State Policy Toolkit for Advancing Fall Prevention
Select Resources

Every 15 seconds an older adult is treated in an Emergency Department for a fall related injury

Every 29 minutes, an older adult dies from a fall

National Council on Aging

FALLS FREE®

Medicare and Reimbursement for Falls-Related Services

This fact sheet describes Medicare coverage for falls-related services and the use of the falls v-code which was created to help health care providers document medically necessary care they deliver to people at risk for falling.

Welcome to Medicare Examination (Initial Preventive Physical Exam or IPPE)

A falls risk assessment is a required element of the Welcome to Medicare examination (Initial Patient Preventive Physical Exam or IPPPE). A quick reference guide on "The ABCs of Providing the Initial Preventive Physical Examination" is available at https://www.cms.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

Annual Wellness Visit

The Affordable Care Act provides for an Annual Wellness Visit (AWV), including Personalized Prevention Plan Services (PPPS) for Medicare beneficiaries as of January 1, 2011. The initial Annual Wellness Visit requires a review of individual functional level and safety (falls). For more information about the Annual Wellness Visit, its various components and billing information, see https://www.cms.gov/MLNMattersArticles/downloads/MM7079.pdf.

The Physician Quality Reporting System

The Physician Quality Reporting Initiative incentivizes certain providers to assess fall risk and to create a fall prevention plan if a risk is identified. Eligible professionals, including physicians, nurse practitioners, physician assistants, occupational and physical therapists in independent practice, and other practitioners providing services that are paid under the Medicare Physician Fee Schedule, may voluntarily report on a set of quality measures through the Medicare claims they submit. Professionals who successfully report on measures are eligible for incentive payments. For more information, visit www.cms.hhs.gov/PQRS .

The PQRS presents an opportunity for providers to screen patients for falls risk and provide follow-up care if medically necessary and reasonable. Falls PQRS measures are described as follows:

- **Falls: Risk Assessment**
  - Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months
- **Falls: Plan of Care**
  - 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

For more information on the specifications for reporting this measure, visit https://www.cms.gov/PQRS//15_MeasuresCodes.asp

The Falls V-code: V15.88 Other personal history, History of fall

V codes are part of ICD-9-CM. They are a "supplementary classification of factors influencing health status and contact with health services. V codes are used on occasions when circumstances other than a disease or injury are recorded as diagnoses or problems." V15.88 is defined as: History of fall, At risk for falling. V15.88 may be used for encounters where a fall or falls risk is addressed, including encounters where a falling or falls risk is the primary reason the patient presents for care, even if the factor(s) contributing to falling has not been established. The code be may listed first or may be listed as one of multiple conditions co-existing at the time of the encounter and requiring or affecting patient care, treatment or management. http://health-information.advanceweb.com/Web-Extras/CCS-Prep/V-Codes-How-When-to-Assign-Them.aspx

Check with your local Medicare claims processing contractor to determine whether the falls V code can be used as a first listed diagnosis on claims. Palmetto GBA, a Medicare Administrative Contractor, explicitly recognizes V15.88 in its outpatient occupational therapy and outpatient physical therapy local coverage policies. Other Medicare Administrative Contractors and Medicare Advantage plans may differ.

Otago Exercise Program – An in-home falls prevention exercise program delivered by physical therapists to patients with balance problems, extending over the course of one year. There are three reimbursements models under Medicare.

1. Under Medicare A: If a patient is considered homebound they would receive care by a physical therapist working for a home health agency. Homebound means that the condition of the patient causes a considerable effort for the patient to leave the home. A typical homebound patient leaves the home infrequently, and for short durations.

- The physical therapist evaluates the patient for falls risks including balance impairments and determines if the Otago exercise program is appropriate. A plan of care is developed.
- The home health agency as well as the physical therapist is responsible for following all Medicare Part A guidelines of frequency, duration, certification and recertification to assure payment.
- Medicare will not cover telephone calls or the patient's weights.
- If the patient is no longer homebound while they are still in the Otago program they are discharged from the home health plan of care and transferred to a Medicare Part B plan of care. This could be the same physical therapist that started the program if the home health agency provides both Medicare A and B. If the home health agency does not provide Medicare B then the patient will need to be transferred to a Medicare B physical therapist who is not affiliated with a hospital.

