

SECTION J: HEALTH CONDITIONS

Intent: These items are intended to code any falls since admission, including any injury caused by falls.

J1800. Any Falls Since Admission

J1800. Any Falls Since Admission	
Enter Code	Has the patient had any falls since admission?
<input type="checkbox"/>	0. No → Skip to M0210, Unhealed Pressure Ulcers/Injuries
	1. Yes → Continue to J1900, Number of Falls Since Admission

Item Rationale

- Falls are a leading cause of morbidity and mortality.
- Fear of falling can limit an individual's activity and negatively impact quality of life.

Steps for Assessment

- Review long-term care hospital (LTCH) medical record (physician, nursing, therapy, and nursing assistant notes), incident reports, and fall logs.

Coding Instructions

Complete only if A0250 = 10 Planned Discharge, A0250 = 11 Unplanned Discharge, or A0250 = 12 Expired.

- Code 0, No, if the patient has not had any fall since admission.
- Code 1, Yes, if the patient has fallen since admission and continue to J1900. Number of Falls Since Admission.

Examples

- An incident report describes an event in which Mr. S was walking down the hall and appeared to slip on a wet spot on the floor. He lost his balance and bumped into the wall, but was able to grab onto the hand rail and steady himself.

Coding: J1800 would be coded 1, Yes.

Rationale: An intercepted fall is considered a fall.

DEFINITION

FALL

- Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground. Falls are not a result of an overwhelming external force (e.g., a patient pushes another patient).
- An intercepted fall occurs when the patient would have fallen if he or she had not caught him/herself or had not been intercepted by another person—this is still considered a fall.
- CMS understands that challenging a patient's balance and training him/her to recover from a loss of balance is an intentional therapeutic intervention and does not consider anticipated losses of balance that occur during supervised therapeutic interventions as intercepted falls.

- A patient is participating in balance training during a therapy session. As expected, the patient has a loss of balance to the left due to hemiplegia and the physical therapist provides minimal assistance to allow the patient to maintain standing.

Coding: J1800 would be coded 0, No.

Rationale: The patient's balance was intentionally being challenged, so a loss of balance is anticipated by the physical therapist. When assistance is provided to a patient to allow him/her to maintain standing during an anticipated loss of balance, this is not considered a fall or "intercepted fall."

- A patient is ambulating with a walker and with the help of a physical therapist. The patient stumbles and the therapist has to bear some of the patient's weight in order to prevent the fall.

Coding: J1800 would be coded 1, Yes.

Rationale: The patient stumbled, which was not anticipated by the therapist, and the therapist intervened to prevent a fall. An intercepted fall is considered a fall.

J1900. Number of Falls Since Admission

J1900. Number of Falls Since Admission	
Coding:	↓ Enter Codes in Boxes
0. None	<input type="checkbox"/> A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
1. One	<input type="checkbox"/> B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
2. Two or more	<input type="checkbox"/> C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Item Rationale

- Falls are a leading cause of morbidity and mortality.
- Fear of falling can limit an individual's activity and negatively impact quality of life.

Steps for Assessment

- Review LTCH medical record (physician, nursing, therapy, and nursing assistant notes), incident reports, and fall logs.

Coding Instructions for J1900

Complete only if A0250 = 10 Planned Discharge; A0250 = 11 Unplanned Discharge; or A0250 = 12 Expired.

Determine the number of falls that occurred since admission and code the level of fall-related injury for each. Code each fall only once. If the patient has multiple injuries in a single fall, code the fall for the highest level of injury.

DEFINITION

INJURY RELATED TO A FALL

Any documented injury that occurred as a result of, or was recognized within a short period of time (e.g., hours to a few days) after the fall and attributed to the fall.

Coding Instructions for J1900A, No injury

- Code 0, None, if the patient had no injurious fall since admission.
- Code 1, One, if the patient had one non-injurious fall since admission.
- Code 2, Two or more, if the patient had two or more non-injurious falls since admission.

Coding Instructions for J1900B, Injury (except major)

- Code 0, None, if the patient had no injurious fall (except major) since admission.
- Code 1, One, if the patient had one injurious fall (except major) since admission.
- Code 2, Two or more, if the patient had two or more injurious falls (except major) since admission.

Coding Instructions for J1900C, Major injury

- Code 0, None, if the patient had no major injurious fall since admission.
- Code 1, One, if the patient had one major injurious fall since admission.
- Code 2, Two or more, if the patient had two or more major injurious falls since admission.

DEFINITIONS

NO INJURY

No evidence of any injury noted on assessment; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall.

INJURY (EXCEPT MAJOR)

Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain.

MAJOR INJURY

Includes bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma.

Examples

1. A nursing note states that Mrs. K slipped out of her wheelchair onto the floor during a transfer from the bed to the wheelchair. Before being assisted back into her bed, an assessment was completed that indicated no injury.

Coding: J1900A, No injury, would be coded 1, One, if no other falls without injury occurred.

Rationale: Slipping onto the floor is a fall. No injury was noted.

2. A nurse's note describes a patient who climbed over his bedrail and fell to the floor. On examination, he had a cut over his left eye and some swelling on his arm. He was sent to the emergency room, where x-rays revealed no injury and neurological checks revealed no changes in mental status. The patient returned to the LTCH within 24 hours.

Coding: J1900B, Injury (except major), would be coded 1, One.

Rationale: Lacerations and swelling without fracture are classified as injury (except major).

3. A patient fell, lacerated her head, and was sent to the emergency room, where a head computerized tomography (CT) scan revealed a subdural hematoma. The patient received treatment and returned to the LTCH after 2 days.

Coding: J1900C, Major injury, would be coded 1, One.

Rationale: Subdural hematoma is a major injury, and it occurred as a result of the fall.