

# BRR Insiders 2026 Summer Series LS and SS Falls with Major Injury



Date: 6/26/2026

# Learning Objectives

- Recognize the revised falls definitions
- Understand the TEP and OIG report conclusions
- Explain the FMI hybrid specifications
- Apply his understanding to facility IDT Practice

# Resources

- [MDS 3.0 v1.20.1](#)
- [MDS 3.0 QM User's Manual v18.0](#)
- [Tec Spec Report SNF LMI Respecification](#)
- [Tec Spec Report LS LMI Respecification](#)
- [OIG Report Failure to Report Falls](#)
- [OIG Report Falls Data](#)
- [5-Star User's Guide April 2026](#)
- [Surveyor Critical Element Pathways](#)
- [SOM Appendix PP](#)

# New Falls Definitions - MDS 3.0 v1.20.1

## • FALL (J1800)

- 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) or *the result of an overwhelming external force (e.g., a resident pushes another resident)*.
- 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.
- 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.*

# New Falls Definitions - MDS 3.0 v1.20.1

- MAJOR INJURY (J1900C)

- Includes, *but is not limited to*, *traumatic* bone fractures, joint dislocations / *subluxations, internal organ injuries, amputations, spinal cord injuries*, head injuries, *and crush injuries*.
- *Fractures confirmed to be pathologic (vs. traumatic) are not considered a major injury resulting from a fall.*
- *Examples 6–8 on page J-41 of the RAI Manual show examples of falls with major injury related to the new therapy stipulation and pathologic vs. non-pathologic fractures*

# Relevant Current Falls Guidance - MDS 3.0 v1.20.1

- **Planning for Care**

- It is important to ensure the accuracy of the level of injury resulting from a fall. Since injuries can present themselves later than the time of the fall, the assessor may need to look beyond the ARD to obtain the accurate information for the complete picture of the fall that occurs in the look back of the MDS.

- **Steps for Assessment**

- Review all available sources for any fall since the last assessment, **no matter whether it occurred while out in the community, in an acute hospital, or in the nursing home.** Include medical records generated in any health care setting since last assessment All relevant records received from acute and post-acute facilities where the resident was admitted during the look -back period should be reviewed for evidence of one or more falls.
- Review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room xray, MRI, CT scan results) and ensure that this information is used to code the assessment.

# Current Falls With Major Injury LS QM

**Look-Back Scan:** Scan all qualifying RFAs within the current episode that have target dates no more than 275 days prior to the target assessment. The target assessment and qualifying earlier assessments are scanned to determine whether certain events or conditions occurred during the look-back period.

Table 2-12  
Percent of Residents Experiencing One or More Falls with Major Injury (LS)  
(CMS ID: N013.02) (CMIT Measure ID: 520)<sup>13</sup>

## Measure Description

This measure reports the percent of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period.

## Measure Specifications

### *Numerator*

Long-stay residents with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]).

### *Denominator*

All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions.

### *Exclusions*

Resident is excluded if the following is true for *all* look-back scan assessments:

1. The number of falls with major injury was not coded (J1900C = [-]).

## Covariates

Not applicable.

# Current Falls With Major Injury QRP QM

**Look-Back Scan:** The look-back scan is conducted to review all qualifying Reasons for Assessments (RFAs) within a Medicare Part A SNF stay to determine whether certain events or conditions occurred during that stay. The look-back period consists of the entire Medicare Part A SNF stay specific to a resident. All assessments identified below as qualifying RFAs, with target dates within the Medicare Part A SNF stay (i.e., look-back period), are examined since some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed.

**Table 8-1**  
**Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: S013.02)<sup>31</sup>**

Measure Description
This quality measure reports the percentage of Medicare Part A SNF stays where one or more falls with major injury (includes bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) were reported during the SNF stay.
Measure Specifications <sup>32</sup>
If a resident has multiple Medicare Part A SNF stays during the target 12 months, then all stays are included in this measure.
<i>Numerator</i> The total number of Medicare Part A SNF stays ( <u>Type 1 SNF Stays</u> only) in the denominator with one or more look-back scan assessments that indicate one or more falls that resulted in major injury (J1900C = [1, 2]).
<i>Denominator</i> The total number of Medicare Part A SNF stays ( <u>Type 1 SNF Stays</u> only) with one or more assessments that are eligible for a look-back scan <sup>33</sup> (except those with exclusions).
<i>Exclusions</i> Medicare Part A SNF stays are excluded if:
<ol style="list-style-type: none"> <li>1. The number of falls with major injury was not coded; i.e., J1900C (Falls with Major Injury) = [-].</li> <li>2. The resident died during the SNF stay (i.e., <u>Type 2 SNF Stays</u>).               <ol style="list-style-type: none"> <li>a. Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12]).</li> </ol> </li> </ol>
Covariates
None.