2. Under Medicare B: The patient will be seen in the home by a physical therapist that is able to provide therapy under the Medicare B plan. A patient who is not considered homebound at the start of care would be seen by the Medicare B physical therapist for the entire program. Medicare will cover 80% of the visit costs. If the patient has a secondary insurance, the secondary insurance will cover the remaining 20%. If there is no secondary insurance, the patient is responsible for the remaining 20%.

- In some cases, there may be a deductible and/or co-pays.
- Medicare caps on therapy services behooves the physical therapist to determine the amount of therapy services that have accrued applicable to the cap, and to keep the patient advised if they are nearing the limit of the current cap.
- The physical therapist needs to follow all Medicare guidelines of frequency, duration, and certification/recertification to insure payment.
- Medicare will not cover telephone calls or the patient's weights.

3. Patient has Medicare C/Advantage program. A Medicare Advantage (MA) organization offering an MA plan must provide enrollees in that plan with all Original Medicare-covered services under part A and B. MA plans vary and the physical therapist needs to know what the guidelines are for authorization, co-pays and documentation.

Durable Medical Equipment

Medicare Part B covers durable medical equipment if the equipment has been deemed by a physician or treating practitioner to be medically necessary. Durable medical equipment is defined as reusable equipment and can include such items as canes, walkers and wheelchairs; these can help to increase mobility and/or decrease risk of falling. See http://www.medicare.gov/Publications/Pubs/pdf/11045.pdf for more information on durable medical equipment and Medicare coverage.

Falls in the hospital setting

In 2005, in response to disturbing and widely cited findings by the Institute of Medicine about the prevalence of life-threatening conditions acquired by patients in U.S. hospitals, Congress authorized the Centers for Medicare and Medicaid Services (CMS) to implement payment changes designed to encourage the prevention of such conditions.

Effective October 2008, Medicare will no longer reimburse hospitals for a higher-paying DRG when one of eight selected hospital-acquired conditions develops during the hospital stay. Estimates range from 3 to 20% of inpatients who fall at least once during their hospital stay, thus hospital falls and trauma were included

The Agency for Healthcare Quality and Research has released a new toolkit to guide hospitals through the process of using the AHRQ Inpatient Quality Indicators (IQIs) and Patient Safety Indicators (PSIs) to improve care. A toolkit for Hospitals is now available at http://www.ahrq.gov/qual/qitoolkit/

References:

American Association of Occupational Therapy Association. (2010). *Analysis of Medicare policy in relation to preventing falls among older adults.* Retrieved from http://www.aota.org/Practitioners/PracticeAreas/Aging/Falls/Key/Analysis.aspx?FT=.pdf

Centers for Medicare & Medicaid Services/National Center for Health Statistics. (2011). *ICD-9-CM Official Guidelines for Coding and Reporting.* Retrieved from http://www.cdc.gov/nchs/data/icd9/icd9cm_guidelines_2011.pdf

Community Fall Prevention is a Good Investment

An injurious fall in an older adult can be costly. The average cost of hospital-treated fall injury is estimated at $10,800 in direct medical care costs Among older adults, hospitalizations for fractures due to falls averaged 5.6 days and cost $11,700 (2006 data)[1]. Arguably the most devastating injury is a hip fracture. In 1991, Medicare costs for hip fractures were estimated to be $2.9 billion (CDC MMWR 1996) or $5.9 billion in 2007 dollars. In that year there were over 316,000 hip fractures[2]. The average hospital stay for a hip fracture is one week and 25% of these patients will need to stay in a nursing home for at least a year[3].

In addition to direct medical costs, there are significant costs due to follow up care, rehabilitation, medications, and caregiver burden. The community realizes further economic losses when older adults, often themselves caregivers of grandchildren and other family members as well as purchasers of community goods and services, are incapacitated. Employers incur an additional economic burden by supporting employees with caregiving responsibilities.

