

Allied Health Media	AudiologyOnline
<p>If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.</p>	

Allied Health Media	AudiologyOnline
<p>This handout is for reference only. It may not include content identical to the powerpoint.</p> <p>Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date..</p>	

Allied Health Media	AudiologyOnline
<hr/> <hr/>	
<h2>2016 Coding and Reimbursement Update</h2> <p>Presenter: Kim Cavitt, AuD</p> <p>Moderator: Carolyn Smaka, AuD, Editor in Chief, AudiologyOnline</p>	

Allied Health Media	AudiologyOnline
<hr/> <hr/>	
<ul style="list-style-type: none">• Technical Assistance: 800-753-2160• CEU Total Access members can earn credit for this course<ul style="list-style-type: none">○ Must complete outcome measure with passing score (within 7 days for live webinar; within 30 days of registration for recorded/text/podcast formats)• Questions? Call 800-753-2160 or use Contact link on AudiologyOnline.com	

5

2016 CODING AND REIMBURSEMENT UPDATE

Kim Cavitt, AuD
Audiology Resources, Inc.

6

Learning Outcomes

- Participants will be able to identify the CPT code and ICD10 code combinations that require reporting of the audiology PQRS codes.
- Participants will be able to list the new CPT codes for 2016.
- Participants will be able to list the ICD 10 codes for 2016.

7

Coding Changes for 2016

- No new HCPCS codes.
- No new ICD 10 codes until October 1, 2016.
- Two New CPT codes related to caloric testing.
- Three New PQRS Measures.

8

Vestibular Testing with Recording

- Both replace 92543 in 2016.
 - 92543 will be eliminated.
- 92537: Caloric vestibular test with recording, bilateral; bithermal (i.e. one warm and one cool irrigation for each ear for a total of four irrigations)
 - Add -52 modifier if only perform three irrigations and -22 modifier if perform more than four irrigations
- 92538: Caloric vestibular test with recording, bilateral; monothermal (i.e. one irrigation in each ear for a total of two irrigations)
 - Add -52 modifier if only complete one irrigation

9

Fundamentals of ICD10

- Code what the patient, their family and/or their physician report in your case history.
 - Case histories need to focus on the whole patient, not just the auditory system
- Code co-morbidities that support medical necessity.
 - i.e. cancer, vascular disorders, autoimmune diseases, diabetes, MS
- Code what you, the audiologist, measure.
 - i.e. hearing loss
- Code what you, the audiologist, personally visualize.
 - i.e. exotoses, cauliflower ear
- **Do not code merely for reimbursement.**

10

Importance of Documentation

- Documentation of comprehensive case history, test results, and plan of care is key to successful ICD 10 coding, especially if working with certified coder at your facility and they are coding for you

11

Meaning of “Unrestricted” in ICD 10

- Unrestricted means “normal” in ICD 10
- * means that the code, while unspecified or a “Z” code, is included in a Local Coverage Determination. Please review your local coverage determinations for specific guidance for your locality.

12

Local Coverage Determinations

- <https://www.cms.gov/medicare-coverage-database/indexes/lcd-state-index.aspx?bc=AqAAAAAAAAAAAA>
- Vestibular and Auditory Testing
 - Novitas
- Tympanometry
 - First Coast
- Vestibular Testing Only
 - First Coast
- Vestibular Testing
 - Also affects 92557
 - Palmetto
 - Noridian

13

ICD-10 Examples

- H93.293 Abnormal auditory perception, bilateral
- H93.291 Abnormal auditory perception, left ear
- H93.291 Abnormal auditory perception, right ear
- H93.3X3 Acoustic nerve disorder, bilateral
- H93.3X2 Acoustic nerve disorder, left ear
- H93.3X1 Acoustic nerve disorder, right ear
- H61.303 Acquired stenosis of external ear canal, bilateral
- H61.302 Acquired stenosis of external ear canal, left ear
- H61.301 Acquired stenosis of external ear canal, right ear

