

H0100. Appliances	
↓	Check all that apply
<input type="checkbox"/>	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
<input type="checkbox"/>	B. External catheter
<input type="checkbox"/>	C. Ostomy (including urostomy, ileostomy, and colostomy)
<input type="checkbox"/>	D. Intermittent catheterization
<input type="checkbox"/>	Z. None of the above

Item Rationale

Health-related Quality of Life

- It is important to know what appliances are in use and the history and rationale for such use.
- External catheters should fit well and be comfortable, minimize leakage, maintain skin integrity, and promote resident dignity.
- Indwelling catheters should not be used unless there is valid medical justification. Assessment should include consideration of the risk and benefits of an indwelling catheter, the anticipated duration of use, and consideration of complications resulting from the use of an indwelling catheter. Complications can include an increased risk of urinary tract infection, blockage of the catheter with associated bypassing of urine, expulsion of the catheter, pain, discomfort, and bleeding.
- Ostomies (and peristomal skin) should be free of redness, tenderness, excoriation, and breakdown. Appliances should fit well, be comfortable, and promote resident dignity.

DEFINITIONS

INDWELLING CATHETER

A catheter that is maintained within the bladder for the purpose of continuous drainage of urine.

SUPRAPUBIC CATHETER

An indwelling catheter that is placed by a urologist directly into the bladder through the abdomen. This type of catheter is frequently used when there is an obstruction of urine flow through the urethra.

NEPHROSTOMY TUBE

A catheter inserted through the skin into the kidney in individuals with an abnormality of the ureter (the fibromuscular tube that carries urine from the kidney to the bladder) or the bladder.

H0100: Appliances (cont.)

Planning for Care

- Care planning should include interventions that are consistent with the resident's goals and minimize complications associated with appliance use.
- Care planning should be based on an assessment and evaluation of the resident's history, physical examination, physician orders, progress notes, nurses' notes and flow sheets, pharmacy and lab reports, voiding history, resident's overall condition, risk factors and information about the resident's continence status, catheter status, environmental factors related to continence programs, and the resident's response to catheter/continence services.

Steps for Assessment

1. Examine the resident to note the presence of any urinary or bowel appliances.
2. Review the medical record, including bladder and bowel records, for documentation of current or past use of urinary or bowel appliances.

Coding Instructions

*Check next to each appliance that was used at any time in the past 7 days. Select **none of the above** if none of the appliances A-D were used in the past 7 days.*

- **H0100A**, indwelling catheter (including suprapubic catheter and nephrostomy tube)
- **H0100B**, external catheter
- **H0100C**, ostomy (including urostomy, ileostomy, and colostomy)
- **H0100D**, intermittent catheterization
- **H0100Z**, none of the above

DEFINITIONS

EXTERNAL CATHETER

Device attached to the shaft of the penis like a condom, *a female external catheter, or other non-invasive urine output management device or system that routes urine* to a drainage bag.

OSTOMY

Any type of surgically created opening of the gastrointestinal or genitourinary tract for discharge of body waste.

UROSTOMY

A stoma for the urinary system used in cases where long-term drainage of urine through the bladder and urethra is not possible, e.g., after extensive surgery or in case of obstruction.

ILEOSTOMY

A stoma that has been constructed by bringing the end or loop of small intestine (the ileum) out onto the surface of the skin.

COLOSTOMY

A stoma that has been constructed by connecting a part of the colon onto the anterior abdominal wall.

INTERMITTENT CATHETERIZATION

Insertion and removal of a catheter through the urethra for bladder drainage.

H0100: Appliances (cont.)

Coding Tips and Special Populations

- Suprapubic catheters and nephrostomy tubes should be coded as an indwelling catheter (H0100A) only and not as an ostomy (H0100C).
- *Female external catheters and other non-invasive urine output management devices or systems should be coded as external catheters (H0100B).*
- Condom catheters and external urinary pouches are often used intermittently or at night only; these should be coded as external catheters.
- Do not code gastrostomies or other feeding ostomies in this section. Only appliances used for elimination are coded here.
- 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.
- Self-catheterizations that are performed by the resident in the facility should be coded as intermittent catheterization (H0100D). This includes self-catheterizations using clean technique.