

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Survey & Certification Group

July 10, 2014

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 July 1, 2014 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-C preparation and 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,

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Nurse Consultant
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cc: Caroline D. Gallaher, JD, BSN, RN
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July 2014 CMS Quarterly Q&As

(Note, when guidance applies only to the OASIS-C1/ICD/9 version of the data set, it will be indicated by the inclusion of a C1/ICD-9 notation.)

Category 4a

Question 1 - C1/ICD-9. When should we begin to use the OASIS-C1/ICD-9 data set?

Answer 1 - C1/ICD-9. The M0090 date for all assessments (SOC, ROC, Recertification, Other Follow-up, Transfer, Death at Home and Discharge) determines which version of OASIS must be completed:

If the M0090, Date Assessment Completed is 12/31/14 or before, use the OASIS-C data set.

If the M0090, Date Assessment Completed is 01/01/15 or after, use the OASIS-C1/ICD-9 data set.

Note: If an assessment is completed on or before 12/31/14 utilizing the OASIS-C data set and the assessing clinician chooses to reassess one or more OASIS items on or after 01/01/15 during the allowed timeframe for data collection (for example: within 5 days after the SOC, within 2 days after the ROC or DC), this would change the M0090 date and the OASIS-C1/ICD-9 data set must be completed instead of the OASIS-C.

Category 4b

M1030

Question 2. If a patient removes the q-pump on the day of our admission assessment, how is M1030 answered if we assume the q-pump was infusing medication just prior to the point of removal?

Answer 2. M1030, Therapies at home, identifies if the patient is receiving intravenous, parenteral nutrition, or enteral nutrition therapy at home, whether or not the home health agency is administering the therapy.

If, on the day of assessment (24 hours preceding the visit and time spent in home for the visit), there was an ongoing order for the infusion and the patient was receiving or will begin receiving the medication infusion in the home, Response 1 would be appropriate. You cannot make assumptions though, that the patient was receiving the infusion. The patient/caregiver would need to confirm that it was infusing while in the home during the 24 hours prior to the assessment.

M1046

Question 3 – C1/ICD-9. Chapter 3 guidance states “You may select Response 2 if a current patient was given a flu vaccine by your agency during a previous roster billing situation during this year’s flu season”. Is this still true, now that the Response 2 language in the OASIS-C1 item M1046 has been changed to specifically state that your agency gave the vaccine during a prior episode of care (SOC/ROC to Transfer/Discharge)?

Answer 3: The M1046 Response 2 – “Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)” should be used if prior to the individual becoming a patient of the agency, the agency gave the individual the vaccine for the current flu season, as in a roster billing situation during a community flu clinic event, etc.

M1100

Question 4. My patient lives in the independent apartments section of a large continuum of care complex. No personal care or nursing care is included in the rent, but the patient does receive housekeeping weekly, meals and someone onsite will go to their room if they pull the call cord. They cannot assist them off the floor if they have fallen, only call 911. What is my patient’s living situation when scoring M1100?

Answer 4. M1100, Response-specific instructions state "Select a response from Row c if the patient lives in an “assisted living” setting (assistance, supervision and/or oversight are provided as part of the living arrangement). For example, the patient lives alone or with a spouse or partner in an apartment or room that is part of an assisted living facility, residential care home, or personal care home."

In the large care continuum complexes, the patient is living in an congregate setting when "assistance, supervision and/or oversight are provided as part of the living arrangement." This is true even if, as described above, they are in an independent cottage or an independent apartment and they are getting services, like meals, housekeeping, or laundry services, as part of the living arrangement. Since they have a call bell in their apartment, the assistance is considered Around the Clock if onsite care continuum staff is available to respond to the bell 24/7 for the entire upcoming episode of care.

M1309

Question 5. C1/ICD-9 For M1309, if the patient had Stage IV pressure ulcer that became infected during the episode, at DC would the new infection be considered a “worsening” of the pressure ulcer?

Answer 5. C1/ICD-9 No, the specific and only definition of "worsening" that should be applied to M1309 is that the pressure ulcer has increased in numerical stage, for instance worsened or progressed from a Stage 3 pressure ulcer to a Stage 4 pressure ulcer. "Worsening", as defined by M1309, does not take into consideration other aspects of the pressure ulcer, like changes in healing status due to a new infection, or increased pain intensity at DC, compared with SOC.