# Why New Measures

- **OIG September 2025**

- Nursing homes failed to report 43 percent of falls with major injury and hospitalization among Medicare -enrolled residents, as required, in resident assessments.
- Nursing homes' failure to report falls on MDS assessments leads to inaccurate fall rates on Care Compare.
- Medicare -enrolled nursing home residents experienced 42,864 falls with major injury and hospitalization and 1,911 residents died while hospitalized
- Medicare and enrollees paid more than \$800 million for the resulting hospital care .
- Most residents had fall risk factors identified prior to their falls.
- Most of the nursing home residents who were hospitalized for falls with major injury had cognitive and/or functional impairment prior to the fall.

# New Falls With Major Injury LS QM

- The respecified quality measure reports the percentage of LS NH residents with one or more FMI events (with major injury including, but not limited to, traumatic bone fractures, joint dislocations/ subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries and crush injuries ) in the target period or look-back period.
  - 1. The measure uses MDS assessment data, claims data, and encounter data to identify falls with a major injury that occurred during the target period or look -back period within a resident's most-recent NH episode. Specifically, the measure identifies an FMI event using the MDS J1800 and J1900 items to determine whether any falls resulted in a major injury.
  - 2. The measure also uses claims and encounter data to identify FMI events. The measure uses diagnosis codes to identify a major injury that likely resulted from a fall identified in the MDS data (using J1800) during the target period or look -back period.
  - 3. The measure also uses claims and encounter data to determine whether a fall occurred during the target period or look -back period using external cause of injury codes and whether the fall resulted in a major injury using claims diagnosis codes.
  - Numerator Calculation Steps 2 and 3 use International Classification of Diseases, Version 10, (ICD10) diagnosis codes in **Medicare FFS, Medicare Advantage, and Medicaid claims and encounter data** to identify major injuries.

# New Falls With Major Injury LS QM

- **The numerator for this quality measure** is the number of LS NH residents who experienced one or more FMIs in the target period or look-back period, as determined from review of the assessment data (J1800 and J1900), claims data, and encounter data (hospital, ED, and observation stay).
- **The FMI denominator includes** all LS NH residents included in the target period other than those covered by generic and measure-specific denominator exclusions.
- **The only current exclusions** for the respecified FMI measure are standard LS NH exclusions. Standard LS NH exclusions that can be found in the NHQI User's Manual for this item are missing data for item J1900C.
- **Numerator exclusions** include falls that occurred outside of the nursing home stay.