14

ICD-10 Examples

- Z45.320 Adjustment and management of implanted bone conduction device
- Z45.321 Adjustment and management of cochlear implant
- H93.213 Auditory recruitment, bilateral
- H93.212 Auditory recruitment, left ear
- H93.211 Auditory recruitment, right ear
- Q16.1 Aural atresia
- G51.0 Bell's Palsy

15

ICD-10 Examples

- D33.3 Benign neoplasm of cranial nerves
- H81.13 Benign paroxysmal vertigo, bilateral
- H81.12 Benign paroxysmal vertigo, left ear
- H81.11 Benign paroxysmal vertigo, right ear
- M95.12 Cauliflower ear, left ear
- M95.11 Cauliflower ear, right ear
- H93.25 Central auditory processing disorder
- H71.91* Cholesteatoma, unspecified, right ear
- H71.92* Cholesteatoma, unspecified, left ear
- H71.93* Cholesteatoma, unspecified, bilateral
- H90.0 Conductive hearing loss, bilateral
- H90.12 Conductive hearing loss, left ear, unrestricted hearing in right ear
- H90.11 Conductive hearing loss, right ear, unrestricted hearing in the left ear
- H90.2* Conductive hearing loss, unspecified

16

ICD-10 Examples

- F44.4* Conversion disorder with motor symptom or deficit
- F44.6* Conversion disorder with sensory symptom or deficit
- F44.7* Conversion disorder with mixed symptom presentation
- R62.0 Delayed milestone in childhood
- F81.89 Developmental disorder of scholastic skills, other
- H93.223 Diplacusis, bilateral
- H93.222 Diplacusis, left ear
- H93.221 Diplacusis, right ear
- R42 Dizziness
- Z51.11* Encounter for antineoplastic chemotherapy

17

ICD-10 Examples

- H69.81 Eustachian tube disorders, other specified, right ear
- H69.82 Eustachian tube disorders, other specified, left ear
- H69.83 Eustachian tube disorders, other specified, bilateral
- H69.91* Eustachian tube disorder, unspecified, right ear
- H69.92* Eustachian tube disorder, unspecified, left ear
- H69.93* Eustachian tube disorder, unspecified, bilateral

18

ICD-10 Examples

- H61.813 Exostosis, bilateral
- H61.812 Exostosis, left ear
- H61.811 Exostosis, right ear
- Z82.2 Family history of hearing loss
- Z46.1 Fitting and adjustment of hearing aid
- T16.2XXA Foreign body in left ear, initial encounter
- T16.2XXD Foreign body in left ear, subsequent encounter
- T16.1XXA Foreign body in right ear, initial encounter
- T16.1XXD Foreign body in right ear, subsequent encounter

19

ICD-10 Examples

- Z01.12 Hearing conservation and treatment
- Z01.110 Hearing examination following failed hearing screening
- Z01.10 Hearing/vestibular examination without abnormal findings
- H61.123 Hematoma of pinna, bilateral
- H61.122 Hematoma of pinna, left ear
- H61.121 Hematoma of pinna, right ear
- Z91.81 History of falling

20

ICD-10 Examples

- H93.233 Hyperacusis, bilateral
- H93.232 Hyperacusis, left ear
- H93.231 Hyperacusis, right ear
- H61.23 Impacted cerumen, bilateral
- H61.22 Impacted cerumen, left ear
- H61.21 Impacted cerumen, right ear
- H83.93* Inner ear disease, unspecified, bilateral
- H83.92* Inner ear disease, unspecified, left ear
- H83.91* Inner ear disease, unspecified, right ear

21

ICD-10 Examples

- F70* Intellectual disabilities, mild
- F71* Intellectual disabilities, moderate
- F72* Intellectual disabilities, severe
- F73* Intellectual disabilities, profound
- F78* Intellectual disabilities, other
- F79* Intellectual disabilities, unspecified

