

Survey & Certification Group

August 12, 2004

Linda Krulish, PT, MHS
President, OCCB
The OASIS Certificate and Competency Board, Inc
223 East Main Street
New Iberia, LA. 70560

Dear Linda Krulish:

Thank you for your letter of August 2, 2004 in which you ask a number of questions to determine accurate responses to Outcome and Assessment Information Set (OASIS) items. Kathryn Crisler, MS, RN, University of Colorado, Center for Health Services Research and I reviewed the questions and agreed on the responses. You may use these responses in your educational program for the OASIS Certificate and Competency, Board, Inc. (OCCB). We will consider using these questions and answers when we revise our categorized OASIS Questions and Answers (August 2004) document available at: www.qtso.com/hhdownload.html.

Question 1: Unless otherwise indicated, scoring of OASIS items are based on the patient status on the “day of the assessment”. Does the “day of the assessment” refer to the calendar day? Or the most recent 24- hour period?

Answer 1: We agree, since home care visits can occur at any time of the day, and to standardize the time frame for assessment, the “day of the assessment” refers to the 24-hour period directly preceding the assessment visit. This standard definition ensures that fluctuations in patient status that may occur at particular times during the day may be considered in determining the patient’s ability and status, regardless of the time of day of the visit.

M0150

Question 2: Is M0150 – Current Payment Sources for Home Care, limited to payment for home care services? If a patient had out-of-pocket expenses for DME or for prescription or over-the-counter medications, should Response “10” – Self-pay be marked?

Answer 2: We agree, if equipment or medications essential and/or integral to the home care episode are being paid for, in part or full, by the patient, then Response 10 – Self Pay should be marked.

M0250/M0630

Question 3: If the discharge visit includes discontinuing IV or infusion therapy, or discontinuing psychiatric nursing services, should the OASIS items (M0250 and M0630 respectively) reflect the presence of these services on the discharge assessment?

Answer 3: Yes, if the IV is being discontinued (or psychiatric nursing services end) the day of the assessment visit, then those respective services can be marked as “present” at the assessment. Note that if psychiatric nursing discharges on Tuesday, but the Physical Therapist does the Discharge Comprehensive Assessment on Wednesday, then M0630 would not reflect the presence of psychiatric nursing services.

M0400

Question 4: When scoring M0400 – Hearing and Understanding Spoken Language, is it correct to assume that both auditory and receptive functions are included in the assessment? Therefore a deaf patient who can process spoken language effectively using lip reading strategies would be scored a “4” Unable to hear and understand, because the item measures the combination of BOTH hearing and comprehension?

Answer 4: Yes, M0400 does include assessment of both hearing AND understanding spoken language. A patient unable to hear would be scored “4”.

M0420

Question 5: When scoring M0420 – Frequency of Pain interfering with activity, for pain to “interfere”, does it have to prevent that activity? Or just alter or affect the frequency or method that the patient carries out the activity?

Answer 5: We agree, for pain to interfere with activity, it does not have to totally prevent the activity. Some examples of how pain can interfere with activity without preventing it, is if pain causes the activity to take longer to complete, results in the activity being performed less often than otherwise desired by the patient, or requires the patient to have additional assistance.

Question 6: If a patient uses a cane for ambulation in order to relieve low back pain, does the use of the cane equate to the pain interfering with activity?

Answer 6: We agree, assuming use of the cane provides adequate pain relief to allow the patient to ambulate in a manner that does not significantly affect distance or performance of other tasks, then the cane should be considered a “non-pharmacological” approach to pain management, and should not, in and of itself, be considered as an “interference” to the patient’s activity. If however, the use of the cane does not fully alleviate the pain (or pain affects), and even with the use of the cane, the patient limits ambulation, or requires additional assist with gait activities, then such events would be considered as “affected” or “interfered with” by pain, and the frequency of such activities should be included when scoring M0420.

Question 7: When scoring M0420 – Frequency of Pain interfering with activity, would a patient who restricts his/her activity (i.e., doesn’t climb stairs, limits walking distances) to be pain-free be considered to have pain interfering with activity? And if so, would the clinician score M0420 based on the frequency that the patient limits or restricts their activity in order to remain pain-free?

