

eCQM Title	Falls: Screening for Future Fall Risk		
CMS ID	139	eCQM Version Number	14.0.000
CBE Number	Not Applicable	GUID	bc5b4a57-b964-4399-9d40-667c896f31ea
Measurement Period	January 1, 2026 through December 31, 2026		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Measure Developer	American Medical Association (AMA)		
Endorsed By	None		
Description	<p>Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period</p> <p>This Physician Performance Measure (Measure) and related data specifications are owned by the National Committee for Quality Assurance (NCQA). NCQA is not responsible for any use of the Measure. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of the measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in the Measure. The Measure may be used for internal, noncommercial purposes (e.g., use by healthcare providers in connection with their practices) without obtaining approval from NCQA. All other uses, including a commercial use (including but not limited to vendors using or embedding the measures and specifications into any product or service to calculate measure results for customers for any purpose), must be approved by NCQA and are subject to a license at the discretion of NCQA. The Physician Consortium for Performance Improvement's (PCPI) and American Medical Association's (AMA) significant past efforts and contributions to the development and updating of the measure are acknowledged. (C) 2012-2025 National Committee for Quality Assurance. All Rights Reserved.</p> <p>Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any third-party codes contained in the specifications.</p>		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>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 (Schneider, Shubert, & Harmon, 2010). Moreover, the rate of falls increases with age (Dykes et al., 2010). Older adults are five times more likely to be hospitalized for fall-related injuries than any other cause-related injury. It is estimated that one in every four adults over 65 will fall each year (Centers for Disease Control and Prevention, 2023). In those over age 80, the rate of falls increases to fifty percent (Doherty et al., 2009). Falls are also associated with substantial cost and resource use, approaching \$30,000 per fall hospitalization (Woolcott et al., 2011). Identifying at-risk patients is the most important part of management, as applying preventive measures in this vulnerable population can have a profound effect on public health (al-Aama, 2011). Family physicians have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk (al-Aama, 2011).</p> <p>All older persons who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls. (American Geriatrics Society/British Geriatric Society/American Academy of Orthopaedic Surgeons (AGS/BGS/AAOS), 2010)</p> <p>Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should have a fall evaluation performed. This evaluation should be performed by a clinician with appropriate skills and experience, which may necessitate referral to a specialist (e.g., geriatrician). (AGS/BGS/AAOS, 2010)</p>		
Improvement Notation	A higher score indicates better quality		
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'al-Aama, T. (2011). Falls in the elderly: spectrum and prevention. Can Fam Physician 57(7),771-6. Retrieved from https://pubmed.ncbi.nlm.nih.gov/21753098/'</p>		
Reference	<p>Reference Type: CITATION</p> <p>Reference Text: 'American Geriatrics Society and British Geriatrics Society. (2010). Prevention of Falls in Older Persons AGS BGS Clinical Practice Guideline 2010. Accessed December 8, 2023. Available at https://geriatricscareonline.org/toc/updated-american-geriatrics-societybritish-geriatrics-society-clinical-practice-guideline-for-prevention-of-falls-in-older-persons-and-recommendations/CL014/'</p>		

Reference	Reference Type: CITATION Reference Text: 'Centers for Disease Control and Prevention. (2023). "Facts about Falls" (May 12, 2023) https://www.cdc.gov/falls/facts.html '
Reference	Reference Type: CITATION Reference Text: 'Doherty, M., and J. Crossen-Sills. (2009). Fall Risk: Keep your Patients in Balance. The Nurse Practitioner: The American Journal of Primary Health Care 34(12),46-51.'
Reference	Reference Type: CITATION Reference Text: 'Dykes, P.C., Carroll, D.L., Hurley, A., et al. (2010). Fall Prevention in Acute Care Hospitals: A Randomized Trial. JAMA, 304(17), 1912-1918.'
Reference	Reference Type: CITATION Reference Text: 'Schneider, E.C., Shubert, T.E., & Harmon, K.J. (2010). Addressing the Escalating Public Health Issue of Falls Among Older Adults. NC Med J, 71(6), 547-52.'
Reference	Reference Type: CITATION Reference Text: 'Woolcott, J.C., Khan, K.M., Mitrovic, S., et al. (2011). The Cost of Fall Related Presentations to the ED: A Prospective, In-Person, Patient-Tracking Analysis of Health Resource Utilization. Osteoporos Int [Epub ahead of print].'
Definition	Screening for Future Fall Risk: Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.
Guidance	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.
Transmission Format	This eCQM is a patient-based measure.
Initial Population	This version of the eCQM uses QDM version 5.6. Please refer to the eCQI resource center (https://ecqi.healthit.gov/qdm) for more information on the QDM.
Denominator	TBD
Denominator Exclusions	Patients aged 65 years and older at the start of the measurement period with a visit during the measurement period
Numerator	Equals Initial Population
Numerator Exclusions	Exclude patients who are in hospice care for any part of the measurement period
Denominator Exceptions	Patients who were screened for future fall risk at least once within the measurement period
Supplemental Data Elements	None
	For every patient evaluated by this measure also identify payer, race, ethnicity and sex