22

ICD-10 Examples

- H83.13 Labyrinthine fistula, bilateral
- H83.12 Labyrinthine fistula, left ear
- H83.11 Labyrinthine fistula, right ear
- Z79.2* Long term (current) use of antibiotics
- Z79.82 Long-term use of aspirin
- Z76.5* Malingering
- H81.03 Meniere's disease, bilateral
- H81.02 Meniere's disease, left ear
- H81.01 Meniere's disease, right ear

23

ICD-10 Examples

- H90.6 Mixed hearing loss, bilateral
- H90.72 Mixed hearing loss, left ear, unrestricted hearing in right ear
- H90.71 Mixed hearing loss, right ear, unrestricted hearing in left ear
- H90.8* Mixed hearing loss, unspecified
- Z96.22 Myringotomy tube(s) status
- H83.3X3 Noise effects on inner ear, bilateral
- H83.3X2 Noise effects on inner ear, left ear
- H83.3X1 Noise effects on inner ear, right ear
- H55.00 Nystagmus

24

ICD-10 Examples

- H92.03 Otalgia, bilateral
- H92.02 Otalgia, left ear
- H92.01 Otalgia, right ear
- H91.8X2 Other specified hearing loss, left ear
- H91.8X1 Other specified hearing loss, right ear
- H66.91* Otitis media, unspecified, right ear
- H66.92* Otitis media, unspecified, left ear
- H66.93* Otitis media, unspecified, bilateral

25

ICD-10 Examples

- H92.13 Otorrhea, bilateral
- H92.12 Otorrhea, left ear
- H92.11 Otorrhea, right ear
- H72.93* Perforation of tympanic membrane, unspecified, bilateral
- H72.92* Perforation of tympanic membrane, unspecified, left ear
- H72.91* Perforation of tympanic membrane, unspecified, right ear

26

ICD-10 Examples

- H91.03 Ototoxic hearing loss, bilateral**
- H91.02 Ototoxic hearing loss, left ear**
- H91.01 Ototoxic hearing loss, right ear**
 - Code poisoning or adverse effect
- T36.5X5A Poisoning, adverse effect, aminoglycosides, initial encounter
- T36.5X5S Poisoning, adverse effect, aminoglycosides, long term follow-up
- T36.5X5D Poisoning, adverse effect, aminoglycosides, subsequent encounter

27

ICD-10 Examples

- T37.2X5A Poisoning, adverse effect, antimalarials, initial encounter
- T37.2X5S Poisoning, adverse effect, antimalarials, long term follow-up
- T37.2X5D Poisoning, adverse effect, antimalarials, subsequent encounter
- T45.1X5A Poisoning, adverse effect, antineoplastic, initial encounter
- T45.1X5S Poisoning, adverse effect, antineoplastic, long term follow-up
- T45.1X5D Poisoning, adverse effect, antineoplastic, subsequent encounter

28

ICD-10 Examples

- T39.015A Poisoning, adverse effect, aspirin, initial encounter
- T39.015S Poisoning, adverse effect, aspirin, long term follow-up
- T39.015D Poisoning, adverse effect, aspirin, subsequent encounter
- T50.1X5A Poisoning, adverse effect, loop diuretic, initial encounter
- T50.1X5S Poisoning, adverse effect, loop diuretic, long term follow-up
- T50.1X5D Poisoning, adverse effect, loop diuretic, subsequent encounter

29

ICD-10 Examples

- T36.3X5A Poisoning, adverse effect, macolides, initial encounter
- T36.3X5S Poisoning, adverse effect, macolides, long term follow-up
- T36.3X5D Poisoning, adverse effect, macolides, subsequent encounter
- T46.7X5A Poisoning, adverse effect, vasodilators, initial encounter
- T46.7X5S Poisoning, adverse effect, vasodilators, long term follow-up
- T46.7X5D Poisoning, adverse effect, vasodilators, subsequent encounter

