

Home Health J1800/J1900 Errata

Issue ID	Issue	Resolution
1	On Pg. 177, the definition of a fall needed to be updated to align with updated guidance	<ul style="list-style-type: none"> • 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). • A fall due to an overwhelming external force (e.g., a patient pushing another patient) would be considered a fall • An intercepted fall is considered a fall. An intercepted fall occurs when the patient would have fallen if they had not caught themselves or had not been intercepted by another person. However, an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient’s balance is being intentionally challenged during balance training is not considered an intercepted fall. <ul style="list-style-type: none"> ○ An exception would be, if a major injury results from a fall or intercepted fall that occurs when a clinician is intentionally challenging a patient’s balance during balance training, it would be reported as both a fall and a major injury in J1800 - Any Falls Since SOC/ROC and J1900 - Number of Falls

2	On Pg. 178 Rationale for example #3 updated to reflect updated guidance related to falls	<p>3. A patient is participating in balance training during a therapy session. The therapist is intentionally challenging the patient’s balance, anticipating a loss of balance. The patient has a loss of balance to the left due to hemiplegia and the physical therapist provides steadying/contact guard assistance to allow the patient to maintain standing.</p> <p>Coding: J1800 would be coded 0, No.</p> <p>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 them to maintain standing during an anticipated loss of balance, this is not considered a fall or “intercepted fall.” When the patient experiences an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient’s balance is being intentionally challenged during balance training, unless there was a fall or “intercepted” fall that resulted in a major injury, it would not be coded as a fall in J1800.</p>
2	On Pg. 179, updates were needed to the blue definition box for clarification	<ul style="list-style-type: none"> • Injury except major updated to read: Includes but is not limited to skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain. • Major Injury updated to read: Includes but is not limited to traumatic bone fractures, joint dislocations/subluxations, internal organ injuries, amputations, spinal cord injuriesclosed head injuries, and crush injuries. with altered consciousness, subdural hematoma.
3	On Pg. 180, a new Coding Tip was added for clarification regarding fractures	<ul style="list-style-type: none"> • Fractures confirmed to be pathologic (vs traumatic) are not to be considered a major injury resulting from a fall.

<p>4</p>	<p>On Pg 182, 3 new examples were added</p>	<p>6. The therapist had a patient, who has Parkinson’s disease, stand on one foot during their therapy session to intentionally challenge the patient’s balance. Despite safety precautions including contact guard assistance, the patient fell while standing on one foot and landed on their left side. Due to pain and swelling in their left wrist, the physician ordered a left wrist x-ray for the patient. The x-ray confirmed a distal radius fracture (non-displaced) of the left wrist. Coding: J1800 would be coded 1, Yes and J1900C would be coded 1, One. Rationale: Despite safety precautions in place the patient sustained a radius fracture, a major injury, during a therapeutic intervention with physical therapy where their balance was being intentionally challenged. This is being considered a fall as there was a major injury even though the fall and major injury occurred when the patient’s balance was being intentionally challenged.</p> <p>Differentiating from Traumatic vs Pathological Fractures</p> <p>7. A home health patient with osteoporosis falls resulting in a right hip fracture. The Emergency Department physician confirms that the fracture is a result of the patient’s bone disease and not a result of the fall. Coding: J1800 would be coded 1, Yes and J1900C would be coded 0, None. Rationale: The physician determined that the fracture was a pathological fracture and was a result of osteoporosis. Because it is not considered a traumatic fracture it would not be considered a major injury.</p> <p>8. A home health patient with osteoporosis falls resulting in a right hip fracture. The physician in the acute care hospital confirms that the fracture is a result of the patient’s fall and not due to the patient’s history of osteoporosis. Coding: J1800 would be coded 1, Yes and J1900C would be coded 1, One. Rationale: Because the physician determined that the fracture was a result of the fall it would be considered a traumatic fracture and therefore would be considered a major injury.</p>
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J1800: Any Falls Since SOC/ROC

J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code <input type="checkbox"/>	Has the patient had any falls since SOC/ROC, whichever is more recent? 0. No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

Item Intent

This item is intended to code any witnessed or unwitnessed falls since the most recent SOC/ROC.

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.

DEFINITION	<p>FALL</p> <ul style="list-style-type: none">• 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.• <i>A fall due to an overwhelming external force (e.g. a patient pushes another patient) would be considered a fall.</i>• An intercepted fall is considered a fall. An intercepted fall occurs when the patient would have fallen if they had not caught themselves or had not been intercepted by another person. However, an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training is not considered an <i>intercepted</i> fall.<ul style="list-style-type: none">• <i>An exception would be, if a major injury results from a fall or intercepted fall that occurs when a clinician is intentionally challenging a patient's balance during balance training, it would be reported as both a fall and a major injury in J1800 - Any Falls Since SOC/ROC and J1900 - Number of Falls since SOC/ROC.</i>
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Time Points Item(s) Completed

- Transfer
- Death at home
- Discharge from agency

Response-Specific Instructions

- Interview the patient and/or caregiver, review the home health clinical record and any other relevant clinical documentation, such as incident reports or fall logs.
- Include all falls since the most recent SOC/ROC, regardless of where the fall occurred.