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[Population Criteria](#)

▲ Initial Population

AgeInYearsAt(date from start of "Measurement Period") >= 65
and exists "Qualifying Encounter"

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

Hospice."Has Hospice Services"

▲ Numerator

exists (["Assessment, Performed": "Falls Screening"] FallsScreening
where Global."NormalizeInterval" (FallsScreening.relevantDatetime, FallsScreening.relevantPeriod) during day of "Measurement Period"
)

▲ Numerator Exclusions

None

▲ Denominator Exceptions

None

▲ Stratification

None

[Definitions](#)

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

Hospice."Has Hospice Services"

▲ Hospice.Has Hospice Services

```
exists ( ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
      where ( InpatientEncounter.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"
             or InpatientEncounter.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)"
             )
      and InpatientEncounter.relevantPeriod ends during day of "Measurement Period"
)
or exists ( ["Encounter, Performed": "Hospice Encounter"] HospiceEncounter
      where HospiceEncounter.relevantPeriod overlaps day of "Measurement Period"
)
or exists ( ["Assessment, Performed": "Hospice care [Minimum Data Set]"] HospiceAssessment
      where HospiceAssessment.result ~ "Yes (qualifier value)"
      and Global."NormalizeInterval" ( HospiceAssessment.relevantDatetime, HospiceAssessment.relevantPeriod ) overlaps day of "Measurement Period"
)
or exists ( ["Intervention, Order": "Hospice Care Ambulatory"] HospiceOrder
      where HospiceOrder.authorDatetime during day of "Measurement Period"
)
or exists ( ["Intervention, Performed": "Hospice Care Ambulatory"] HospicePerformed
      where Global."NormalizeInterval" ( HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod ) overlaps day of "Measurement Period"
)
or exists ( ["Diagnosis": "Hospice Diagnosis"] HospiceCareDiagnosis
      where HospiceCareDiagnosis.prevalencePeriod overlaps day of "Measurement Period"
)
```

▲ Initial Population

AgeInYearsAt(date from start of "Measurement Period") >= 65
and exists "Qualifying Encounter"

▲ Numerator

```
exists ( ["Assessment, Performed": "Falls Screening"] FallsScreening
      where Global."NormalizeInterval" ( FallsScreening.relevantDatetime, FallsScreening.relevantPeriod ) during day of "Measurement Period"
)
```

▲ Qualifying Encounter

```
( ["Encounter, Performed": "Office Visit"]
union ["Encounter, Performed": "Annual Wellness Visit"]
union ["Encounter, Performed": "Preventive Care Services Established Office Visit, 18 and Up"]
union ["Encounter, Performed": "Preventive Care Services Initial Office Visit, 18 and Up"]
union ["Encounter, Performed": "Home Healthcare Services"]
union ["Encounter, Performed": "Ophthalmological Services"]
union ["Encounter, Performed": "Preventive Care Services Individual Counseling"]
union ["Encounter, Performed": "Discharge Services Nursing Facility"]
union ["Encounter, Performed": "Nursing Facility Visit"]
union ["Encounter, Performed": "Care Services in Long Term Residential Facility"]
union ["Encounter, Performed": "Audiology Visit"]
union ["Encounter, Performed": "Telephone Visits"]
union ["Encounter, Performed": "Virtual Encounter"]
union ["Encounter, Performed": "Physical Therapy Evaluation"]
union ["Encounter, Performed": "Occupational Therapy Evaluation"] ) ValidEncounters
where ValidEncounters.relevantPeriod during day of "Measurement Period"
```

▲ SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

▲ SDE Payer

["Patient Characteristic Payer": "Payer Type"]

▲ SDE Race

["Patient Characteristic Race": "Race"]

▲ SDE Sex

["Patient Characteristic Sex": "Federal Administrative Sex"]