30

ICD-10 Examples

- Z97.4 Presence of external hearing aid
- H90.3 Sensorineural hearing loss, bilateral
- H90.42 Sensorineural hearing loss, left ear, unrestricted hearing in right ear
- H90.41 Sensorineural hearing loss, right ear, unrestricted hearing in left ear
- H90.5* Sensorineural hearing loss, unspecified
- I69.998* Sequealae following unspecified cardiovascular disease, other
- F80.4 Speech and language delay due to hearing loss
- F80.1 Speech-language disorder, expressive
- F80.2 Speech-language disorder, expressive/receptive
- F80.89 Speech-language developmental disorder, other
- F80.0 Speech-language disorder, phonological

31

ICD-10 Examples

- H91.23 Sudden idiopathic hearing loss, bilateral
- H91.22 Sudden idiopathic hearing loss, left ear
- H91.21 Sudden idiopathic hearing loss, right ear
- H93.243 Threshold shift, temporary, bilateral
- H93.242 Threshold shift, temporary, left ear
- H93.241 Threshold shift, temporary, right ear
- H93.13 Tinnitus, bilateral
- H93.12 Tinnitus, left ear
- H93.11 Tinnitus, right ear

32

ICD-10 Examples

- H93.013 Transient ischemic deafness, bilateral
- H93.012 Transient ischemic deafness, left ear
- H93.011 Transient ischemic deafness, right ear
- H82.3 Vertiginous disorder of vestibular function, bilateral*
- H82.2 Vertiginous disorder of vestibular function, left ear*
- H82.1 Vertiginous disorder of vestibular function, right ear*
 - * Code first underlying disease
- H81.313 Vertigo, aural, bilateral
- H81.312 Vertigo, aural, left ear
- H81.311 Vertigo, aural, right ear

33

ICD-10 Examples

- H81.43 Vertigo, central, bilateral
- H81.42 Vertigo, central, left ear
- H81.41 Vertigo, central, right ear
- H81.393 Vertigo, peripheral, other, bilateral
- H81.392 Vertigo, peripheral, other, left ear
- H81.391 Vertigo, peripheral, other, right ear
- H81.8X3 Vestibular function disorder, other, bilateral
- H81.8X2 Vestibular function disorder, other, left ear
- H81.8X1 Vestibular function disorder, other, right ear
- H81.93* Vestibular function disorder, unspecified, bilateral
- H81.92* Vestibular function disorder, unspecified, left
- H81.91* Vestibular function disorder, unspecified, right

34

Different Hearing Losses in Different Ears

- H91.8X2 Other specified hearing loss, left ear
- H91.8X1 Other specified hearing loss, right ear

Or

- H90.5* Sensorineural hearing loss, unspecified
- H90.8* Mixed hearing loss, unspecified
- H90.2* Conductive hearing loss, unspecified

35

Toxicity from Viagra

- H91.02 Ototoxic hearing loss, left ear
- T46.7X5A Poisoning, adverse effect, vasodilators, initial encounter
 - First date you diagnose an ototoxic loss

36

Normal Hearing

- Z01.10 Hearing/vestibular examination without abnormal findings
- Or
- H93.2 - - Abnormal auditory perception
 - If they report communication difficulties.

37

Newborn Hearing Screening Follow-up

- Code pre and post natal conditions or symptoms
- Code any co-morbidities
- Code anything you see or measure
- If they previously failed a hearing screening, code Z01.110
- Add the -33 modifier to all of the procedures

38

2015/2016 Grace Period

- ONLY applies to traditional Medicare claims
- CMS will not penalize providers over specificity in the first year
 - <http://www.ama-assn.org/ama/ama-wire/post/cms-icd-10-transition-less-disruptive-physicians>

ICD 10 Tips

- We code what we learn and find, not for reimbursement
- Do not use rule out diagnoses once you know they do not exist
 - <http://www.cgsmedicare.com/partb/pubs/news/2013/0113/cope21072.html>
- Only used for dates of service of October 1, 2015 and after
 - Cannot have ICD 9 and ICD 10 codes on the same claim
- Up to 12 diagnoses per claim
 - Diagnoses should be linked to procedure
- Use the most specific code possible whenever possible
- We have NO IDEA the impact of use of a Z code on reimbursement
 - As a result, use other codes whenever possible
 - Avoid these codes being a primary diagnosis
- <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/September-2013-ICD-10-CM-PCS-Billing-Payment-FAQs-Fact-Sheet-ICN908974.pdf>

