

## 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 <b>had any falls since admission?</b>
<input type="checkbox"/>	0. <b>No</b> → Skip to M0210, Unhealed Pressure Ulcers/Injuries 1. <b>Yes</b> → 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

1. 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

1. 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.

2. 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.”

3. 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	
<b>Coding:</b> 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes
<input type="checkbox"/>	<b>A. No injury:</b> 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
<input type="checkbox"/>	<b>B. Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
<input type="checkbox"/>	<b>C. Major injury:</b> 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

1. 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.