Functions

▲ Global.NormalizeInterval(pointInTime DateTime, period Interval<DateTime>)

```
if pointInTime is not null then Interval[pointInTime, pointInTime]
else if period is not null then period
else null as Interval<DateTime>
```

Terminology

- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)"
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)"
- code "Hospice care [Minimum Data Set]" ("LOINC Code (45755-6)"
- code "Yes (qualifier value)" ("SNOMEDCT Code (373066001)"
- valueset "Annual Wellness Visit" (2.16.840.1.113883.3.526.3.1240)
- valueset "Audiology Visit" (2.16.840.1.113883.3.464.1003.101.12.1066)
- valueset "Care Services in Long Term Residential Facility" (2.16.840.1.113883.3.464.1003.101.12.1014)
- valueset "Discharge Services Nursing Facility" (2.16.840.1.113883.3.464.1003.101.12.1013)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Falls Screening" (2.16.840.1.113883.3.464.1003.118.12.1028)
- valueset "Federal Administrative Sex" (2.16.840.1.113762.1.4.1021.121)
- valueset "Home Healthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- valueset "Hospice Care Ambulatory" (2.16.840.1.113883.3.526.3.1584)

- valueset "Hospice Diagnosis" (2.16.840.1.113883.3.464.1003.1165)
- valueset "Hospice Encounter" (2.16.840.1.113883.3.464.1003.1003)
- valueset "Nursing Facility Visit" (2.16.840.1.113883.3.464.1003.101.12.1012)
- valueset "Occupational Therapy Evaluation" (2.16.840.1.113883.3.526.3.1011)
- valueset "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueset "Ophthalmological Services" (2.16.840.1.113883.3.526.3.1285)
- valueset "Payer Type" (2.16.840.1.114222.4.11.3591)
- valueset "Physical Therapy Evaluation" (2.16.840.1.113883.3.526.3.1022)
- valueset "Preventive Care Services Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1025)
- valueset "Preventive Care Services Individual Counseling" (2.16.840.1.113883.3.464.1003.101.12.1026)
- valueset "Preventive Care Services Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Telephone Visits" (2.16.840.1.113883.3.464.1003.101.12.1080)
- valueset "Virtual Encounter" (2.16.840.1.113883.3.464.1003.101.12.1089)

Data Criteria (QDM Data Elements)

- "Assessment, Performed: Falls Screening" using "Falls Screening (2.16.840.1.113883.3.464.1003.118.12.1028)"
- "Assessment, Performed: Hospice care [Minimum Data Set]" using "Hospice care [Minimum Data Set] (LOINC Code 45755-6)"
- "Diagnosis: Hospice Diagnosis" using "Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Audiology Visit" using "Audiology Visit (2.16.840.1.113883.3.464.1003.101.12.1066)"
- "Encounter, Performed: Care Services in Long Term Residential Facility" using "Care Services in Long Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014)"
- "Encounter, Performed: Discharge Services Nursing Facility" using "Discharge Services Nursing Facility (2.16.840.1.113883.3.464.1003.101.12.1013)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Hospice Encounter" using "Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)"
- "Encounter, Performed: Nursing Facility Visit" using "Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012)"
- "Encounter, Performed: Occupational Therapy Evaluation" using "Occupational Therapy Evaluation (2.16.840.1.113883.3.526.3.1011)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Ophthalmological Services" using "Ophthalmological Services (2.16.840.1.113883.3.526.3.1285)"
- "Encounter, Performed: Physical Therapy Evaluation" using "Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022)"
- "Encounter, Performed: Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services Individual Counseling" using "Preventive Care Services Individual Counseling (2.16.840.1.113883.3.464.1003.101.12.1026)"
- "Encounter, Performed: Preventive Care Services Initial Office Visit, 18 and Up" using "Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Encounter, Performed: Telephone Visits" using "Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)"
- "Encounter, Performed: Virtual Encounter" using "Virtual Encounter (2.16.840.1.113883.3.464.1003.101.12.1089)"
- "Intervention, Order: Hospice Care Ambulatory" using "Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)"
- "Intervention, Performed: Hospice Care Ambulatory" using "Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer Type" using "Payer Type (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: Federal Administrative Sex" using "Federal Administrative Sex (2.16.840.1.113762.1.4.1021.121)"

Supplemental Data Elements

▲ SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

▲ SDE Payer

["Patient Characteristic Payer": "Payer Type"]

▲ SDE Race

["Patient Characteristic Race": "Race"]

▲ SDE Sex

["Patient Characteristic Sex": "Federal Administrative Sex"]

Risk Adjustment Variables

None

Measure Set	None
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