ICD 10 Resources

- **Coding Guidance**
 - <http://www.asha.org/Practice/reimbursement/coding/ICD-10/>
 - http://audiologist.org/resources/documents/professionals/reimbursement/Codes_ICD10.pdf
 - <https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
- **Manuals/Software**
 - https://commerce.ama-assn.org/store/catalog/subCategoryDetail.jsp?category_id=cat150010&navAction=push
 - <https://www.optumcoding.com/Category/100091/100276/>
 - <https://www.aapc.com/medical-coding-books/icd-10-books.aspx>

ICD 10 Resources

- **Online Look-up (free options):**

- www.icd10data.com
- <https://www.aapc.com/icd-10/codes/>
- <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>

- **PQRS Changes Related to ICD 10 Implementation:**

- www.audiologyquality.org

Audiology Physicians Quality Reporting System (PQRS)

- PQRS is a program designed to improve the quality of care to Medicare beneficiaries.
- For audiology specific, PQRS information, please go to www.audiologyquality.org.
- If you need to know whether or not you are eligible to report PQRS, please review the guidance at <https://www.cms.gov/apps/ehealth-eligibility/ehealth-eligibility-assessment-tool.aspx> and <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eligibility.html>.
- Audiologists who bill Medicare Part B beneficiaries must participate in 2016 to avoid a minimum 2% reduction in Medicare reimbursement in 2018.
 - Does not apply to Medicare Advantage, Part A hospital or skilled nursing facilities.
 - Only applies to claims being submitted for covered services.

2016 Required PQRS Measures for Audiology

- **Measure #130: Documentation and verification of current medications in the medical record.**
- **Measure #134: Screening for clinical depression and follow-up plan.**
- **Measure #154: Falls Risk Assessment**
- **Measure #155: Falls Risk Plan of Care**
- **Measure #226: Screening for Tobacco Use/Cessation**
- **Measure #261: Referral for otologic evaluation for patients with acute or chronic dizziness.**
 - *Audiologists must positively report on 50% of all eligible Medicare Part B beneficiaries for all six of these measures to avoid a 2018 penalty.*
 - <https://pqrs.cms.gov/#/home>

44

BUT....

- **Reporting that you DID NOT do something (G8858, G8428, G8432, G8511, or any use of 8P) is JUST LIKE you did not report at all!**
 - **You MUST report a POSITIVE ACTION (referral, documentation, or screening) for the reporting to count and to assist in avoiding the penalty!**

Codes for Referral for Acute or Chronic Dizziness

- <https://pqrs.cms.gov/dataset/2016-PQRS-Measure-261-11-17-2015/6w65-59ps>
- Report a minimum of once per calendar year for 50% of eligible patients.
- **CPT Codes:**
 - 92540, 92541, 92542, 92543, 92544, 92545, 92546, 92547, 92548, 92550, 92557, 92567, 92568, 92570, 92575
 - Patients that have any of these CPT codes (as well as the ICD-9 CM codes below) fit into the measure's *denominator* (the eligible patients for a measure).
- **ICD-9 Codes:**
 - R42 or H81.11, H81.12 or H81.13
 - Patients that have any of these ICD-9 CM codes (as well as CPT codes above) fit into the measure's *denominator* (the eligible patients for a measure).

Codes for Referral for Acute or Chronic Dizziness

- G8856: Referral to a physician for otologic evaluation.
- G8857: Patient is not eligible for the referral for otologic evaluation (e.g. patients who are already under the care of a physician for acute or chronic dizziness).
- G8858: Referral to a physician for an otologic evaluation not performed, reason not specified.