# New Falls With Major Injury QRP QM

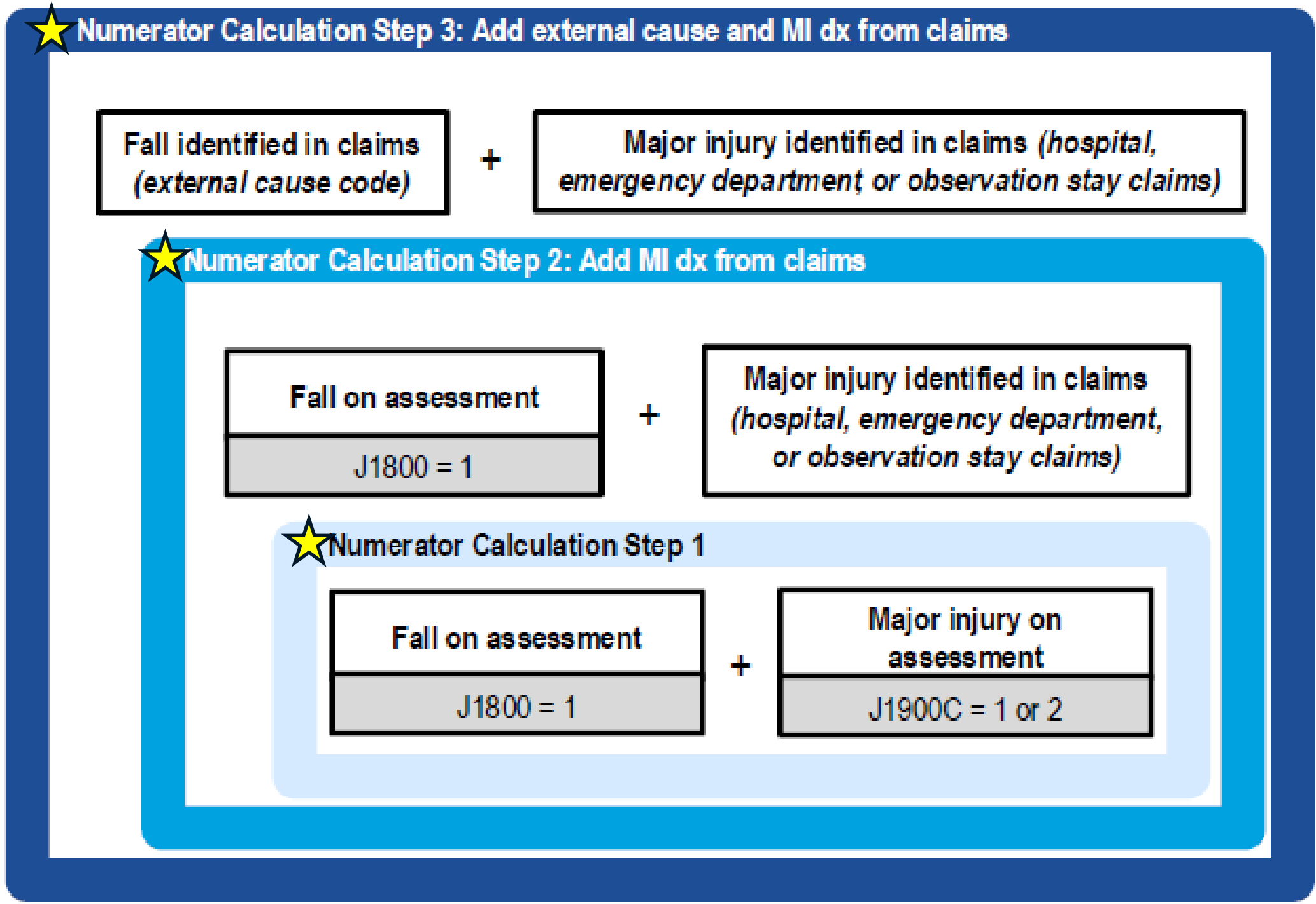
- The respecified quality measure reports the percentage of **Type 1 SNF stays** where the patient had one or more FMI events (with major injury including, but not limited to, traumatic bone fractures, joint dislocations/ subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries and crush injuries).
  - 1. The measure uses MDS assessment data and claims data to identify falls with a major injury that occurred during the SNF stay. Specifically, the measure identifies an FMI event using the MDS J1800 and J1900 items to determine whether any falls resulted in a major injury
  - 2. The measure also uses claims data to identify FMI events using diagnosis codes to identify a major injury that likely resulted from a fall identified in the MDS data at item J1800 during a SNF stay.
  - 3. The measure also uses claims data to determine whether a fall occurred during the SNF stay using external cause of injury codes and whether the fall resulted in a major injury using claims diagnosis codes.
  - **Numerator Calculation Steps 2 and 3 use ICD-10-CM diagnosis codes in Medicare FFS claims to identify major injuries. Numerator Calculation Step 3 also uses ICD-10 external cause of injury codes in Medicare FFS claims to identify falls. Every eligible SNF stay is evaluated for an FMI using the three numerator calculation steps.**

# **New Falls With Major Injury QRP QM**

- **The numerator** for this quality measure is the number of **Type 1 SNFstays** in which the patient experienced one or more falls that resulted in major injury, as determined from review of the assessment data (J1800 and J1900) and claims data (hospital, ED, and observation stay).
- **The FMI denominator includes** all **Type 1 SNFstays** other than those covered by generic and measure-specific denominator exclusions.
- **The only current denominator exclusions** for the respecified FMI measure are standard SNF QRP exclusions. Standard SNF QRP exclusions consist of Type 2 stays.
- **Numerator exclusions** include falls that occurred outside of the SNF stay.

