



STAT Bulletin

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To: Primary care physicians
Contracts affected:
Medicare Advantage

Important Notification Regarding Additions to Our Quality Incentive Program (Revised Version)

Why you're receiving this stat	We want to let you know about additions to our Pay for Performance CPT II quality incentive program for 2017.												
What you need to know	<p>According to the Centers for Disease Control and Prevention, one out of three adults age 65 and older experiences a fall each year, yet less than half tell their doctor. Risk of falling is a threat to the health of older adults and can reduce their ability to remain independent.</p> <table border="1" data-bbox="381 892 1437 1186"> <thead> <tr> <th>CPT II Code</th> <th>MA Rate</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1100F</td> <td>\$10</td> <td>Patient screened for fall risk; two or more falls in the last year or fall with injury in the last year</td> </tr> <tr> <td>1101F</td> <td>\$10</td> <td>Patient screened for fall risk; no falls in the last year or one fall with no injury in the last year</td> </tr> <tr> <td>0518F</td> <td>\$40</td> <td>Falls plan of care documented</td> </tr> </tbody> </table> <p>Upon completion of falls risk screening for your BlueShield of Northeastern New York Medicare Advantage (MA) patients, you can now submit incentive code 1100F or 1101F; submit incentive code 0518F upon completion of a falls plan of care. This service will be paid once per member per year.</p>	CPT II Code	MA Rate	Description	1100F	\$10	Patient screened for fall risk; two or more falls in the last year or fall with injury in the last year	1101F	\$10	Patient screened for fall risk; no falls in the last year or one fall with no injury in the last year	0518F	\$40	Falls plan of care documented
CPT II Code	MA Rate	Description											
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0518F	\$40	Falls plan of care documented											
What you need to do	<ol style="list-style-type: none"> Complete falls risk screening for your BlueShield MA patients that may be at high risk for a fall. We have a falls risk screening questionnaire on our provider website that can be used for this purpose. If appropriate, develop and implement a falls plan of care to reduce fall risk for the patient, and document the plan in the chart. The plan should include: <ul style="list-style-type: none"> Consideration of an appropriate assistive device, OR referral for evaluation of appropriate assistive device; AND Provision of balance, gait, and/or strength training/instructions, OR referral to an exercise program that includes at least one of the following components: gait, balance, or strength training. For women 65 and older, please consider ordering bone density testing if not performed in the past two years. 												

If you have any questions regarding this stat, please contact the Provider Relations Coordinator at 1-716-887-8483.

Fall Risk Checklist

Patient: _____

Date: _____

Time: _____

Please circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who use a cane or walker are more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total _____			Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling.



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