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2026 Clinical Quality Measure Flow Narrative for Quality ID #155: Falls: Plan of Care

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 65 years on date of encounter*:
 - a. If *Patients aged greater than or equal to 65 years on date of encounter* equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged greater than or equal to 65 years on date of encounter* equals Yes; proceed to *Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year*.
3. Check *Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year*:
 - a. If *Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year* equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year* equals Yes; proceed to *Patient encounter during the performance period as listed in the Denominator**.
4. Check *Patient encounter during the performance period as listed in the Denominator**:
 - a. If *Patient encounter during the performance period as listed in the Denominator** equals No; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in the Denominator** equals Yes; proceed to *Hospice services for patient occurred any time during the measurement period*.
5. Check *Hospice services for patient occurred any time during the measurement period*:
 - a. If *Hospice services for patient occurred any time during the measurement period* equals Yes; do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Hospice services for patient occurred any time during the measurement period* equals No; include in *Eligible Population/Denominator*.
6. 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 equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check *Falls plan of care documented*:
 - a. If *Falls plan of care documented* equals Yes; include in *Data Completeness Met and Performance Met*.

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

b. If *Falls plan of care documented* equals No; proceed to *Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair*.

9. Check *Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair*.

- a. If *Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair* equals Yes; include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in Sample Calculation.
- b. If *Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair* equals No; proceed to *Falls plan of care not documented, reason not otherwise specified*.

10. Check *Falls plan of care not documented, reason not otherwise specified*:

- a. If *Falls plan of care not documented, reason not otherwise specified* equals Yes; include in the *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.
- b. If *Falls plan of care not documented, reason not otherwise specified* equals No; proceed to *Data Completeness Not Met*.

11. Check *Data Completeness Not Met*:

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

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b 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: Patient-Process

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.