PQRS and ICD 10

- Only affects Measure #261: Referral for Acute or Chronic Dizziness
 - Eligible to report this measure if you perform 92540, 92541, 92542, 92543, 92544, 92545, 92546, 92547, 92548, 92550, 92557, 92567, 92568, 92570, 92575
 - And you have a diagnosis of R42 or H81.11, H81.12 or H81.13

Codes for Documentation of Current Medications

- <https://pqrs.cms.gov/dataset/2016-PQRS-Measure-130-11-17-2015/h3d4-svnp>
- Report at every patient visit for 50% of eligible patients.
- Code to the best of your ability and document fully that fact.
- **CPT Codes:**
 - 92541, 92542, 92543, 92544, 92545, 92547, 92548, 92557, 92567, 92568, 92570, 92585, 92588, 92626
 - Patients that have any of these CPT codes (as well as the ICD-9 CM codes below) fit into the measure's *denominator* (the eligible patients for a measure).
- **IDC-9 Codes**
 - None specified (so all included).
 - ICD 10: None specified
 - Patients that have any of these IDC-9 CM codes (as well as CPT codes above) fit into the measure's *denominator* (the eligible patients for a measure).

Codes for Documentation of Current Medications

- G8427: List of current medications (includes prescription, over the counter, herbals, vitamin/dietary supplements) documented by the provider, including drug name, dosage, frequency, and route.
- G8430: Provider documentation that patient not eligible for medication assessment.
- G8428: Current medications (includes prescription, over the counter, herbals, vitamin/dietary supplements) with drug name, dosage, frequency, and route partially or not documented by provider, reason not specified.

50

Important Considerations Regarding Documenting Current Medications

- This is not just about PQRS but also important to patient care, regardless of your practice setting and clinical focus.
- This is something that the patient should be instructed that they need to provide at scheduling.
- Sometimes providers may need to call their primary care physician or pharmacist to obtain this list.
- Many patient now carry this list with them, so do not forget to ask at intake.
 - You can make a copy of their list, verify whether it is current, sign it, date it, and place it in the medical record.

Codes for Screening of Clinical Depression

- <https://pqrs.cms.gov/dataset/2016-PQRS-Measure-134-11-17-2015/x9ks-3hp5?>
- This measure is **NO LONGER OPTIONAL**.
- Report a minimum of once per calendar year for 50% of eligible patients.
- **CPT Codes:**
 - 92625
 - Patients that have any of these CPT codes (as well as the ICD-9 CM codes below) fit into the measure's *denominator (the eligible patients for a measure)*.
- **IDC-9 Codes:**
 - None specified (so all included).
 - ICD 10: None specified
 - Patients that have any of these IDC-9 CM codes (as well as CPT codes above) fit into the measure's *denominator (the eligible patients for a measure)*.

Important Factors Related to the Clinical Depression Measure

- Report on Measure #134 when:
 - Allowed by your state licensure law (when deemed within the scope of practice of an audiologist within your state; determined through written contact with your state licensing board).
 - It is the responsibility of the provider themselves to do this.
 - You are appropriately trained and competent to perform a depression screening using a standardized tool AND create a patient plan of care based upon the results of the screening.
 - A follow-up plan of care is created, implemented, and documented in the medical record.
 - Must, at a minimum, make a referral to a practitioner who is qualified to diagnose and treat depression

Codes for Screening of Clinical Depression

- G8431: Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented.
- G8510: Negative screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented.
- G8433: Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate.
 - Patient refuses to participate
- G8432: No documentation of clinical depression screening using an age appropriate standardized tool.
- G8511: Positive screen for clinical depression using an age appropriate standardized tool documented, follow-up plan not documented, reason not specified.

