

**Track Changes**  
**from Chapter 3 Section J v1.19.1**  
**to Chapter 3 Section J v1.20.1**

Chapter	Section	Page(s) in version 1.20.1	Change
3	—	J-24–J-51	Page length changed due to revised content.
3	J1700	J-32	<p>Content included in the definition below has been reorganized and removals may instead be moved. Please refer to the Coding Tips section for item J1700: Fall History on Admission/Entry or Reentry for the guidance that was moved to that section.</p> <p><b>DEFINITION</b></p> <p><b>FALL</b></p> <p>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) <b>or the result of an overwhelming external force (e.g., a resident pushes another resident).</b> <del>The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home. Falls are not a result of an overwhelming external force (e.g., a resident pushes another resident).</del></p> <p>An intercepted fall occurs when the resident would have fallen if they had not caught themselves or had not been intercepted by another person – this is still considered a fall.</p> <p><del>CMS understands that challenging a resident's balance and training them 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.</del></p>

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3	J1700	J-33	<p>Section below is new for item J1700: Fall History on Admission/Entry or Reentry. Some guidance previously contained in the definition for the term “Falls” has been moved to this section; moves are not annotated as new guidance.</p> <p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>• The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground.</li> <li>• Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home.</li> <li>• CMS understands that challenging a resident’s balance and training them 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. However, if there is a loss of balance during supervised therapeutic interventions and the resident comes to rest on the ground, floor or next lower surface despite the clinician’s effort to intercept the loss of balance, it is considered a fall.</li> </ul>

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3	J1900	J-37	<div>Replaced screenshot.</div> <div>OLD</div> <div><div>J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent</div><div>Coding: 0. None 1. One 2. Two or more</div><div>Enter Codes in Boxes</div><div><div><input type="checkbox"/></div><div>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 resident; no change in the resident's behavior is noted after the fall</div></div><div><div><input type="checkbox"/></div><div>B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain</div></div><div><div><input type="checkbox"/></div><div>C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma</div></div></div> <div>NEW</div> <div><div>J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent</div><div><div>Coding: 0. None 1. One 2. Two or more</div><div><div><input type="checkbox"/></div><div>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 resident; no change in the resident's behavior is noted after the fall</div></div><div><div><input type="checkbox"/></div><div>B. Injury (except major) - as described in the CMS LTCF RAI User's Manual</div></div><div><div><input type="checkbox"/></div><div>C. Major injury - as described in the CMS LTCF RAI User's Manual</div></div></div></div>
3	J1900	J-37	<div>DEFINITIONS</div> <div>INJURY RELATED TO A FALL</div> <div>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.</div> <div>DEFINITIONS</div> <div>INJURY (EXCEPT MAJOR)</div> <div>Includes, but is not limited to, skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain.</div> <div>MAJOR INJURY</div> <div>Includes, but is not limited to, traumatic bone fractures, joint dislocations/subluxations, internal organ injuries, amputations, spinal cord injuries, closed head injuries with altered consciousness, subdural hematoma and crush injuries.</div>

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3	J1900	J-39	<p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and is at a different injury level than what was originally coded on an assessment that was submitted to the Internet Quality Improvement and Evaluation System (iQIES), the assessment must be modified to update the level of injury that occurred with that fall.</li> <li>Fractures confirmed to be pathologic (vs. traumatic) are not considered a major injury resulting from a fall.</li> </ul>
3	J1900	J-41	<p>6. The therapist had Resident S, who has Parkinson's disease, stand on one foot during their therapy session to intentionally challenge the resident's balance. Despite providing contact guard assistance and use of safety mats, Resident S fell and landed on their left side. An X-ray was ordered due to pain and swelling of the left wrist which confirmed a distal radius fracture of the left wrist.</p> <p><b>Coding:</b> J1800 would be <b>coded 1, yes</b> and J1900C would be <b>coded 1, one</b>.</p> <p><b>Rationale:</b> Despite safety precautions in place, Resident S sustained a radius fracture as a result of a fall during a therapeutic intervention with physical therapy. This is a fall, as the clinician's interventions did not intercept the loss of balance, and the resident landed on the floor and sustained a fracture, which is a major injury.</p>

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3	J1900	J-41	<p><b>Differentiating from Traumatic vs. Pathological Fractures</b></p> <p>7. Resident A, who has osteoporosis, falls, resulting in a right hip fracture. The Emergency Department physician confirms that the fracture is a result of the resident's bone disease and not a result of the fall.</p> <p><b>Coding:</b> J1800 would be <b>coded 1, yes</b> and J1900C would be <b>coded 0, none</b>.</p> <p><b>Rationale:</b> The physician determined that the fracture was a pathological fracture due to osteoporosis. Because the fracture was determined to be pathological, it is not coded as a fall with major injury.</p> <p>8. Resident L, who has osteoporosis, falls, resulting in a right hip fracture. The physician in the acute care hospital confirms that the fracture is a result of the resident's fall and not the resident's history of osteoporosis.</p> <p><b>Coding:</b> J1800 would be <b>coded 1, yes</b> and J1900C would be <b>coded 1, one</b>.</p> <p><b>Rationale:</b> Because the physician determined that the fracture was a result of the fall, it is a traumatic fracture and, therefore, is a fall with major injury.</p>