Coding Instructions

- **Code 0, No**, if the patient has not had any falls since the most recent SOC/ROC.
- **Code 1, Yes**, if the patient has fallen since the most recent SOC/ROC and continue to J1900. Number of Falls since SOC/ROC.
- **Dash** is a valid response for this item.
 - A dash indicates “no information.” CMS expects dash use to be a rare occurrence.

Coding Tips

- Report falls that occurred at any time during the quality episode, regardless of where the fall occurred. For example,
 - a fall that occurred at the doctor’s office during the HH quality episode would be reported.
 - a fall that occurred during a qualifying inpatient facility transfer (e.g., hospital or SNF) would not be reported as it did not occur within a HH quality episode.

Examples

1. The discharging RN reviews the clinical record and interviews the patient and caregiver, determining that a single fall occurred since the most recent SOC/ROC. The fall is documented on a clinical note from an RN home visit in which the caregiver reported the patient slipped from their wheelchair to the floor the previous day.
 - **Coding:** J1800, Any Falls since SOC/ROC, would be coded 1, Yes.
 - **Rationale:** This item addresses unwitnessed as well as witnessed falls.
2. An incident report describes an event in which a patient was walking down the hall and appeared to slip on a wet spot on the floor. The patient lost their balance and bumped into the wall but was able to grab onto the handrail and steady themselves.
 - **Coding:** J1800 would be coded 1, Yes.
 - **Rationale:** An intercepted fall is considered a fall. An intercepted fall occurs when the patient would have fallen if they had not caught themselves or had not been intercepted by another person.
3. A patient is participating in balance training during a therapy session. The therapist is intentionally challenging the patient’s balance, anticipating a loss of balance. The patient has a loss of balance to the left due to hemiplegia and the physical therapist provides steadying/contact guard 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 the patient experiences an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient’s balance is being intentionally challenged during balance training, unless there was a fall or “intercepted” fall that resulted in a major injury, it would not be coded as a fall in J1800.*
4. A patient is ambulating with a walker and with the help of a physical therapist. The

patient unexpectedly 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 unexpectedly stumbled, which was not anticipated by the therapist, and the therapist intervened to prevent a fall. An intercepted fall is considered a fall if it is not an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training.

J1900: Number of Falls since SOC/ROC

J1900. Number of Falls Since SOC/ROC, whichever is more recent		
	↓ Enter code in boxes	
Coding: 0. None 1. One 2. Two or more	<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
	<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
	<input type="checkbox"/>	C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Item Intent

This item is intended to code the number of falls a patient has had since the most recent SOC/ROC and fall-related injury.

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.

DEFINITION	<p>INJURY RELATED TO A FALL</p> <ul style="list-style-type: none"> • 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. <p>NO INJURY</p> <ul style="list-style-type: none"> • 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. <p>INJURY (EXCEPT MAJOR)</p> <ul style="list-style-type: none"> • Includes <i>but is not limited to</i> skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain. <p>MAJOR INJURY</p> <ul style="list-style-type: none"> • Includes <i>but is not limited to traumatic</i> bone fractures, joint dislocations/<i>subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries.</i>
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Time Points Item(s) Completed

- Transfer
- Death at Home
- Discharge from agency

Response-Specific Instructions

- Interview the patient and/or caregiver and review the home health clinical record, incident reports, and any other relevant clinical documentation such as fall logs Include all falls since the most recent SOC/ROC, regardless of where the fall occurred.

Coding Instructions

- Determine the number of falls that occurred since the most recent SOC/ROC 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.

Coding Instructions for J1900A, No injury

- **Code 0, None**, if the patient has had no injurious fall since the most recent SOC/ROC.
- **Code 1, One**, if the patient had one non-injurious fall since the most recent SOC/ROC.
- **Code 2, Two or more**, if the patient had two or more non-injurious falls since the most recent SOC/ROC.
- **Dash** is a valid response for this item.
 - A dash indicates “no information.” CMS expects dash use to be a rare occurrence.

Coding Instructions for J1900B, Injury (except major)

- **Code 0, None**, if the patient had no injurious fall (except major) since the most recent SOC/ROC.
- **Code 1, One**, if the patient had one injurious fall (except major) since the most recent SOC/ROC.
- **Code 2, Two or more**, if the patient had two or more injurious falls (except major) since the most recent SOC/ROC.
- **Dash** is a valid response for this item.
 - A dash indicates “no information.” CMS expects dash use to be a rare occurrence.

Coding Instructions for J1900C, Major injury

- **Code 0, None**, if the patient had no major injurious fall since the most recent SOC/ROC.
- **Code 1, One**, if the patient had one major injurious fall since the most recent SOC/ROC.
- **Code 2, Two or more**, if the patient had two or more major injurious falls since the most recent SOC/ROC.

