HealthCap
RISK MANAGEMENT SERVICES

UNDERSTANDING THE 2025 MDS 3.0 CHANGES

FALLS AND INJURIES

> *The goal isn't to make more work for facilities — it's to make sure what we're documenting truly reflects what's happening with our residents and bring continuity to falls reporting across the continuum of care. .*
>
> *— JANE SCHOOF, RN, MDS CONSULTANT*

THE LATEST RAI MANUAL REDEFINES HOW FALLS AND INJURIES ARE CODED TO ALIGN MDS DATA WITH HOSPITAL CLAIMS. ACCURATE CODING ENSURES BETTER CARE PLANS AND PROPER REIMBURSEMENT.

FALL DEFINITION UPDATES

OLD RULE (THROUGH SEPT 30, 2025)

- Falls caused by an external force (such as being pushed or colliding with another resident) were excluded from MDS coding.
- Facilities still investigated but did not record them as falls on the MDS.

NEW RULE (EFFECTIVE OCT 1, 2025)

- Falls caused by an overwhelming external force are now included in the definition.
- Code any event where a resident comes to rest on the ground or a lower surface, regardless of cause.

WHY THE CHANGE:

CMS identified discrepancies between MDS reports and hospital claims data. By aligning definitions, facilities can improve accuracy in quality reporting and reduce under-reporting.

CLINICAL COLLABORATION & DOCUMENTATION

Use IDT discussion to determine injury classification. Document the rationale in the record:

- Clinical assessment findings
- Physician documentation
- Neuro checks and imaging results
- IDT consensus note

Consistency = Credibility
When Therapy and Nursing documentation align, surveyors and reviewers can easily follow your coding logic.

IMPLEMENTATION CHECKLIST

- Use the RAI Manual v1.20.1 (Final October 2025).
- Update policies and education materials to reflect the new definitions.
- Train staff on the term "intercepted fall" and new injury categories.
- Verify EHR links to Chapter 3 or upload the CMS PDF for reference.
- Document all coding decisions and IDT rationales in the medical record.

https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

INJURY DEFINITIONS & CODING GUIDANCE

INJURY EXCEPT MAJOR (PREVIOUSLY "MINOR INJURY")

DEFINITION UPDATE:
CMS added the phrase "includes but is not limited to". Examples are guidance, not a complete list.

EXAMPLES INCLUDE:

- Skin tears
- Abrasions or superficial bruises
- Hematomas
- Sprains
- Any fall-related pain complaint, even without visible injury

When a resident reports pain after a fall, code it as Injury Except Major. Loss of function is not considered Major without diagnostic evidence or a physician's note.

MAJOR INJURY

DEFINITION UPDATE:
Now explicitly includes traumatic bone fractures.

- If a physician documents a pathologic fracture (e.g., osteoporosis-related), do not code as Major.
- Removed phrase "head injury with change in level of consciousness"; now simply "head injury."

EXAMPLES INCLUDE:

- Traumatic bone fracture
- Joint dislocation or subluxation
- Internal organ injury
- Amputation
- Spinal cord injury
- Head injury (concussion or subdural hematoma)
- Crush injury

CODING TIP:

- Bruise or superficial laceration = Injury Except Major
- Concussion, subdural hematoma, or loss of consciousness = Major Injury

RAI MANUAL EXAMPLE (PAGE J-40):
A resident falls, sustains a cut above the eye and arm swelling, is sent to the ER, and shows no neuro changes.

Code J1900B = 1 (Injury Except Major)

Reason: Laceration and swelling without fracture or neuro change are classified as Injury Except Major.