




AHCC Talk

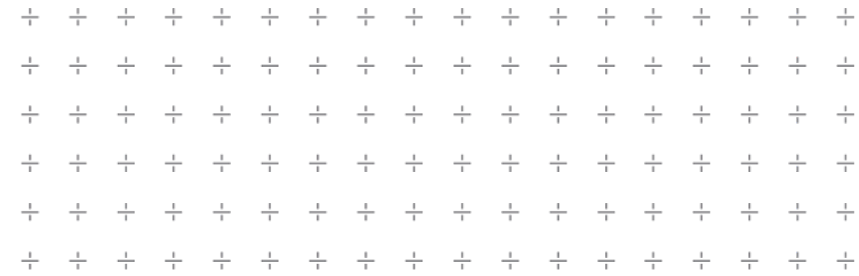
January 26, 2026

www.hcpro.com

A woman with curly hair is smiling and looking towards the camera while sitting at a desk with a laptop. In the background, other office workers are visible, some standing and talking. The image is dimmed and has a dark overlay.

Falls and the New FMI Outcome

Our Panel



Host

Jan Milliman, HCS-D,
Director, AHCC



Panelist

Lisa Selman-Holman,
JD, BSN, RN, HCS-D



Panelist

Kelly Kavanaugh, RN,
HCS-D, HCS-O, HCS-H



Falls and the New FMI

Background

- Approximately 20–30% of older adults (≥ 65 years old) experience one or more falls each year.
- These falls are associated with substantial burden to the health care system, individuals, and families from resulting injuries, fractures, and reduced functioning and quality of life.
- Falls among older adults are a major public health concern because of the \$30 billion in direct US healthcare costs annually as well as the immense psychological and physical impacts.
- Evidence from national surveillance data and research indicates falls are the leading cause of injury-related death in persons aged 65 years or older.

OIG Findings

- Recent studies found substantial underreporting of FMIs in assessment data, specifically citing that approximately 50% of FMIs are not reported across settings.
- Sanghavi et al. (2020) found that only 57.5% of claims-identified FMI events were reported in MDS assessments by skilled nursing facilities,
- 2023 report reviewing the home health setting released by the OIG found that only 45% of claims-identified FMI events were reported by home health agencies in Outcome and Assessment Information Set (OASIS) assessment data.
- Additionally, home health agencies (HHAs) with the lowest FMI scores as reported on Care Compare tended to have the highest levels of underreporting.


OASIS Items: Let's Talk About Falls

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 → <i>Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH</i> 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

J1900. Number of Falls Since SOC/ROC, whichever is more recent	
Coding: 0. None 1. One 2. Two or more	↓ Enter code in boxes
	<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): As described in the OASIS manual
	<input type="checkbox"/> C. Major injury: As described in the OASIS manual

Scoring Tips for J1800 & J1900

- Report falls that occurred at any time during the **quality episode**, regardless of where the fall occurred.
- Intercepted falls are considered falls. They may or may not result in injury.
- 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.
- A major injury confirmed after the TOC OASIS was completed should still be added.

 **REMINDER:** A **quality episode** begins with either a Start of Care (SOC) or a Resumption of Care (ROC) and ends with either a Transfer (TRF), Death at home (DAH) or Discharge (DC) assessment.

Definition Changes: 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).~~



Meaning: A fall due to an overwhelming external force (e.g., a patient pushing another patient) **would** be considered a fall.

More Definition Updates: Injury

- *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 injuries** ~~closed~~ head injuries, and **crush injuries** ~~with altered consciousness, subdural hematoma.~~



New Tip: Fractures **confirmed** to be pathologic (vs traumatic) are not to be considered a major injury resulting from a fall.

New Examples from CMS re: pathological fractures

- The patient has a fall but the physician diagnosed a pathological fracture.
 - J1800: Yes. The patient did have a fall.
 - J1900C: None. The pathological fracture is not considered a major injury.

- The patient has a fall and has osteoporosis, but the physician diagnosed a traumatic fracture.
 - J1800: Yes. The patient did have a fall.
 - J1900C: 1. One. The patient had a fall with major injury.

What's the difference?