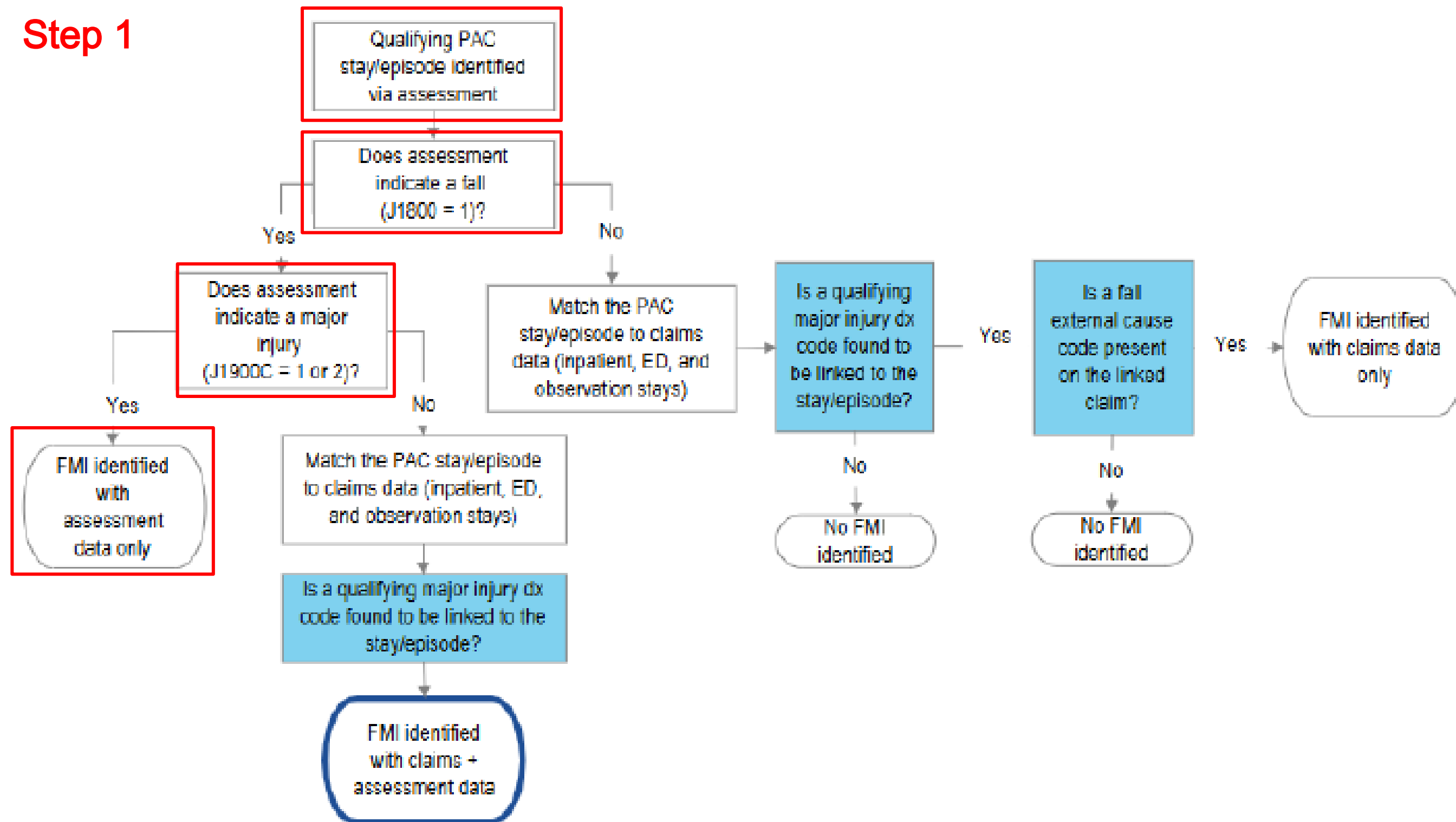
# New Falls With Major Injury QRP QM

Exhibit 1. Graphical Depiction of Steps for Calculating Respecified FMI Measure



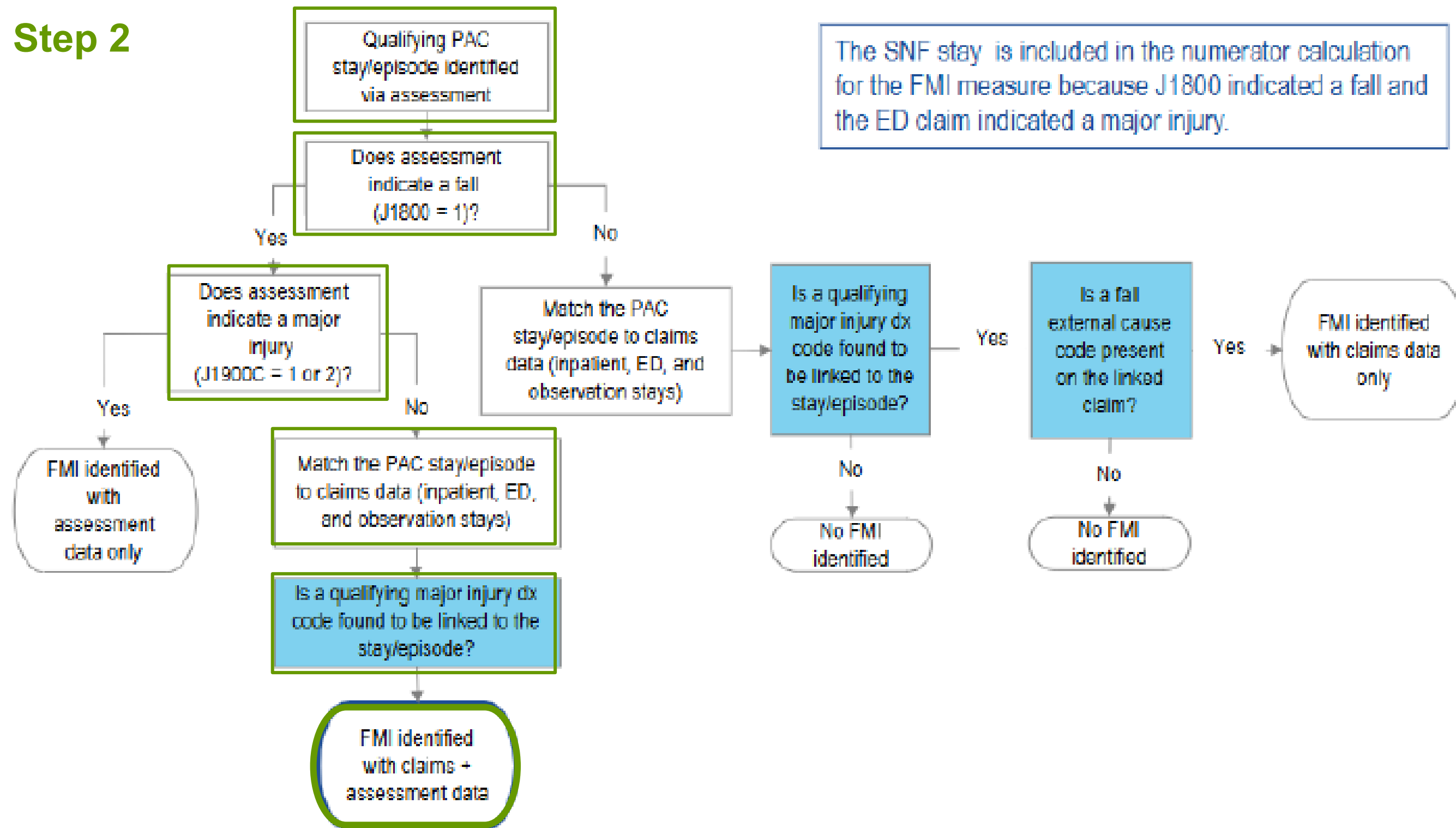
# New Falls With Major Injury QM

## Step 1



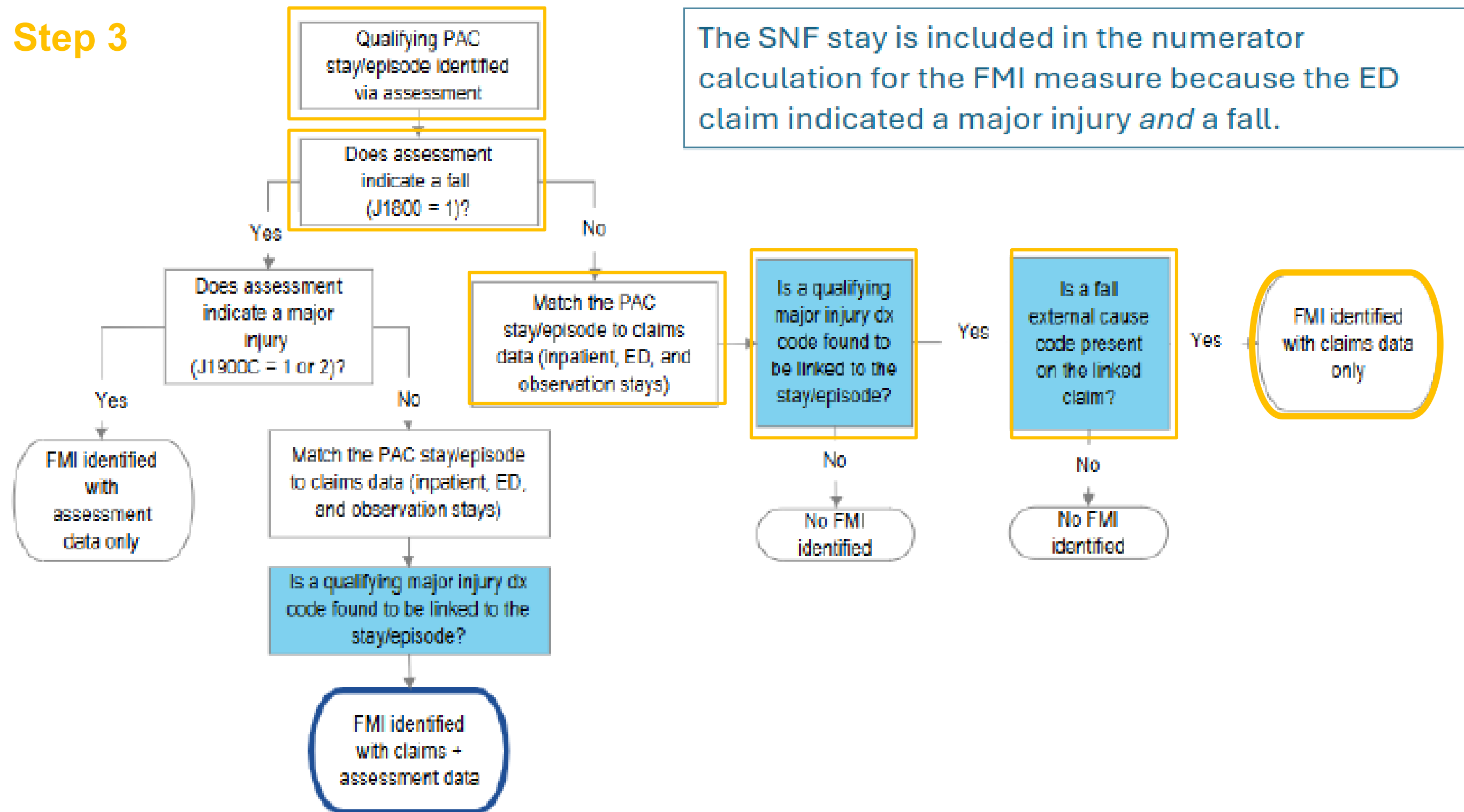
# New Falls With Major Injury QM

## Step 2



# New Falls With Major Injury QM

## Step 3



# Application Results

**Exhibit 6.** NH FMI Rate by Numerator Calculation Step

Numerator Calculation Step	Data Source	Mean FMI Score, %	Providers with No FMI Events, %
Numerator Calculation Step 1	Assessment	3.67	11.61
Numerator Calculation Step 2	Assessment, Claims/Encounters	4.17	8.72
Numerator Calculation Step 3	Assessment, Claims/Encounters	9.36	1.48

