

OASIS Items for the CY 2018 HH PPS Final Rule

October 2017

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Section GG: Functional Abilities and Goals

SOC/ROC

| Section GG | Functional Abilities and Goals | |
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| GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury. | | |
| Coding: 3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help – Patient needed partial assistance from another person to complete activities. 1. Dependent – A helper completed the activities for the patient. 8. Unknown 9. Not Applicable | ↓ Enter Codes in Boxes | |
| | <input type="checkbox"/> | A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury. |
| | <input type="checkbox"/> | B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury. |
| | <input type="checkbox"/> | C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury. |
| | <input type="checkbox"/> | D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. |

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| GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury. | |
| ↓ Check all that apply | |
| <input type="checkbox"/> | A. Manual wheelchair |
| <input type="checkbox"/> | B. Motorized wheelchair and/or scooter |
| <input type="checkbox"/> | C. Mechanical lift |
| <input type="checkbox"/> | D. Walker |
| <input type="checkbox"/> | E. Orthotics/Prosthetics |
| <input type="checkbox"/> | Z. None of the above |

Section GG: Self-Care

SOC/ROC

| GG0130. Self-Care | | |
|--|-------------------------|--|
| <p>Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).</p> | | |
| <p>Coding:</p> <p>Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p> <p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p> | | |
| 1. SOC/ROC Performance | 2. Discharge Goal | |
| ↓ Enter Codes in Boxes ↓ | | |
| <input type="text"/> | <input type="text"/> | A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. |
| <input type="text"/> | <input type="text"/> | B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them. |
| <input type="text"/> | <input type="text"/> | C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. |
| <input type="text"/> | <input type="text"/> | E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower |
| <input type="text"/> | <input type="text"/> | F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. |
| <input type="text"/> | <input type="text"/> | G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. |
| <input type="text"/> | <input type="text"/> | H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. |

Follow-Up

| GG0130. Self-Care | |
|--|---|
| <p>Code the patient's usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up, code the reason.</p> | |
| <p>Coding: Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p> <p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p> | |
| <p>4. Follow-Up Performance</p> | |
| <p>↓ Enter Codes in Boxes</p> | |
|  | <p>A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.</p> |
|  | <p>B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.</p> |
|  | <p>C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.</p> |

Discharge

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|--|--|
| GG0130. Self-Care | |
| Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason. | |
| <p>Coding: Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p> <p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p> | |
| 3. Discharge Performance | |
| ↓ Enter Codes in Boxes | |
| <input type="text"/> <input type="text"/> | A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal placed before the patient. |
| <input type="text"/> <input type="text"/> | B. Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. |
| <input type="text"/> <input type="text"/> | C. Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. |
| <input type="text"/> <input type="text"/> | E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. |
| <input type="text"/> <input type="text"/> | F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. |
| <input type="text"/> <input type="text"/> | G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. |
| <input type="text"/> <input type="text"/> | H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. |

Section GG: Mobility

SOC/ROC

| GG0170. Mobility | | |
|--|-------------------------|---|
| <p>Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).</p> | | |
| <p>Coding:</p> <p>Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <p>06. Independent – Patient completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.</p> <p>04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</p> <p>02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.</p> <p>If activity was not attempted, code reason:</p> <p>07. Patient refused</p> <p>09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.</p> <p>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88. Not attempted due to medical conditions or safety concerns</p> | | |
| 1. SOC/ROC Performance | 2. Discharge Goal | |
| ↓ Enter Codes in Boxes ↓ | | |
| <input type="text"/> | <input type="text"/> | A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. |
| <input type="text"/> | <input type="text"/> | B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. |
| <input type="text"/> | <input type="text"/> | C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. |
| <input type="text"/> | <input type="text"/> | D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. |
| <input type="text"/> | <input type="text"/> | E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). |
| <input type="text"/> | <input type="text"/> | F. Toilet transfer: The ability to get on and off a toilet or commode. |
| <input type="text"/> | <input type="text"/> | G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. |
| <input type="text"/> | <input type="text"/> | I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If SOC/ROC performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).</i> |
| <input type="text"/> | <input type="text"/> | J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. |
| <input type="text"/> | <input type="text"/> | K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. |
| <input type="text"/> | <input type="text"/> | L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. |
| <input type="text"/> | <input type="text"/> | M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. |
| <input type="text"/> | <input type="text"/> | N. 4 steps: The ability to go up and down four steps with or without a rail. |
| <input type="text"/> | <input type="text"/> | O. 12 steps: The ability to go up and down 12 steps with or without a rail. |
| <input type="text"/> | <input type="text"/> | P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. |

| | | |
|--------------------------|--------------------------|---|
| | <input type="checkbox"/> | Q. Does patient use wheelchair and/or a scooter? 0. No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS. 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns. |
| <input type="checkbox"/> | <input type="checkbox"/> | R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. |
| | <input type="checkbox"/> | RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized |
| <input type="checkbox"/> | <input type="checkbox"/> | S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. |
| | <input type="checkbox"/> | SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized |

Follow-Up

GG0170. Mobility

Code the patient's usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up code the reason.