- **Balance Challenge:** A *purposeful intervention* designed to assess and improve a patient's ability to maintain postural control and stability during increasingly difficult tasks.
- **Intercepted Fall:** Occurs when a patient *would have fallen but did not* actually come to rest on the ground or a lower surface because either:
 - the patient caught themselves, or
 - another person (e.g., caregiver, staff member) intercepted and stopped the fall before it happened
- **Unexpected Stumble:** An unplanned loss of balance or brief disruption in gait where a person momentarily trips or *nearly* falls but typically recovers without coming to rest on the ground or a lower surface.

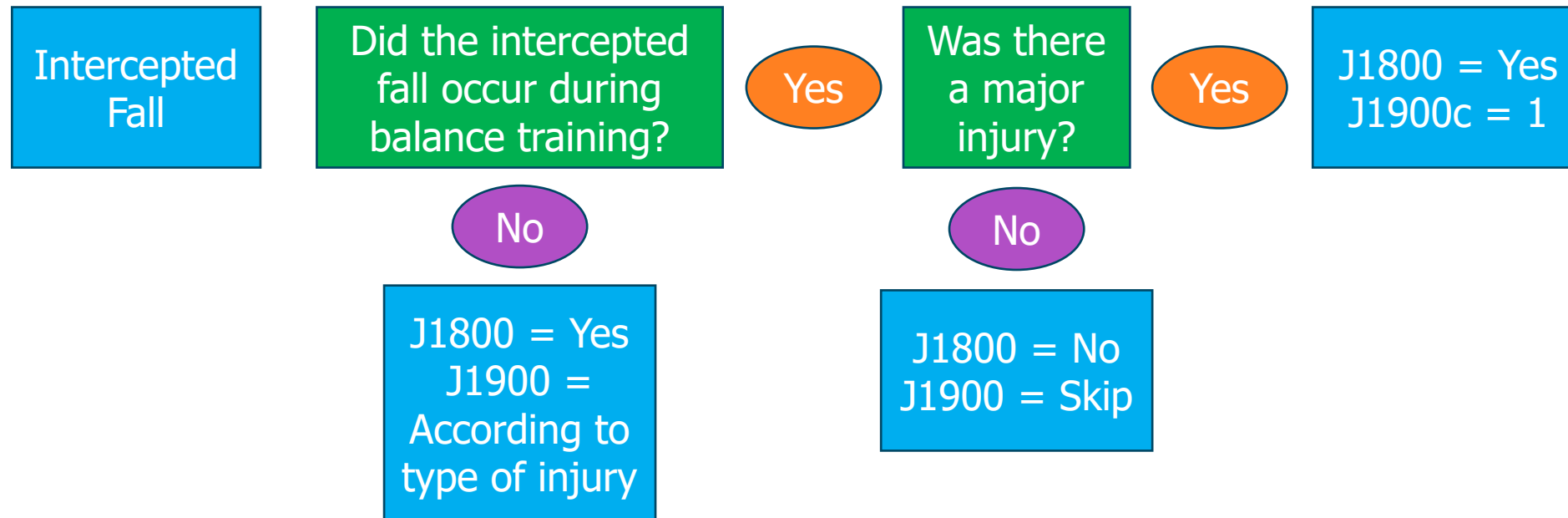
Falls in Balance Training

- 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. J1800 = No.
- 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 and J1900. (Specifically, J1800: Yes and J1900C: 1. Major injury.)

Example: Unexpected stumble

- 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. It would be counted as “no injury” fall for J1900A.
- 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.*

Intercepted Falls During Balance Training



Falls M1033 vs. J1800/J1900

Update
October
2025

Type of Fall	M1033	J1800/1900
Witnessed & Unwitnessed	✓	✓
Overwhelming Force	YES	YES
Therapeutic Balance Retraining	Sometimes	Sometimes
Intercepted Falls	✓	✓

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.

