

A Falls Risk Assessment is Proactive, Reliable & Reimbursable



"I know dizziness and falls injury is huge among my patients...and I know *Medicare* wants me to do more proactive assessments; but in today's economy, I simply don't have the time to do anything but refer to otolaryngology or neurology."

" Fall Prevention Clinics of America® and Otometrics makes it easy to use Medicare PQRI guidelines to get better patient outcomes and significantly better profits for my practice."



Now, you can implement a fall risk assessment protocol...

- Without additional E/M time.
- Utilizing non-physician staff.
- Billing standard ICD9 and CPT codes.
- And significantly increase your bottom line.



To learn more, contact Otometrics at:
(800) 289-2150 x "0" sales@gnotometrics.com



www.FallPreventionClinics.com



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Implement this Proven Protocol into Your Practice

...in 3 simple steps...



STEP ONE: SCREEN for Balance & Dizziness Disorders

Medicare's PQRI wants physicians to screen all seniors for falls risk. During a typical E/M visit your staff can identify a falls risk patient via a simple 3-question PQRI survey.

- 1) Have you had more than one fall in the past 12 months?
- 2) Have you been injured from a fall in the past 12 months?
- 3) Do you have a fear of falling?

With a positive result to the survey, a physician has medical necessity to begin **reimbursable** falls risk & dizziness assessment process.



STEP TWO: ASSESS via IN-OFFICE DIAGNOSTICS

Fall Prevention Clinics of America-Physician Diagnostic Network™ trains your staff to use well established VNG and Posturography CPT codes which can be instrumental documenting:

- ◇ Unilateral/bilateral vestibular loss
- ◇ Detection of central lesions
- ◇ Proprioceptive deficits
- ◇ Confirm BPPV
- ◇ Preoperative evaluation of acoustic neuroma
- ◇ Musculo-skeletal impact on balance function



STEP THREE: INTERVENE with Great "Pay for Performance" Outcomes

You will have availability of local PDN PT/OT member providers who specialize in dizzy and balance rehabilitation. Your office can monitor and document patient progress each 4 weeks, for up to 12 weeks, via billable follow-up visits and Posturography measurement.



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