Appropriate Depression Screening Tools

- Patient Health Questionnaire (PHQ-9)
 - <http://patient.info/doctor/patient-health-questionnaire-phq-9>
- Beck Depression Inventory (BDI or BDI-II)
 - <http://mhinnovation.net/sites/default/files/downloads/innovation/research/BDI%20with%20interpretation.pdf>
- Center for Epidemiologic Studies Depression Scale (CES-D)
 - http://www.actonmedical.com/documents/cesd_long.pdf
- Depression Scale (DEPS)
 - <http://zadz.ch/en/sicknesses/test/depression-self-test-deps/>
- Duke Anxiety-Depression Scale (DADS)
 - <http://healthmeasures.mc.duke.edu/images/DukeAD.pdf>
- Geriatric Depression Scale (GDS)
 - http://consultgerirn.org/uploads/File/trythis/try_this_4.pdf
- Cornell Scale Screening
 - http://geropsychiatriceducation.vch.ca/docs/edu-downloads/depression/cornell_scale_depression.pdf
- PRIME MD-PHQ2
 - <http://www.oacbdd.org/clientuploads/Docs/2010/Spring%20Handouts/Session%20220i.pdf>

Measure #154: Falls Risk Assessment

- <https://pqrs.cms.gov/dataset/2016-PQRS-Measure-154-11-17-2015/ua4i-y5s2>
- Report at least once per calendar year for 50% of eligible patients.
- Needs to be completed by the audiologist performing the balance assessment.
- Risk assessment must include balance/gait AND one or more of the following: postural blood pressure, vision, home fall hazards, and documentation on whether or not medications are a contributing factor or not to falls within the last 12 months.
 - Medical record must include documentation of observed transfer from a chair and walking or use of a standardized scale or documentation of referral for assessment of balance and gait.
 - Medical record could include documentation that patient is functioning well or not functioning well with vision or documentation of referral for assessment of vision.
 - Medical record could include documentation of counseling on home falls hazards or documentation of inquiry on home falls hazards or documentation of referral for evaluation of home falls hazards.
 - Medical record could include documentation of whether or not the patient's current medications could be contributing to falls.
- PQRS measure codes need to be submitted on the same claim as the codes 92540, 92541, 92542, or 92548.

Measure #154: Falls Risk Assessment

- Falls Risk Assessment Tools:
 - <http://www.mnfallsprevention.org/professional/assessmenttools.html>
 - Get Up and Go:
 - <https://www.aan.com/Guidelines/home/GetGuidelineContent/273> and
 - <http://www.rheumatology.org/I-Am-A/Rheumatologist/Research/Clinician-Researchers/Timed-Up-Go-TUG>
 - Tinetti:
 - http://consultgerirn.org/uploads/File/Tinetti_Assessment_Balance.pdf
 - and
 - <http://www.bhps.org.uk/falls/documents/TinettiBalanceAssessment.pdf>
 - Berg: http://www.aahf.info/pdf/Berg_Balance_Scale.pdf and
 - <http://www.unmc.edu/media/intmed/geriatrics/nebgec/pdf/frailelderlyjuly09/toolkits/timbergbalancescale.pdf>

57

Measure #154: Falls Risk Assessment

- Case history questions:
 - Have you ever experienced dizziness, unsteadiness, imbalance or vertigo? Yes or No
 - If yes, are you feeling dizzy today? Yes or No
 - If yes, please describe: _____
 - Frequency of occurrence: _____
 - If yes, is it accompanied by nausea ringing or noises in your ear
hearing loss visual disturbances Other
 - Have you fallen within the past 12 months? Yes or No
 - If yes, how many falls have you experienced in the 12 months? _____
 - If you have fallen, have you been injured? Yes or No
 - Please describe your injury: _____

58

Measure #154: Falls Risk Assessment

- Case history questions:
 - Do you experience visual difficulties or disturbances? Yes or No
 - If yes, please describe: _____
 - Do you currently take a Vitamin D supplement? Yes or No