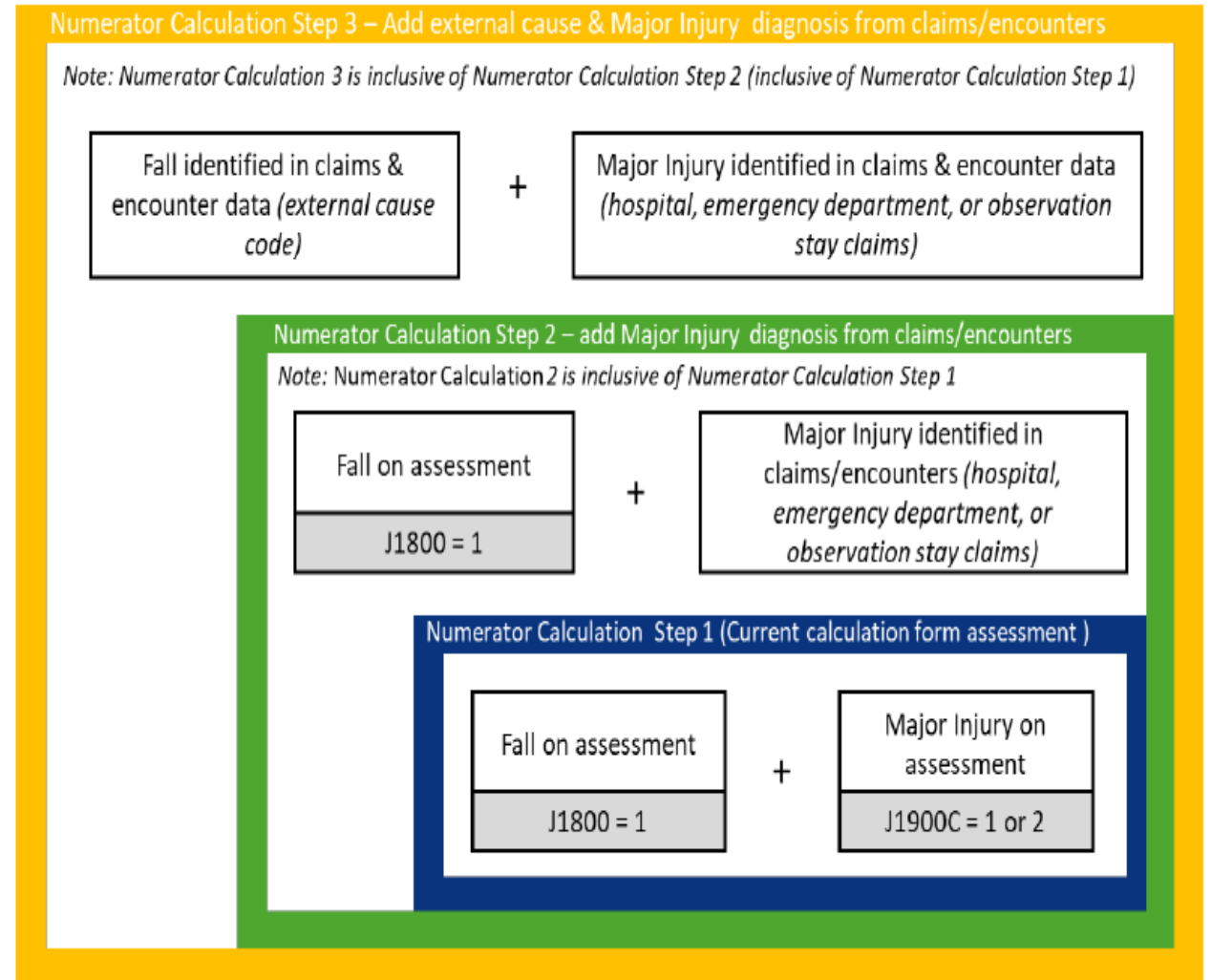
The FMI Outcome

Comparison

- **Original**

- The original version of the measure has been consistent across post-acute care and home health settings, such that an FMI is identified when both a fall and major injury are indicated on the patient assessment (i.e., numerator includes item J1800 identifying that there was a fall indicated on the assessment and item J1900C identifying that there was a major injury indicated on the assessment).

- **New**



Data Sources and Risk Adjustment

OASIS,

Medicare fee-for-service (FFS) claims,

Medicare Advantage encounter data,

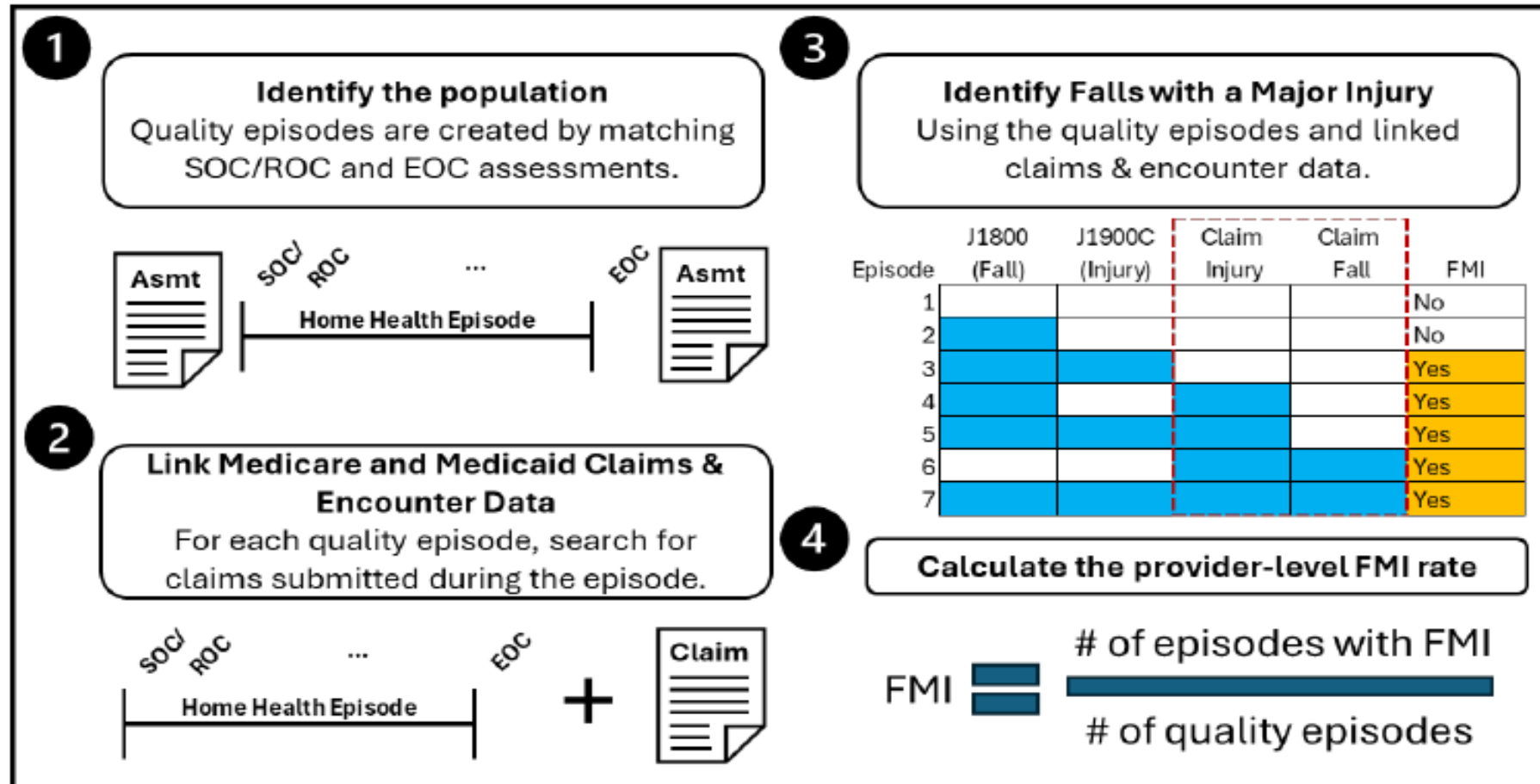
Medicaid claims and encounter data.

No risk adjustment

Only typical OASIS exclusions

- Under 18
- Maternity
- Unskilled care only

Detail on Calculation



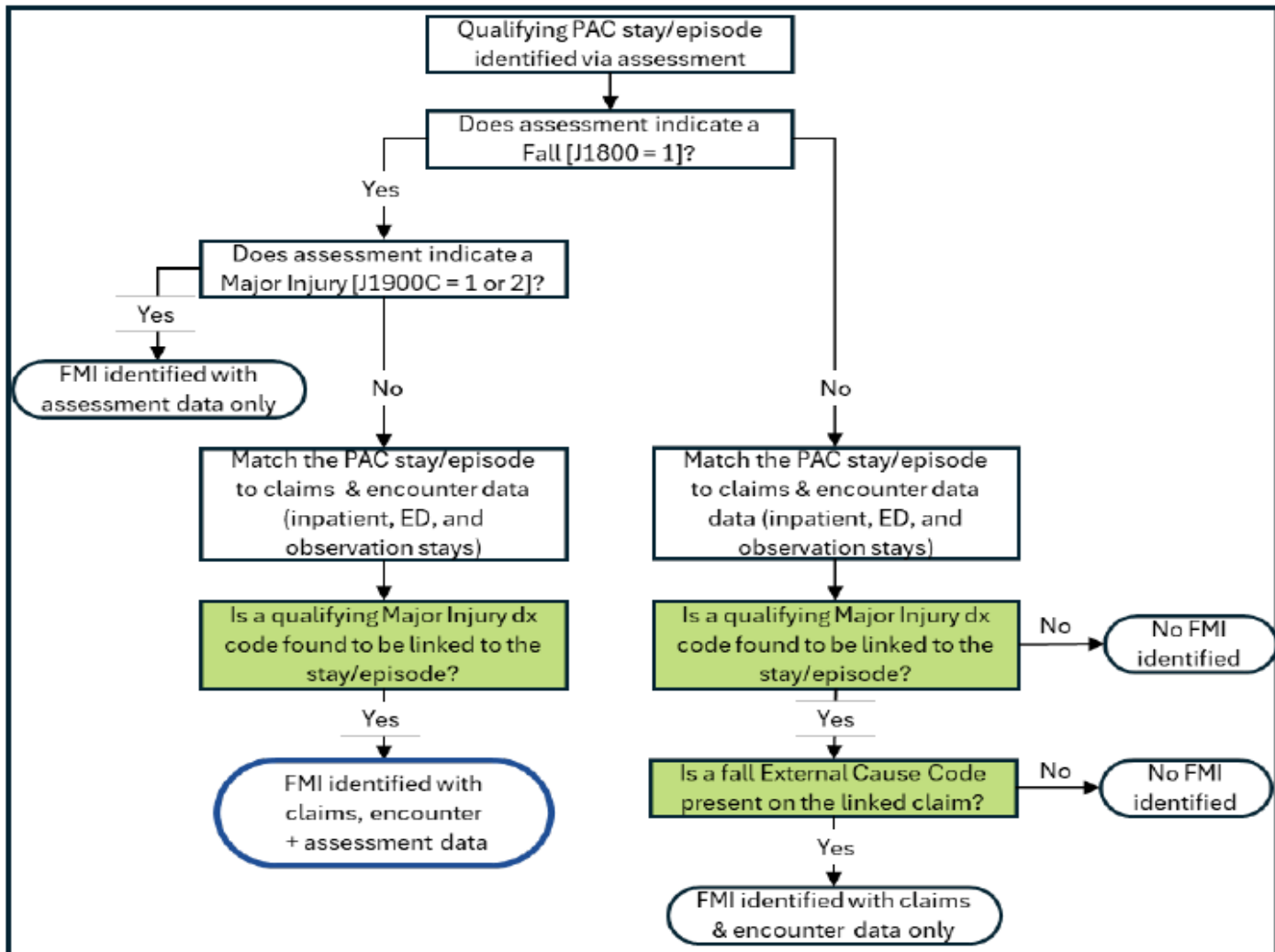
SOC = Start of care; ROC = Resumption of care; EOC = End of care

Definitions according to the Tech Specs

- **Injury Related to Fall:** Any documented injury that occurred because of or was recognized within a short period of time after the fall (e.g., hours to a few days) and attributed to the fall.
- **Injury (Except Major):** 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:** Including, but not limited to, traumatic bone fractures, joint dislocations/subluxations, internal organ injuries, amputations, traumatic spinal cord injuries, head injuries, and crush injuries.



J1900c



The HH episode is included in the numerator calculation for the FMI measure as J1800 indicated a fall and the ED claim indicated a major injury.

Exclusions

Concern	Numerator Exclusion
Injury occurred before the HH stay	Exclude injury codes identified as sequela Exclude injury codes identified as subsequent encounter
FMI event claim on same date as admission	Exclude when from date = episode start date
FMI event occurred while in hospital	Exclude diagnosis codes without a corresponding Present on Admission (POA) flag
FMI event occurred following discharge from HH episode/stay.	Exclude claim when: From date > episode end date Episode ends with a discharge to home

* Some language was changed for clarity. Source: Numerator Exclusions

Numeration Calculation Step	Data Source	Mean FMI Rate	Percent Providers with No FMI Events
Numerator Calculation Step 1 (Assessment data only)	Assessment	1.053	28.1%
Numerator Calculation Step 2 (Assessment + Major Injury in Claims)	Assessment, Claims	1.73	17.6%
Numerator Calculation Step 3 (Assessment + fall or Major Injury in Claims)	Assessment, Claims	2.37	14.5%

New Calculation Shows a Different Story

Preventing Falls With Major Injury: Clinical Focus Areas

- **Medication Review:** Evaluate medications that impact balance, cognition, sedation, or blood pressure (e.g., antihypertensives, opioids, psychotropics, diuretics).
- **Orthostatic Hypotension:** Routinely assess for orthostatic changes and address symptomatic drops in blood pressure.
- **Visual Impairment:** Identify vision deficits that limit hazard recognition and depth perception, increasing fall risk.
- **Mobility & Strength Deficits:** Assess for muscle weakness, gait instability, impaired coordination and limited endurance that compromise safe ambulation.
- **Risk-Taking & Unsafe Behaviors:** Address behaviors such as rushing, improper footwear, refusal or misuse of assistive devices, and nonadherence to safety recommendations.

Resources:

- OASIS E1 Manual: <https://www.cms.gov/files/document/draft-oasis-e1-manual-04-28-2024.pdf>
- OASIS Quarterly Q&As October 2025: <https://qtso.cms.gov/reference-and-manuals/oasis-quarterly-q>
- OASIS Static Q&As: <https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>
- All OASIS materials can be found at: <https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>
- Home Health - Falls with Major Injury Respecification: Technical Specification Report <https://www.cms.gov/files/document/fmi-technical-specification-report-hh.pdf-0> List of codes found in Appendix B and Appendix C
- Home Health J1800/J1900 Errata: <https://www.cms.gov/files/document/oasis-e1-guidance-manual-errata-fmi-items.pdf>

Scenario Spotlight

December Scenario

OASIS Scenario: M1033.1: Hospitalization Risks: History of falls

At the SOC visit on January 5, 2026, you notice the patient has a large bruise to the right arm. The patient reports that yesterday her granddaughter was playing with the dog and accidentally ran into the patient, causing her to lose her balance and hit the edge of kitchen cabinet with her right forearm, resulting in bruising and pain. Which response is TRUE regarding coding of M1033 – 1 History of falls for this patient?’

- A. Do not check because the patient has only had 1 fall.
- B. Do not check because an overwhelming external force is not considered a fall.
- C. Check because an overwhelming external force is considered a fall.
- D. Do not check because an intercepted fall is not considered a fall.

December Scenario Answer

OASIS Scenario: M1033.1: Hospitalization Risks: History of falls

At the SOC visit on January 5, 2026, you notice the patient has a large bruise to the right arm. The patient reports that yesterday her granddaughter was playing with the dog and accidentally ran into the patient, causing her to lose her balance and hit the edge of kitchen cabinet with her right forearm, resulting in bruising and pain. Which response is TRUE regarding coding of M1033 – 1 History of falls for this patient?’

- A. Do not check because the patient has only had 1 fall.
- B. Do not check because an overwhelming external force is not considered a fall.
- C. **Check because an overwhelming external force is considered a fall.**
- D. Do not check because an intercepted fall is not considered a fall.

January Scenario

OASIS Scenario: PT is working with a newly admitted patient with a diagnosis of dementia. Patient is using their walker for ambulation and PT is having patient stand briefly on one leg and then the other to work on increasing their balance due to an unsteady gait. While standing on the left leg, with right foot off the floor, the patient fell against the kitchen counter and immediately complained of right upper arm pain. MD was notified and patient sent to ER where they were found to have a right mid-shaft humerus fracture. The patient was admitted to the hospital for an ORIF of the fracture.

How should the clinician completing the transfer respond to J1800: Any Falls Since SOC/ROC and J1900: Number of Falls since SOC/ROC?

Product Spotlight

Face-to-Face Answers, Second Edition

Order the ultimate F2F reference for agency teams! Learn how the rules and interpretive guidance should be applied on a day-to-day basis to ensure compliance and retention of reimbursement for services, as well as pre-claim scenarios, pre-claim audit checklists, and more. Plus, AHCC members can save 20% on this reference at checkout!

Order now at decisionhealth.com/f2fguide



What's new with AHCC

Save the date: AHCC Members Call

January 28 at 2:00 Eastern

Check the December *AHCC Insider* for registration information.

Topics:

- Recent OASIS updates
- COPD coding
- "Other Specified" codes.





decisionhealth
an hcpro brand

Jan Milliman

Jan.milliman@decisionhealth.com

Next episode: February 23