- **Dash** is a valid response for this item.
 - A dash indicates “no information.” CMS expects dash use to be a rare occurrence.

Coding Tips

- Report falls that occurred at any time during the quality episode, regardless of where the fall occurred. For example,
 - a fall that occurred at the doctor’s office during the HH quality episode would be reported.
 - a fall that occurred during a qualifying inpatient facility transfer (e.g., hospital or SNF) would not be reported as it did not occur within a HH quality episode.
- *Fractures confirmed to be pathologic (vs traumatic) are not to be considered a major injury resulting from a fall*
- Agencies are encouraged to correct errors as accurate information regarding fall-related injuries becomes known. For example, Injuries can present themselves later than the time of the fall.
 - The agency may not learn of the level of injury until after the OASIS assessment is completed (e.g., because the patient was transported to ER and admitted to an inpatient facility post-fall).
 - Errors should be corrected following the agency’s correction policy. The M0090 date would not necessarily be changed.

Examples

1. A nursing note states that a patient slipped out of their wheelchair onto the floor during a transfer from the bed to the wheelchair. Before being assisted back into 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 their bedrail and fell to the floor. On examination, they had a cut over their left eye and some swelling on their arm. The patient was sent to the emergency room, where x-rays revealed no injury and neurological checks revealed no changes in mental status. The patient returned home 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 their 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 home 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.
4. Review of the patient record, incident reports and patient and caregiver report identify that

two falls occurred since the most recent SOC/ROC. The falls are documented in clinical notes. The first describes an event during which the patient tripped on the bathroom rug and almost fell but caught themselves against the sink. The RN assessment identified no injury. The second describes an event during which the patient, while coming up the basement stairs with the laundry, fell against the stairs and sustained a bruise and laceration on their left knee.

- **Coding:** J1900A, No injury, would be coded 1, one non-injurious fall since the most recent SOC/ROC. J1900B, Injury (except major), would be coded 1, one injurious (except major) fall since the most recent SOC/ROC. J1900C, Major injury, would be coded 0, no falls with major injury since the most recent SOC/ROC.
 - **Rationale:** The first fall is an intercepted fall, which is considered a fall. The patient sustained no injury as a result of this fall. The second fall resulted in a laceration and bruising, considered injury, but not major injury.
5. Review of the patient record, incident reports and patient and caregiver report identify that a single fall occurred since the most recent SOC/ROC. The fall is documented in an incident report, which describes an event during which the patient fell while walking from the bedroom to the bathroom and was transported to the emergency room via ambulance. Examination and testing revealed a skin tear on the patient's left hand, bruising on both knees, and a fractured left hip.
- **Coding:** J1900A, No injury, would be coded 0, no non-injurious falls since the most recent SOC/ROC. J1900B, Injury (except major), would be coded 0, no injurious (except major) falls since the most recent SOC/ROC. J1900C, Major injury, would be coded 1, one fall with major injury since the most recent SOC/ROC.
 - **Rationale:** Documentation of only one fall since the most recent SOC/ROC was identified. The patient sustained multiple injuries in the fall. When multiple injuries are sustained in a single fall, code the injury of highest severity.
6. *The therapist had a patient, who has Parkinson's disease, stand on one foot during their therapy session to intentionally challenge the patient's balance. Despite safety precautions including contact guard assistance, the patient fell while standing on one foot and landed on their left side. Due to pain and swelling in their left wrist, the physician ordered a left wrist x-ray for the patient. The x-ray confirmed a distal radius fracture (non-displaced) of the left wrist.*
- **Coding:** *J1800 would be coded 1, Yes and J1900C would be coded 1, One.*
 - **Rationale:** *Despite safety precautions in place the patient sustained a radius fracture, a major injury, during a therapeutic intervention with physical therapy where their balance was being intentionally challenged. This is being considered a fall as there was a major injury even though the fall and major injury occurred when the patient's balance was being intentionally challenged.*

Differentiating from Traumatic vs Pathological Fractures

7. *A home health patient with osteoporosis falls resulting in a right hip fracture. The Emergency Department physician confirms that the fracture is a result of the patient's bone disease and not a result of the fall.*

- **Coding:** J1800 would be coded 1, Yes and J1900C would be coded 0, None.
 - **Rationale:** The physician determined that the fracture was a pathological fracture and was a result of osteoporosis. Because it is not considered a traumatic fracture it would not be considered a major injury.
8. A home health patient with osteoporosis falls resulting in a right hip fracture. The physician in the acute care hospital confirms that the fracture is a result of the patient's fall and not due to the patient's history of osteoporosis.
- **Coding:** J1800 would be coded 1, Yes and J1900C would be coded 1, One.
 - **Rationale:** Because the physician determined that the fracture was a result of the fall it would be considered a traumatic fracture and therefore would be considered a major injury.