Coding:

Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. Independent – Patient completes the activity by him/herself with no assistance from a helper.

05. Setup or clean-up assistance – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. Partial/moderate assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. Substantial/maximal assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. Dependent – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. Patient refused

09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.

10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)

88. Not attempted due to medical conditions or safety concerns

| 4. Follow-Up Performance | | |
|--------------------------------|----|--|
| ↓ Enter Codes in Boxes | | |
| <input type="text"/> | A. | Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. |
| <input type="text"/> | B. | Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. |
| <input type="text"/> | C. | Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. |
| <input type="text"/> | D. | Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. |
| <input type="text"/> | E. | Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). |
| <input type="text"/> | F. | Toilet transfer: The ability to get on and off a toilet or commode. |
| <input type="text"/> | I. | Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If Follow-Up performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).</i> |
| <input type="text"/> | J. | Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. |
| <input type="text"/> | L. | Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. |
| <input type="text"/> | M. | 1 step (curb): The ability to go up and down a curb and/or up and down one step. |
| <input type="text"/> | N. | 4 steps: The ability to go up and down four steps with or without a rail. |
| <input type="text"/> | Q. | Does patient use wheelchair and/or a scooter? 0. No → Skip GG0170R. 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns. |
| <input type="text"/> | R. | Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. |

Discharge

GG0170. Mobility

Code the patient's usual performance at Discharge for each activity using the 6-point scale. If activity was not attempted at Discharge, code the reason.

Coding:

Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. Independent** – Patient completes the activity by him/herself with no assistance from a helper.
- 05. Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 02. Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

- 07. Patient refused**
- 09. Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical conditions or safety concerns**

| | | |
|-------------------------------|----------------------|---|
| 3. | | |
| Discharge Performance | | |
| ↓ Enter Codes in Boxes | | |
| <input type="text"/> | <input type="text"/> | A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. |
| <input type="text"/> | <input type="text"/> | B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. |
| <input type="text"/> | <input type="text"/> | C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. |
| <input type="text"/> | <input type="text"/> | D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. |
| <input type="text"/> | <input type="text"/> | E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). |
| <input type="text"/> | <input type="text"/> | F. Toilet transfer: The ability to get on and off a toilet or commode. |
| <input type="text"/> | <input type="text"/> | G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. |
| <input type="text"/> | <input type="text"/> | I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If Discharge performance is coded 07, 09, 10 or 88 → skip to GG0170M, 1 step (curb).</i> |
| <input type="text"/> | <input type="text"/> | J. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. |
| <input type="text"/> | <input type="text"/> | K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. |
| <input type="text"/> | <input type="text"/> | L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. |
| <input type="text"/> | <input type="text"/> | M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. |
| <input type="text"/> | <input type="text"/> | N. 4 steps: The ability to go up and down four steps with or without a rail. |
| <input type="text"/> | <input type="text"/> | O. 12 steps: The ability to go up and down 12 steps with or without a rail. |
| <input type="text"/> | <input type="text"/> | P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. |
| <input type="text"/> | <input type="text"/> | Q. Does patient use wheelchair and/or a scooter? 0. No → Skip to J1800 Any falls since SOC/ROC, whichever is more recent. 1. Yes → Continue to GG0170R. Wheel 50 feet with two turns. |
| <input type="text"/> | <input type="text"/> | R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. |
| <input type="text"/> | <input type="text"/> | RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized |
| <input type="text"/> | <input type="text"/> | S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. |
| <input type="text"/> | <input type="text"/> | SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized |

Section J: Health Conditions (Falls)

Transfer/Discharge/Death

| Section J | Health Conditions | |
|---|---|--|
| J1800. Any Falls Since SOC/ROC, whichever is more recent | | |
| Enter Code <input type="text"/> | Has the patient had any falls since SOC/ROC , whichever is more recent? | |
| | 0. No → <i>Skip J1900</i> | |
| | 1. Yes → <i>Continue to J1900. Number of Falls Since SOC/ROC, whichever is more recent</i> | |
| J1900. Number of Falls Since SOC/ROC, whichever is more recent | | |
| CODING: 0. None 1. One 2. Two or more | ↓ | Enter Codes in Boxes |
| | <input type="text"/> | 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="text"/> | 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="text"/> | C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma |