



DEPARTMENT OF HEALTH & HUMAN SERVICES
Survey and Certification Group
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Survey and Certification Group

January 19, 2011
Linda Krulish, PT, MHS, COS-C
President
OASIS Certificate and Competency Board, Inc
850 Kaliste Saloom Road, Suite 123
Lafayette, LA 70508

Dear Ms. Krulish:

Thank you for your letter of January 3, 2011 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/hhdownload.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 the OASIS Certificate and Competency Board, Inc. (OCCB) 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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Cc: Robin Dowell, RN, BSN
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January 2011 Quarterly CMS OCCB Q&As

M0100

Question 1: If a patient dies in the ER or after being admitted to the inpatient bed, but has not yet met the criteria for a true transfer situation (24 hrs or more, for reasons other than diagnostic tests) the guidance states we should perform an RFA 7. What if the patient receives care in the ER and dies after they have been transferred to floor for observation under one of the outpatient observation service G codes?

Answer 1: An RFA 7, Transferred to an Inpatient Facility - patient discharged is completed.

Question 2: Which OASIS do we complete if the patient expires during outpatient surgery or in the care of the recovery room after outpatient surgery?

Answer 2: An RFA 7, Transfer to Inpatient Facility - patient discharged is completed.

M1012

Question 3: For M1012, Inpatient Procedure, can the same relevant procedure be listed twice if the procedure was done on two different dates in the inpatient facility?

Answer 3: Currently, there would be no reason or benefit to listing a procedure more than once.

M1040

Question 4: Can I answer M1040, Influenza Vaccine, "1-Yes" if we gave the patient the influenza vaccine during this episode of care for the current flu season even if no day in the quality episode fell between 10/1 and 3/31? I understand it won't be included in the process measure computation, but it would be easier for my staff if they could just answer yes or no, without needing to worry about determining if the episode is within the measure calculation time frame.

Answer 4: No. "NA" is the appropriate response for M1040, Influenza Vaccine, when no day in the quality episode fell between October 1 and March 31. This means at the Transfer or Discharge, you are only considering the time period from the SOC or ROC, whichever is most recent, to the Transfer or Discharge date. If no day in this period of time fell between October 1 and March 31, NA is the appropriate M1040 response, even if the influenza vaccine was given for the current flu season.

M1045

Question 5: What is the appropriate M1045, Reason Influenza Vaccine not received, response in a case where the patient states his physician told him not to get the flu vaccine during the 6

week period post joint replacement surgery? Joint replacement surgery is not listed at the CDC website as a medical contraindication for administration of the influenza vaccine.

Answer 5: If the assessing clinician confirmed the fact that the physician medically restricted the patient from receiving the flu vaccine for any reason, the appropriate response for M1045 would be “4-Assessed and determined to have medical contraindications”.

M1230

Question 6: For M1230, Speech and Oral (Verbal) Expression of Language, augmented speech (i.e. use of electrolarynx) is considered verbal expression of language. Does CMS consider use of augmented speech *devices* (like the Dynavox) verbal expression? I understand how an electrolarynx would be considered verbal because the words are generated by the patient; but with devices like the Dynavox, verbal speech is generated via the device by direction of the patient.

Answer 6: M1230 identifies the patient's ability to communicate with words through vocalization of ideas, feelings, and needs. The item does not address communicating in sign language, in writing, or by any nonverbal means including message boards, electronic devices that convert text to speech or a speech generating device utilizing symbols and a keyboard. If the patient cannot vocalize sounds and depends entirely on the speech generating device, the appropriate score would be a 5-Patient nonresponsive or unable to speak.

M1300

Question 7: If a patient scores no risk on the Braden Scale but the RN performs an evaluation of clinical factors and determines the patient is at risk for pressure ulcers, how do we answer M1300?

Answer 7: M1300, Pressure Ulcer Risk, is simply asking whether or not you assessed the patient's risk for pressure ulcer development. You may select Response “1-Yes, based on an evaluation of clinical factors, e.g., mobility incontinence, nutrition, etc., without use of standardized tool” if the assessing clinician evaluated patient risk based on an evaluation of clinical factors OR you may select Response “2-Yes, using a standardized tool, e.g., Braden, Norton, other” if a standardized tool was used.

If a standardized assessment was administered alone or in addition to an assessment of clinical factors, the results of either assessment can be reported in M1302, but would correlate to M1300. For example, if you answer M1302, "1-Yes" because the evaluation of clinical factors identified risk, then the M1300 answer would be "1-Yes, based on an evaluation of clinical factors...". If you answered M1302 "0-No" because the standardized tool, e.g. Braden, revealed no risk, then M1300 would be answered "2-Yes, using a standardized tool, e.g. Braden, Norton, other".

M1306

Question 8: If you have two Stage IV pressure ulcers with intact skin in-between them and a tunnel that connects them underneath the wound surface, do you have one pressure ulcer or two?

Answer 8: If a patient develops two pressure ulcers that are separated by intact skin but have a tunnel which connects the two, they remain two pressure ulcers.

M1342

Question 9: When sutures are removed from surgical wounds healing by primary intention, how does it affect the healing status of the wound?

Answer 9: For the purposes of scoring the OASIS item, M1342, Status of the Most Problematic (Observable) Surgical Wound, openings in the skin, adjacent to the incision line, caused by the removal of a staple or suture, are not to be considered part of the surgical wound when determining the status of the surgical wound. The status of these sites would be included in the comprehensive assessment clinical documentation.

When determining the healing status of the incision, follow the WOCN Guidance on OASIS-C Integumentary Items, in addition to other relevant current CMS Q&As. The status of "not healing" would only be selected if the wound, excluding the status of the staple/suture site(s), meets the WOCN descriptors.

M1400

Question 10: In regards to M1400, Dyspnea, can you explain what is meant by the phrase "performing other ADLs" in Response 3 with minimal exertion (e.g., while eating, talking or performing other ADL's)? If we had a client that had dyspnea when they bent over to tie shoes, or when they bent over to pick up something from the floor, would they be a "3"?

Answer 10: When completing M1400, Dyspnea, the assessing clinician will assess and report what caused the patient to experience dyspnea on the day of the assessment. The responses represent increasing severity of shortness of breath and include examples that the clinician can use in order to make the determination regarding the amount of effort that caused the patient's dyspnea.

The examples included in Responses 2 and 3 are used to illustrate the degree of effort represented by the terms moderate and minimal. Response 3 - With minimal exertion or agitation includes the examples of eating, talking or performing other ADLs. The reference to other ADLs means activities of daily living that only take minimal effort to perform like grooming. The assessing clinician can use the examples to make the determination regarding the amount of effort that caused the patient's dyspnea. The clinician is not limited to selecting Response 2, moderate exertion, if the patient becomes short of breath while dressing if just minimal effort was exerted and resulted in dyspnea. For example, if a patient lifted their arm to insert it into the sleeve of the shirt and this minimal amount of effort caused the patient to become short of breath, the appropriate response would be Response 3-minimal exertion, even though they became short of breath during the process of dressing. This patient would more than likely also have become short of breath while eating or performing other activities requiring only minimal exertion. The assessing clinician will consider the examples as a guide when determining whether it was moderate or minimal exertion that caused the patient's dyspnea.

A patient who became short of breath after just bending over to pick something up or tie a shoe could be considered a Response 3-with minimal exertion, if in the clinician's judgment, the patient became dyspneic after exerting just minimal effort.

M1500; M1510

Question 11: The nurse is notified by family that her patient, who has a diagnosis of heart failure, was admitted to the hospital due to increased shortness of breath due to CHF. The

patient had not exhibited s/s of heart failure since SOC. Since the family chose not to call the agency, no visit was made to assess the patient for s/s of CHF on the day he went in the hospital. How do we answer M1500, Heart Failure Symptoms and M1510, Heart Failure Follow-up in this situation?

Answer 11: When M1500, Heart Failure Symptoms, is answered at Transfer or Discharge, "1-Yes" is the appropriate response if the patient had a diagnosis of heart failure and exhibited symptoms of heart failure at or since the previous OASIS assessment. In your scenario, the patient had a diagnosis of heart failure and the record review revealed that the patient experienced SOB which resulted in a qualifying hospitalization since the previous OASIS assessment. When completing the Transfer OASIS, the clinician would answer M1500 "1-Yes", even though the agency did not have the opportunity to assess the symptoms during a visit. When answering M1510, Heart Failure Follow-up, you report the actions your agency took in response to the heart failure symptoms and if none were taken, Response "0-No action taken" would be appropriate. Include an explanation of the "No" in the clinical record.

M1600

Question 12: My patient has an order for Sulfa BID x5 days, during the first five days of every month. Upon my SOC assessment on 11/1, the patient complained of s/s of UTI. The physician was notified, but no order was obtained for a urinalysis since the patient was just beginning her prophylactic treatment that day. How should I answer M1600?

Answer 12: M1600, Urinary Tract Infection, is asking if the patient has been treated for a urinary tract infection (UTI) in the past 14 days. If the patient was ordered to take Sulfa during the first five days of each month as a prophylactic treatment and developed a UTI, Response "1-Yes", would be the appropriate response. The physician must determine the diagnosis of a UTI, in order to select response "1-Yes". A UTI is not assumed to be present based on the presentation of a symptom(s). In the scenario above, the appropriate response would be "NA-Patient on prophylactic treatment" in absence of a physician diagnosis of UTI.

M1740

Question 13: If a patient is alert and oriented, but decides not to use their cane because they think they don't need it (they are unsafe without it) or they decide they aren't going to take their diuretic because they are going to the doctor and don't want to have any accident, would you select Response "2 – Impaired decision-making"?

Answer 13: The intent of M1740, Cognitive, behavioral, and psychiatric symptoms, is to capture specific behaviors that are a result of significant neurological, cognitive, behavioral, developmental or psychiatric limitations or conditions. It is not the intent of M1740 to report non-compliance or risky choices made by cognitively intact patients who are free of the aforementioned conditions. The assessing clinician will have to determine if the patient has a disorder that is causing her non-compliance or is the patient making a choice not to comply completely with physician's orders, cognizant of the implications of that choice.

M1810; M1820

Question 14: Please clarify the guidance included in M1810 and M1820, Upper and Lower Body Dressing, Response-Specific Instructions which states "In cases where a patient's ability is different for various dressing upper/lower body tasks, pick the response that best describes

the patient's level of ability to perform the majority of dressing upper/lower body tasks." What does the term "dressing tasks" mean? Is it the pieces of clothing and devices the patient wears or is it the individual steps in dressing, e.g. picking up the item, lifting their arm, sliding the arm into the sleeve, buttoning the buttons, etc.?

Answer 14: When scoring M1810 and M1820, Upper and Lower Body Dressing, in cases where a patient's ability is different for various upper or lower body dressing tasks, you will select the response that best describes the patient's level of ability to perform the majority of dressing tasks. The tasks are the individual clothing items routinely worn, as well as any supportive or prosthetic devices the patient is wearing or ordered to use during the day of the assessment.

The majority of the tasks rule is not referencing the individual steps the patient must take in order to get, put on or take off clothing.

M1840

Question 15: We have a patient with multiple sclerosis who is transferred via a mechanical lift device, e.g. Hoyer. She is non-weight bearing. How do we answer M1840, Toilet Transferring? Except for minimal movement of the arms and holding onto the sling (which doesn't really contribute to the transfer process), she cannot participate in the transfer. Should she be scored a "1" or a "4"?

Answer 15: Toilet Transferring Response "1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer" means the patient is able to perform the included tasks if they are "assisted" by another person. It is not the appropriate response in a case where the patient is totally dependent on another person to transport them to the toilet and transfer them on and off the toilet. In order to be scored a "1" the patient must be able to effectively participate by contributing effort toward the completion of some of the included tasks, getting to and from and getting on and off the toilet. If the patient can be moved to the toilet and transferred on and off, but cannot effectively participate in the effort required, they are scored a "4-Is totally dependent in toileting".

In your scenario, since the patient cannot effectively participate in the tasks required in the Toilet Transferring item, the patient would be scored a "4-Is totally dependent in toileting".

M2000

Question 16: In therapy only cases, can an LPN in the office work cooperatively with the therapist to complete the Drug Regimen Review by performing elements of the drug regimen review that the therapist will not be completing?

Answer 16: No. Only registered nurses, physical therapists, speech language pathologists and occupational therapists are qualified to perform comprehensive assessments. LPNs are not qualified to perform comprehensive assessments, so they may not work cooperatively with therapists in order to complete the drug regimen review.

M2002; M2004

Question 17: Multiple clinically significant medications issues were identified as I completed the SOC assessment. Only one was resolved within one calendar day. How do I answer M2002 and then 2004?

Answer 17: In order to select "1-Yes" to M2002, Medication Follow-up, the physician must have been notified within one calendar day regarding all clinically significant medication issues that were identified during the SOC/ROC comprehensive assessment. In addition to the physician notification, you must have obtained a resolution or a plan to resolve the problem within that same calendar day to answer "1-Yes".

In order to select "1-Yes" for M2004, Medication Intervention, all clinically significant medication issues that were identified at the time of or since the most recent OASIS assessment must have been resolved in the same manner as stated above.

M2015

Question 18: M2015, Patient/Caregiver Drug Education Intervention, asks "was the patient/caregiver instructed by agency staff or other health care provider"---A patient is seen in an assisted living facility (ALF) by the physical therapist. The patient is unable to manage their medications independently. Facility staff provides medication management and have been instructed by facility supervisors on side effects, etc. In this situation, should we consider the ALF staff to be caregivers who are instructed by "other health care providers?"

Answer 18: You may answer "1-Yes" to M2015, Patient/Caregiver Drug Education Intervention, in this specific situation, if there was documentation in the medical record that the ALF staff, who are the patient's caregivers, had been instructed by on-site health care providers and it was demonstrated to the assessing clinician that they knew how to monitor the effectiveness of all drug therapy (prescribed, as well as all over-the-counter medications), drug reactions, and side effects, and how and when to report problems that may occur.

M2020

Question 19: If the patient does not have her prescribed medications in the home because she cannot afford them and she does not plan on getting them, what is the most appropriate response for M2020?

Answer 19: When completing M2020, Management of Oral Medications, you are reporting the patient's ability to take all oral medications reliably and safely at all times on the day of the assessment. If the patient did not take her medications on the day of the assessment because they were not present in the home, you cannot make assumptions about a patient's ability to take medications she doesn't have. If the medications were not in the home, you would not be able to determine if she could take each medication at the correct time and dose. The patient's status would be reported as "3-Unable to take medications unless administered by another person".

M2040

Question 20: Does Row b (injectable meds) at M2040, include only those injectable medications received in the patient's home or does this data item apply to ALL injectable meds, regardless of the setting in which they were received?

Answer 20: M2040, Prior Medication Management, Row b. Injectable Medications, includes only injectable medications administered via needle and syringe SQ or IM while in the home.

M2100

Question 21: What is the appropriate response for M2100, Types and Sources of Assistance, in cases where the physician has ordered the RN to provide the treatment, e.g. a wound VAC procedure?

Answer 21: Response “3 - Caregiver(s) not likely to provide” indicates that the caregiver(s) has/have indicated an unwillingness to provide assistance or that the caregiver(s) is/are physically and/or cognitively unable to provide needed care. Response 3 is the appropriate response for M2100, Types and Sources of Assistance, in situations where the physician has ordered the skilled clinician perform a treatment or procedure. In this situation, the patient needs assistance and the physician has indicated by his/her order that it must be performed by a skilled clinician, in which case the caregiver should be considered unable to provide the needed care.

M2200

Question 22: In responding to M2200, Therapy Need, if a physician provides a specific order for therapy services and the therapist who performs the evaluation does not feel the patient will require that number of visits, should the response for M2200 be the physician-ordered number of visits or the therapist’s evaluation of the patient’s therapy needs?

Answer 22: M2200 should reflect the total number of reasonable and necessary therapy visits (e.g. therapy visits that meet the Medicare home health coverage criteria) that the agency plans to provide during the payment episode, even if that number is less than the physician's orders. It would be important for the therapist to include documentation of the number of covered therapy visits in the clinical documentation.

M0903

Question 23: The agency had a therapy-only patient. The therapist discharged the patient on 9/15. The RN completed the discharge comprehensive assessment on 9/17 by making a non-billable visit that was not included on the POC. What is the correct response for M0903, Date of Last (Most Recent) Home Visit?

Answer 23: M0903 reports the last (most recent) home visit made to the patient by agency staff. In the situation above, report the last visit made by someone from your agency, 9/17, even though it was not included on the plan of care.