Answer 7: Yes, we agree, a patient who restricts his/her activity to be pain-free does have pain interfering with activity. Since M0420 reports the frequency that pain interferes with activity, and not the presence of pain itself, then even if this patient is pain-free, M0420 should be scored to reflect the frequency that the patient’s activities are affected or limited by pain (either actual experienced pain, or the anticipation of pain that is expected by the patient, if the restricted activity were to occur.)

M0440

Question 8: Do all scars qualify as skin lesions for the purposes of scoring M0440?

Answer 8: Yes, a scar meets the definition of an area of pathologically altered tissue.

Question 9: If debridement is required to remove debris or foreign matter from a traumatic wound, is the wound considered a surgical wound for scoring M0482?

Answer 9: No. Debridement is a treatment to a wound, and the traumatic wound does not become a surgical wound.

Question 10: When would a surgical wound no longer be reported as a surgical wound on M0482? Based on the WOCN guidance, would it be logical and accurate to score a fully epithelialized surgical wound as still present, as long as the healing ridge is palpable? And would it be appropriate to stop reporting it as a surgical wound once the healing ridge is no longer palpable - assuming there are not other problematic signs/symptoms?

Answer 10: A wound no longer qualifies as a surgical wound when it is completely healed (thus becoming a scar). Utilizing skilled observation and assessment of the wound, follow the Wound, Ostomy, and Continence Nurses' guidelines (*OASIS Guidance Document*) found at <http://www.wocn.org/> to determine when healing has occurred. CMS does not follow time intervals in determining when a wound has healed, since the healing status of the wound can only be determined by a skilled assessment and the time for healing varies widely between patients

M0570

Question 11: If a patient has experienced episodes of recent confusion, but does not demonstrate or report any episodes of confusion today (the date of the assessment), would the patient be considered “never” confused? Or should the recent history of confusion be considered when scoring M0570?

Answer 11: We agree when scoring M0570 related to confusion, information collected by patient or caregiver report can be utilized in responding to this item. This includes reports that extend beyond the day of the assessment into the recent past. Therefore, if the patient or family reported that the patient has experienced periods of confusion on awakening a few mornings over the last week, it would be appropriate to mark “2” on awakening or at night only for M0570, even if no confusion was experienced *today*. This same strategy (of utilizing reported information from the recent past) also applies to the scoring of anxiety in M0580, and depressive feelings in M0590.

M0670

Question 12: When scoring M0670 – Bathing, should the clinician consider the patient’s ability to perform bathing-related tasks, like gathering supplies, preparing the bath water, shampooing hair, or drying off after the bath?

Answer 12: When scoring M0670, only the patient’s ability to “wash the entire body” should be considered. Bathing-related tasks, such as those mentioned, should *not* be considered in scoring this item.

Question 13: When scoring M0670 – Bathing, if a patient can perform most of the bathing tasks (i.e. can wash most of his/her body) in the shower or tub, using only devices, but needs help to reach a hard to reach place, would the score be “1” because he/she is independent with devices with a “majority” of bathing tasks? Or is he/she a “2” because he/she requires the assist of another “for washing difficult to reach areas”?

Answer 13: The correct response for the patient described here would be Response 2-"able to bathe in the shower or tub with the assistance of another person: c) for washing difficult to reach areas," because that response describes that patient's ability at that time. The general instructions on the page preceding the ADL/IADL items in Chapter 8 of the *OASIS User's Manual* state that the patient's ability **on the day of the assessment** should be recorded and that if the patient's ability varies (on that day), the clinician should choose the response that describes the patient's ability more than 50% of the time (not the patient's ability to perform more than 50% of the tasks).

M0680

Question 14: When scoring M0680 – Toileting, if a patient is unable to get to the toilet or bedside commode, and uses a bedpan for elimination, what score would apply if the patient were able to safely and independently complete all tasks except removing and emptying the bedpan/urinal?

Answer 14: In M0680, the patient does not need to empty the bedpan or urinal to be considered independent. If the patient required assistance to use the bedpan/urinal (i.e., get on or off the bedpan or position the urinal), he/she would not be considered independent and Response 4 would be the best response. If the patient could position the urinal or get on/off the bedpan independently, Response 3 would be appropriate.

Question 15: When scoring M0680 – Toileting, the Item-by-Item pages in Chapter 8 state that personal hygiene and management of clothing is not included in scoring, so “independent use of bedpan” as indicated by response “3” could allow someone to help with clothing management and hygiene and still be considered “independent” as described in response “3”?