Preventing older adult falls is clearly an investment in the community. Three nationally recognized community programs being actively disseminated can make a difference. When compared with controls, the risk of falling was reduced 55% among people who took the Tai Chi: Moving for Better Balance program, 30% among participants in the Stepping on Program, and 35% in adults 80 years of age and older who participated in the Otago Exercise Programme[4].

A CDC study demonstrated investing in these community fall prevention programs is cost effective. Applying reasonable assumptions, the three programs demonstrated a positive return on investment (ROI), or anticipated savings, that can result after subtracting the cost of implementing the program[5]:

Evidence-based programs delivered in community settings reaching those at risk	**Return on investment (ROI) for evidence-based programs**
Tai Chi: Moving for Better Balance	$1.60 per dollar invested had the highest ROI
Stepping On	$1.00 per dollar invested
Otago (for people 80+)	$.70 per dollar invested

[1] Owens, PL, Russo, CA, Spector, W., Mutter, R. *(2009)* Emergency Department Visits for Injurious Falls among the Elderly, Healthcare Cost and Utilization Projec4 Agency for HealthCare Research and Quality. Statistical Brief 80. Accessed 12/10/2011 from http://www.hcup-us.ahrq.gov/reports/statbriefs/sb80.jsp

[2] Communications with NCIPC, Epidemiologist. May 4, 2008.

[3] Magaziner J, Hawkes W, Hebei JR, Zimerman SI, Fox KM, Dolan M, et al. Recovery from hip fracture in eight areas of function. Journal of Gerontology: Medical Sciences 2000; 55A (9):M498-507.

[4] Stevens JA, Sogolow, ED. Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World; Atlanta, GA: CDC, 2009.

[5] Communication with *Vilma G. Carande-Kulis PhD, February 2009,* unpublished CDC study.

Inviting Physical Therapists to join us in preventing older adult falls

Be a part of an active movement to reduce falls and fall related injuries and deaths in older adults. Physical Therapists can play a unique role and contribute to healthy and safe aging for clients, community members, neighbors and family and friends. The American Physical Therapy Association is a member of the National Falls Free© Initiative, joining over 70 national organizations and 38 states all working together to address this growing public health issue: www.ncoa.org/fallsfreeinitiative

Facts About Falls

- ***Widespread:*** Falls are the **leading** cause of both fatal and nonfatal injuries for those 65 and over; as baby boomers join the ranks of 65+, injuries and deaths will escalate. The chances of falling and of being seriously injured in a fall increase with age. In 2009, the rate of fall injuries for adults 85 and older was almost four times that for adults 65 to 74.
- ***Very Expensive:*** **$28.2 billion a year is spent annually** on treating older adults for the effects of falls: Fractures are both the most common and most costly type of nonfatal injuries:
  - Just over one third of nonfatal injuries are fractures, but they make up 61% of costs—or $12 billion.
  - In a study of people age 72 and older, the average health care cost of a fall injury totaled $19,440.
  - The average cost of a fall related hip fracture injury in 2006 was $37,000.
- ***Often Fatal:*** Each year, over **20,000 older adults die** from falls. As an example, 90% of all hip fractures among older adults result from falls. The average hospital stay for a hip fracture is one week; 25% of those will need to stay in a nursing home for at least a year, with most of these significant costs typically paid by Medicaid. Within one year, up to 20% of hip fracture patients will die.
- ***Prevention is Cost Effective:*** In a soon to be published CDC study, costs and benefits of program delivery were calculated. Evidence-based fall prevention programs offer promising directions for simple, cost-effective interventions through eliminating known risk factors, offering treatments that promote behavior change, and leveraging community networks to link clinical treatment and social services. Integrated models linking the clinical intervention with community programs and services are being piloted and show promise. Randomized controlled trials of several community based programs have clearly demonstrated a reduction in falls: When compared with controls, the risk of falling in the tai chi intervention participants was decreased 55 % and the Stepping on Program reduction was 30%. The *Matter of Balance* program has been shown through two randomized trials to accomplish its primary objective, which is to increase falls self-efficacy (i.e., perceived self-efficacy or confidence at avoiding falls during essential, nonhazardous activities of daily living). In the most recent study, by self report there were significantly fewer recurrent fallers in the intervention group.

