



## Center for Clinical Standards and Quality/Survey & Certification Group

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January 20, 2016

Linda Krulish, PT, MHS, COS-C  
President  
OASIS Answers, Inc.  
PO Box 2768  
Redmond, WA 98073

Dear Ms. Krulish:

Thank you for your letter of January 11, 2016, in which you requested review of a number of questions and scenarios related to data collection and accurate scoring of Outcome and Assessment Information Set (OASIS) items. The accompanying questions and answers have been reviewed by CMS staff, selected content experts and contractors, and consensus on the responses has been achieved.

As deemed valuable for providers, OASIS Education Coordinators and others, CMS will consider incorporating these questions and answers into current OASIS education activities, and may include them in future updates to the CMS Q&As posted at <https://www.qtso.com/hhatrain.html>, and/or in future releases of item-by-item tips.

In the meantime, you are free and encouraged to distribute these responses through educational offerings sponsored by OASIS Answers, Inc. (OAI) or general posting for access by all interested parties. Thank you for your interest in and support for enhancing OASIS accuracy.

Sincerely,

Je'annine O'Malley  
Captain, USPHS  
Nurse Consultant  
Division of Continuing Care Providers  
Survey and Certification Group  
Office of Clinical Standards & Quality  
Centers for Medicare & Medicaid Services

cc: Theresa M. White  
Nurse Consultant  
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## January 2016 CMS Quarterly OASIS Q&As

### Category 4b

#### M0100

**Question 1:** Our Home Health agency admitted a patient on July 1st. He was admitted to the hospital on July 28th; from there he went to a skilled nursing facility on August 6th where he stayed until he died on September 17th. When our Home Health agency audited the discharged record this week, it was discovered that a Transfer OASIS had never been done. My question is, should a Transfer OASIS be done and submitted this late after discharge from Home Health?

**Answer 1:** In the scenario cited, the Transfer assessment (M0100 -RFA 7 – Transfer with agency discharge) would be completed to end the patient’s quality episode. The M0906 date would be the date the patient transferred to the hospital (July 28th), and the M0090 Data Assessment Completed would be the day the agency completes the transfer data collection. The Transfer assessment is due within two calendar days of the qualifying transfer to an inpatient facility. Assessments not completed according to the required time frames represent noncompliance with the data collection rules.

#### M0102, M0104

**Question 2:** When following the guidance in Cat 2 Q61 for a late F2F situation, how should M0102 – Date of Physician ordered SOC/ROC and M0104 Date of Referral be answered, as M0030 (Start of Care date) will change based off of the first billable visit? This “workaround” for the late F2F has the potential to have a negative impact on the timely initiation of care process measure.

Category 2 Q61: If the face-to-face does not occur within 30 days after the start of care (SOC), but it does occur, for example, on the 35th day, how should OASIS data be collected and submitted?

Answer (excerpt): Where a face-to-face encounter did not occur within the 90 days prior to the SOC or within 30 days after the SOC, a provider may use an existing OASIS assessment to generate another OASIS with a reported SOC date equal to the first visit date after all Medicare HH eligibility criteria are met. If multiple OASIS assessments exist, the data from the assessment conducted closest to the date of Medicare eligibility should be used.

**Answer 2:** In the scenario cited, where a new Start of Care date is established based on the completion of a late face-to-face encounter for Medicare eligibility, report M0102 – Date of Physician-ordered SOC as “NA” and report M0104 -Date of Referral, as the day prior to the new Start of Care date.

### **M1030**

**Question 3:** Should flushing of a biliary tube with normal saline be reported on M1030 – Therapies received at home?

**Answer 3:** The flushing of catheters/tubes utilized for infusion therapy are considered for M1030. Flushing a biliary tube used for bile drainage would not be considered a catheter/tube used for infusion, therefore flushing the biliary tube would not be reported on M1030.

### **M1306**

**Question 4:** We are seeking direction regarding serum filled blisters that are caused by shoes rubbing against the foot. Some of our clinicians consider these “trauma wounds” and others consider them “stage 2 pressure ulcers”. Please advise.

**Answer 4:** If the cause of a wound is solely a friction force which leads to visible skin impairment, such as the serum filled blister cited in the scenario, it would NOT be categorized as a pressure ulcer. The 2009 International NPUAP-EPUAP Pressure Ulcer Prevention and Treatment Clinical Practice Guideline eliminated reference to friction as a factor in pressure ulcer development.

### **M1308**

**Question 5:** Is a pressure ulcer automatically a Stage 4 if osteomyelitis is present, despite what type of breakdown there might be (for example only superficial skin loss)?

**Answer 5:** The presence of osteomyelitis is not a characteristic used to stage a pressure ulcer, and does not automatically result in a Stage 4 ulcer. The pressure ulcer stage should correspond to the clinician’s visual assessment on the day of assessment. The definitions for staging the pressure ulcer are documented on the Wound, Ostomy, and Continence Nurses (WOCN) Association website at [www.wocn.org](http://www.wocn.org) in the WOCN Guidance on OASIS-C1 Integumentary Items and at the NPUAP site at [www.npuap.org](http://www.npuap.org).

### **M1330**

**Question 6:** Cat 4b Q100.1 states that a patient with Peripheral Arterial Disease and Venous Stasis Insufficiency could have mixed arterial and venous stasis ulcers, which would be reported on M1330 – Stasis Ulcers. For a patient with an ulcer who has mixed arterial and venous disease, should M1330 always be “yes”, that the patient has a Stasis Ulcer?

**Answer 6:** No. In a situation where the patient has a mixture of venous stasis and arterial disease, the wound appearance and characteristics will often help the physician determine if the ulcer is venous, arterial, or mixed. If the wound is determined to be a venous stasis ulcer, or a mixed arterial and venous ulcer, the assessing clinician would document the wound in M1330. If the wound is determined to be arterial and it is receiving clinical assessment or intervention from the home health agency, the assessing clinician would document the wound in M1350 Skin Lesion or Open Wound.