Measure #154: Falls Risk Assessment

Patient Reports:	Two or more falls in past 12 months or 1 fall with an injury	Two or more falls in past 12 months or 1 fall with an injury	Two or more falls in past 12 months or 1 fall with an injury	Less than two falls in last 12 months and no falls where they were injured
Step 1	Risk assessment completed by performing a standardized scale of balance/gait using Timed Get Up and Go, Tinetti, or Berg and review and document whether current medications may or may not be contributing to falls, dizziness, imbalance or vertigo.	Risk assessment not performed for medical reasons (patient is not ambulatory, bedridden, immobile, confined to wheelchair)	Risk assessment not performed but there was no medical reason given for the lack of performance of the screening (NEGATIVE REPORTING)	Code on claim 1101F
Step 2	Perform 92540, 92541, 92542 and/or 92548	Perform 92540, 92541, 92542 and/or 92548	Perform 92540, 92541, 92542 and/or 92548	
Step 3	When warranted, refer for assessment of supine and standing blood pressure, vision assessment, home falls risk hazards, and/or medication review	Code on claim 3288F with 1P modifier and 1100F	Code on claim 3288F with 8P in modifier box and 1100F	
Step 4	Code on claim 3288F and 1100F			

Measure #155: Falls Risk Plan of Care

- <https://pqrs.cms.gov/dataset/2016-PQRS-Measure-155-11-17-2015/7chw-jid2>
- Report at least once per calendar year for 50% of eligible patients.
- ALWAYS must be reported when a patient is screened as a Falls Risk.
 - They have fallen two or more times in the past year and/or they have been injured during a fall at least once in the past year.
- Plan of care must include consideration of vitamin D supplementation AND balance, strength and gait training.
 - Medical record must include documentation that patient was referred to their physician for vitamin D supplement advice.
 - Documentation must include that balance, strength and gait training (vestibular rehabilitation) were provided or referral to an exercise program or physical therapy.

Measure #155: Falls Risk Plan of Care

Patient documented to be a falls risk (the patient has fallen two or more times or fallen once with an injury in the past 12 months)	Perform 92540, 92541, 92542, and/or 92548	Perform 92540, 92541, 92542, and/or 92548	Perform 92540, 92541, 92542, and/or 92548
Step 1	Create a plan of care for the patient regarding their falls risk which must include referral to the ordering and/or primary care physician for Vitamin D supplement advice, referral of the patient to a vestibular rehabilitation program, and/or providing vestibular rehabilitation within your practice	Plan of care not documented for medical reasons (patient is not ambulatory, bedridden, immobile, wheelchair bound) PLEASE NOTE: I would still recommend referral to the ordering and/or primary care physician for Vitamin D supplement advice.	Plan of care not documented but there was no medical reason given for the lack of completion of the plan of care (NEGATIVE REPORTING)
Step 2	Code on the claim 0518F	Code on claim 0518F with 1P modifier	Code on claim 0518F with 8P modifier

Measure #226: Screening of Tobacco Use

- Must be reported at least once per calendar year for 50% of eligible patients.
- Advise patient to quit tobacco use and refer patient to physician for counseling and pharmacological options.
- Case history questions
 - Have you used a tobacco product (cigarette, cigar, smokeless tobacco) one or more times in the past 24 months? Yes or No
 - If yes, how often have you used a tobacco product in the past 24 months?
 - If yes, what type(s) of products have you used? _____

Measure #226: Screening of Tobacco Use

Provider Plans to Perform or Performs:	92540, 92557 and/or 92625	92540, 92557 and/or 92625	92540, 92557 and/or 92625	92540, 92557 and/or 92625
Patient Reports:	Tobacco use at least once in the past 24 months	Patient was not screened for tobacco use for medical reasons (limited life expectancy, other medical reasons)	Patient was not screened for tobacco use OR cessation intervention was not performed but no medical reason was given for the lack of screening or intervention (NEGATIVE REPORTING)	Patient has not used a tobacco product at least once in the last 24 months
Step 1	Patient was provided with tobacco cessation intervention including recommendations in the plan of care regarding referral to their ordering and/or primary care physician for pharmacotherapy options, referral for counseling, and/or providing literature on the importance of smoking cessation	Code on claim 4004F with 1P modifier	Code on claim 4004F with 8P modifier	Code on claim 1036F
Step 2	Code on claim 4004F			

Submitting PQRS

- A sample CMS 1500 claim form or its electronic equivalent), with PQRS, is available at : www.audiologyquality.org

Quality Net

- This is where you can review your PQRS Reporting data
 - <https://www.qualitynet.org>.