

**Track Changes**  
**from Chapter 3 Section H v1.17.1**  
**to Chapter 3 Section H v1.18.11**

Chapter	Section	Page(s) in version 1.18.11	Change
3	—	—	Updated language throughout to be gender neutral.
3	—	—	Updated screen captures of all items.
3	H0100	H-1	<ul style="list-style-type: none"> <li>Ostomies (and peristomal skin) should be free of redness, tenderness, excoriation, and breakdown. Appliances should fit well, be comfortable, and promote resident dignity.</li> </ul>
3	H0100	H-2	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>Suprapubic catheters and nephrostomy tubes should be coded as an indwelling catheter (H0100A) only and not as an ostomy (H0100C).</li> <li>Condom catheters (<del>males</del>) and external urinary pouches (<del>females</del>) are often used intermittently or at night only; these should be coded as external catheters.</li> <li>Do not code gastrostomies or other feeding ostomies in this section. Only appliances used for elimination are coded here.</li> <li>Do not include one-time catheterizations for urine specimen collection or other diagnostic exams (e.g., to measure post-void residual) during look-back period as intermittent catheterization.</li> </ul>
3	H0300	H-9	<p><b>DEFINITION</b></p> <p><b>STRESS INCONTINENCE</b></p> <p>Episodes of a small amount of urine leakage only associated with physical movement or activity such as coughing, sneezing, laughing, lifting heavy objects, or exercise.</p>

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3	H0300	H-9	<p>2. A resident with multi-infarct dementia is incontinent of urine on three occasions on day one of observation, continent of urine in response to toileting on days two and three, and has one urinary incontinence episode during each of the nights of days four, five, six, and seven of the look-back period.</p> <p><b>Coding:</b> H0300 would be <b>coded as 2, frequently incontinent.</b></p> <p><b>Rationale:</b> The resident had seven documented episodes of urinary incontinence <del>over</del>during the look-back period. The criterion for “frequent” incontinence has been set at seven or more episodes over the 7-day look-back period with at least one continent void.</p>
3	H0300	H-10	<p>1. A resident with Parkinson’s disease is severely immobile, and cannot be transferred to a toilet. He <del>They</del> <del>is</del>are unable to use a urinal, and the incontinence is managed by the resident using adult briefs and bed pads that are regularly changed. He <del>They</del> did not have a continent void during the 7-day look-back period.</p> <p><b>Coding:</b> H0300 would be <b>coded as 3, always incontinent.</b></p> <p><b>Rationale:</b> The resident has no urinary continent episodes and cannot be toileted due to severe disability or discomfort. Incontinence is managed by a “check and change” in protocol.</p>
3	H0400	H-10	<p><b>H0400: Bowel Continence</b></p> <p><del>Note: There are images imbedded in this manual and if you are using a screen reader to access the content contained in the manual you should refer to the data item set to review the referenced information.</del></p>
3	H0400	H-10– H-11	Page length changed due to revised content.

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3	H0500	H-12	<p><b>Item Rationale</b></p> <p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>• A systematically implemented bowel toileting program may decrease or prevent bowel incontinence, minimizing or avoiding the negative consequences of associated with incontinence.</li> <li>• Many incontinent residents respond to a bowel toileting program, especially during the day.</li> </ul>