Did you know that Physical Therapists and Assistants are being trained to offer or participate in community programs? Physical therapists will link their older adult patients to community programs as part of their care plan. Physical therapists are an integral part of the Stepping On program by serving as a guest expert for 3 out of 7 sessions. Physical therapists are part of many effective clinical multifactorial fall prevention programs, for example, the Yale FICSIT program, PROFET, and the Winchester Falls Project. Another effective falls prevention program that can be delivered alone or as part of a multifactorial program is the Otago Exercise Program.

The Otago Exercise Program is now ready for delivery in the home by physical therapists. APTA is joining with CDC in offering certification:

1. The Otago Exercise Program (OEP) has proven to effectively reduce falls by 35% when delivered to clients 80 years of age and older.
2. Integrating the OEP into your PT practice will result in better outcomes and fewer falls. Local physicians will be educated in this program and will be looking to refer patients to practices which offer this program.
3. The Otago Exercise Program is classified as an evidence-based falls prevention program. You can highlight this program in your marketing materials to increase your referral base.
4. Home Health Agencies are required by Medicare to have a falls prevention program, and the Otago Exercise Program is an accepted program, so agencies do not have to spend time re-inventing the wheel
5. Outpatient physical therapists can use the Otago Exercise Program as a falls prevention intervention and receive reimbursement through Medicare's quality improvement initiative (PQRI)
6. Therapists will receive free training in how to implement and sustain the OEP. Otago is now available as an online training program for physical therapists. The direct URL to the training hosted by the North Carolina AHEConnect Learning Management system is sponsored by the North Carolina Area Health Education Center Program and developed by the Greensboro Area Health Education Center. The training is approximately 3 hours, can be started and stopped. The nominal cost is $25 for which PTs will get 3 contact hours! http://www.aheconnect.com/newahec/cdetail.asp?courseid=cgec3. Opportunity to participate in a national project, receive free advertising through national organizations (the Centers for Disease Control, the American Physical Therapy Association, etc.)
7. To learn more about the program join www.phconnect.org community: **Otago Falls Prevention Exercise Program Forum** where a myriad of resources are posted including the Otago Training Manual.

The American Physical Therapy Association is working hard to bring educational tools and resources to its members including continuing education opportunities and exciting articles highlighting the role of Physical Therapists and new community program opportunities. These are available on www.APTA.org; additional opportunities will be offered in the annual conferences. In addition to championing the role of therapists in fall prevention, APTA is also working to promote reimbursement for services in all venues.

Did you know we have an active Insert State here Coalition on Falls Prevention working with national partners to bring greater awareness and resources to this growing public health issue in our own state? Join us in this important collaborative effort - see what other states are doing: www.ncoa.org/fallsmap

Did you know we participated in the Annual Falls Prevention Awareness Day in 2011 and will again in 2012? Learn how you can be involved. Join this important collaborative effort by contacting (e-mail address or website) today!

AOTA® The American Occupational Therapy Association, Inc.

FALLS FREE®

Inviting Occupational Therapists to join Us In Preventing Older Adult Falls

The American Occupational Therapy Association (AOTA) and National Council on Aging (NCOA) invite you to be part of a growing national movement to reduce falls and fall related injuries and deaths in older adults. Occupational therapy practitioners (i.e., occupational therapists and occupational therapy assistants,) play a unique role and contribute to healthy and safe aging for our clients, community members, neighbors and family and friends. AOTA is a member of the National Falls Free© Initiative, joining over 70 national organizations and 38 states all working together to address this growing public health issue. (Visit www.ncoa.org/fallsfreeinitiative and www.ncoa.org/fallsmap).

Facts About Falls

Widespread: At least 30% of older adults (i.e., people aged ≥65 years) living in the community fall each year, and the likelihood of falling increases rapidly with advancing age.

Often Fatal: Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. Each year, over 20,000 older adults die from falls. 90% of all hip fractures among older adults result from falls.