Note: FMI scores calculated using FY 2024 data from providers with at least 20 eligible residents

**Exhibit 5.** SNF FMI Rate by Numerator Calculation Step

Numerator Calculation Step	Data Source	Mean FMI Score, %	Providers with No FMI Events, %
Numerator Calculation Step 1	Assessment	0.91	52.11
Numerator Calculation Step 2	Assessment, Claims	1.50	37.61
Numerator Calculation Step 3	Assessment, Claims	1.73	32.69

Note: FMI scores calculated using CY 2024 data from providers with at least 20 stays.

# Next Steps

- **Become familiar with** the revised LS and SNF FMI specifications. Be aware of when the revised specifications become effective.
- **Managing this quality measure** and the implications should always be an IDT approach.
- **Fall risk identification** , **fall prevention** and **fall safety** must be a priority.
- Use the **Accident Survey Critical Element Pathway** to identify gaps in staff awareness of global and resident specific prevention/safety measures.
- Follow the **RAI Guidelines** and apply the **revised definitions and guidance** when coding the MDS.
- Take **aproactive approach to the IQIES reports** to understand where a fall with major injury was captured/not captured.
- Remember that the FMI QM affect the **5-Star rating and VBP IPM(LS), SNF QRP(SNF). Audits have started!** Pay attention to your Provider Preview Reports folder in IQIES.

Any  
Questions?

# Want to Know More?

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