M1860

Question 6. Does the usual status convention apply to all patients: ambulatory, chairfast and bedfast, when scoring M1860, Ambulation/Locomotion?

Answer 6. Because of the structure of the response options, the usual status convention (what is true greater than 50% of the time) does not apply for M1860 Ambulation/Locomotion.

For the ambulatory patient who needs assistance ambulating during any part of the day of assessment, but at times or in certain circumstances on the day of assessment can ambulate safely without assist, Response 2 is selected. A patient's ability must be that he/she is safe when independent of human assistance at all times during the day of assessment in order to select either Response 0 or 1. Response 3 is selected when, on the day of assessment, a patient needs human assistance at all times in order to safely ambulate.

For a non-ambulatory patient who is not bedfast, Response 4 - Chairfast, unable to ambulate but is able to wheel self independently is selected if the patient does not require any assistance wheeling self at any time during the day of assessment. Response 5-Chairfast, unable to ambulate and unable to wheel self is selected if the patient requires any assistance to wheel self on the day of assessment. If the patient can wheel self safely for part of the day but requires assistance at times, Response 5 is selected.

In order to be considered bedfast, a patient must be medically restricted to the bed or unable to tolerate being out of bed.

M2000, M2002, M2004, M2010, M2020

Question 7. Our patient has nine herbal supplements that have been prescribed by her physician. Are herbal supplements considered medications when answering the OASIS items?

Answer 7. Herbal products, when prescribed or taken as a medication, are considered medication when completing the OASIS items. For example, echinacea taken daily by mouth to stimulate the immune system, would be considered a medication. Herbal products are not considered medication when they are consumed for non-medicinal purposes; like echinacea tea consumed because the patient enjoys the flavor, and for no therapeutic purpose.

M2250

Question 8. If the patient is taking a medication that could be used for pain control, e.g. aspirin 81 mg daily, does this automatically count as an intervention to mitigate pain when completing M2250e, even though the medication was prescribed for its cardiovascular effects? Do we need to clarify if the aspirin is being used for pain control?

Answer 8. In order to select "Yes" for a best practice intervention in M2250, there must be a physician order for an intervention(s) that specifically addresses the patient's needs as required in each best practice area (M2250 row). In order to select "Yes" for Row e, Pain, the physician-ordered plan of care must include both an order to assess pain and an order intended to relieve/mitigate the individual patient's specific pain. An order for a medication at a dose intended as an anticoagulant would not be considered an intervention specifically intended to relieve the patient's pain.

M2250d – OASIS-C1/ICD-9

Question 9 - C1/ICD-9. Please provide further clarification regarding when I can select “Yes” indicating the physician was notified of a positive depression screening for M2250, Plan of Care Synopsis, Row d and M2400, Intervention Synopsis, Row c. May I select “Yes” if I simply leave a voice mail for a physician regarding a positive depression screening or must I receive an acknowledgement of the message?

Answer 9 - C1/ICD-9. When completing M2250d, the assessing clinician may answer "Yes" in cases where the physician was notified of the positive depression screening by the end of the allowed assessment time period. Communication to the physician made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status is sufficient. There is no requirement that you receive acknowledgement of your message in order to select “Yes”.

M2400c does not offer the option of notifying the physician of a positive depression screening. When scoring M2400c, “No” must be reported if no orders for depression are received or no referral for other treatment made, unless the patient meets the criteria listed to mark “NA”.

Question 10 - C1/ICD-9. For M2250d, except for situations of physician notification of a positive depression screening, do I have to obtain a physician’s order for an intervention in order to answer "Yes"?

Answer 10 - C1/ICD-9. Yes, other than for situations of physician notification regarding a positive depression screen, a physician's order for the depression intervention is required.

M2310

Question 11. After the SOC assessment is completed, the patient fell and sustained a minor skin tear. No ER visit necessary or made, the skin tear was treated at home. A week later he was seen in the ER for an infection that developed in the wound. For M2310, Emergent Care Reason, should we select #2-Injury caused by fall, #19-Other than above reasons or #15-Wound infection or deterioration?

Answer 11. M2310 identifies the reasons for which the patient sought and/or received care in a hospital emergency department. Even if it is known that the skin tears that later became infected were originally caused by a fall, only report the direct reason(s) the patient sought and/or received care in the ER. If the patient was seen in the ER for the wound infection, Response #15-Wound infection or deterioration would be reported.