***Often Lead to Loss of Independence*:** Falls and concerns about falls can lead to disability among older adults. Although some concerns about falling are protective and keep a person from engaging in activities with demands that exceed abilities, many people who are afraid of falling enter a debilitating spiral of loss of confidence, restriction of activities, physical frailty, falls, and loss of independence.

Very Expensive: $28.2 billion a year is spent annually on treating older adults for the effects of falls: Fractures are both the most common and most costly type of nonfatal injuries.

- Just over 1/3 of nonfatal injuries are fractures, but they make up 61% of costs—or $12 billion.
- In a study of people ≥ 72 years, the average health care cost of a fall injury totaled $19,440.

Prevention Works and Is Cost Effective: Evidence-based fall prevention programs offer promising directions for simple, cost-effective interventions by addressing known risk factors, promoting behavior change, and leveraging community networks to link older adults seen in medical settings to effective programs available in the community. Likewise, occupational therapy practitioners' commitment to fall prevention increasingly involves linking older adults to community-based programs designed to reduce fall risk. These programs include *Stepping On* (authored by an occupational therapist), *Matter of Balance* (co-authored by an occupational therapist), as well as the *Otago Exercise Program* and *Tai Chi: Moving for Better Balance*.

Did you know that occupational therapists are being trained to offer or participate in community programs? Contact infor@wihealthyaging.org for information about *Stepping O*n trainings and www.mainehealth/pfha for information regarding *Matter of Balance* trainings. Numerous additional resources are available to support occupational therapists in their efforts to help older adults make good activity choices to avoid falls and create home environments that support their safety and functioning. AOTA is working hard to bring fall prevention resources to its members including on-line continuing education opportunities, podcasts and articles in *OT Practice* and *AJOT*. These are available on www.AOTA.org; additional opportunities will be offered in AOTA annual conferences. In addition to championing the role of occupational therapy practitioners in fall prevention, AOTA is also working to promote reimbursement for services in all venues.

The Insert State here Coalition on Falls Prevention is working with national partners to bring greater awareness and resources to this growing public health issue in our own state. Join this important collaborative effort by contacting (e-mail address or website) today!

Key contributions to the solution

1. CDC's National Center for Injury Prevention and Control is addressing falls through a 5 year plan to:
   - Create tools to support the implementation of effective fall prevention programs.
   - Increase the number of states that utilize a comprehensive approach to preventing older adult falls.
   - Strengthen the capacity of state health departments, health care providers, and community-based organizations to implement and sustain older adult fall prevention programs.
   - Increase the proportion of health care providers that incorporate fall prevention into clinical practice.

2. CDC is actively hosting an online community to share fall prevention resources and activities across the country. Join the Fall Prevention Community at www.phcommunity.org. Look for the STEADI Toolkit at www.cdc.gov/injury/STEADI

3. The National Falls Free© Initiative and its many partners are working to bring greater awareness to the issue of falls and fall related-injuries and deaths, education and training to health care providers and greater investment in effective community-based solutions. Key to the initiative is the State Coalitions on Fall Prevention Workgroup wherein 42 states are working collaboratively to affect greater awareness, education and training, and effective integrated community interventions. Led in collaboration with state departments of public health and aging; joined in partnership by community leaders, health care providers, educators, family members and caregivers these dedicated champions of older adults are making a difference.

4. The U.S. Surgeon General and the National Prevention, Health Promotion, and Public Health Council (National Prevention Council) developed the nation's first ever National Prevention and Health Promotion Strategy (National Prevention Strategy) as a critical component of the Affordable Care Act. Fall Prevention plays a prominent role. The National Prevention Council comprises 17 heads of departments, agencies, and offices across the Federal government who are committed to promoting prevention and wellness.

5. The U.S. Department of Health and Human Services (HHS) developed the nation's first strategic framework for improving the health status of individuals with multiple chronic conditions. The Multiple Chronic Conditions: A Strategic Framework serves to catalyze change within the context of how chronic illnesses are addressed in the United States—from an approach focused on individual chronic diseases to one that uses a multiple chronic conditions approach. Sufficient evidence now exists to demonstrate increased falls risk among those with chronic health conditions.