Answer 15: Yes, tasks related to personal hygiene and management of clothing should not to be considered when scoring M0680.

M0690

Question 16: When scoring M0690 – Transferring, response “1” indicates that that patient requires minimal human assistance or the use of an assistive device to safely transfer. What constitutes an “assistive device” for the purposes of differentiating “truly independent” transferring (response “0”) from “modified independent” transferring (response “1”, or transferring with equipment)?

Answer 16: CMS is in the process of defining assistive devices and will provide guidance when the issue is clarified.

M0700

Question 17: When scoring M0700 – Ambulation/Locomotion, if a patient uses a wheelchair for 75% of their mobility, and walks for 25% of their mobility, then should they be scored based on their wheelchair status because that is their mode of mobility >50% of the time? Or should they be scored based on their ambulatory status, because they do not fit the definition of “chairfast”?

Answer 17: Item M0700 addresses the patient's ability to ambulate, so that is where the clinician's focus must be. Endurance is not included in this item. The clinician must determine the level of assistance is needed for the patient to ambulate and choose response 0, 1, or 2, whichever is the most appropriate.

M0780

Question 18: For a patient who is independent “0” with all medications except one, which he/she is unable to take without being administered by someone else, would the last statement in the item-by-item instructions (“If patient’s ability to manage medications varies from medication to medication, consider total number of medications and total daily doses in determining what is true most of the time”) require that M0780 be marked as “0”?

Answer 18: Following the instructions quoted above, the clinician must determine the total **number of daily doses** involved to determine what is true most of the time. For example, a patient who had two medications, one of which was taken daily and one of which was taken 4-6 times a day (e.g., Parkinson's medications), and was independent with taking both medications the first time in the morning, but needed reminders to take the remaining 3-5 doses of the second medication, Response 1 would be appropriate.

Question 19: When scoring M0780 Management of Oral Medications, should medication management tasks related to filling and reordering/obtaining the medications be considered?

Answer 19: No. Tasks related to filling, reordering and obtaining medications are considered part of the instrumental activity of daily living – shopping task, and evaluated during the scoring of M0760.

Question 20: When scoring M0780 – Management of Oral Medications, should assessment include only prescription medications? Or should over-the-counter oral medications be included as well?

Answer 20: Scoring of M0780 should include all oral medications, prescribed and non-prescribed, that the patient is currently taking.

M0830

Question 21: If a patient receives portable x-ray in their home/place of residence after a fall, is this considered emergent care for scoring M0830? And if so, what response is selected?

Answer 21: Yes, this would be considered emergent care and should be reported as such on M0830. The response selected should be based on the physician’s office, hospital or clinic that provided the service. If the service was not provided by any of those entities, but as a contracted service, then M0830 should be scored based on who ordered the x-ray.

Question 22: If the patient receives a home visit from a nurse practitioner from the doctor’s office in response to a fall, or increased pain, or other problematic symptoms, would this be considered emergent care for scoring M0830?

Answer 22: Yes, the (non-home care) nurse’s home visit would be considered emergent care, and would be reported based, on the entity (hospital, doctor’s office, outpatient clinic) that sent the nurse.

Question 23: Should all unscheduled MD visits be considered emergent care for purposes of scoring M0830? Or only those which the clinician judges represent an MD visit being utilized in lieu of an emergency room visit? For instance if the clinician calls the physician with patient reports of marked

calf pain, tenderness and acute SOB and the physician wants the patient to come into his office, would that be considered emergent care?

If the clinician calls the physician to report that the patient's knee range of motion is not progressing as rapidly as expected and the doctor tells the patient to move up their appointment by a few days and come in today; would that be considered emergent care?

Answer 23:

In M0830 Emergent Care, we are trying to determine if the patient received emergent medical care for an illness or injury, since the last time an assessment was completed. "Emergent/unscheduled (within 24 hours) care" is the definition that we are using and following. CMS has not changed the definition of M0830. It remains the same as the current manual.

The clinician needs to use the information for any necessary care planning changes; for example, was there a change or addition in medications or treatments? The item does not justify "why" the patient sought emergent care, only that emergent care did occur or not. The "24 hour" timeframe is a guideline to see if the need for the physician visit was emergent or not.

If a patient is listed on an adverse event report, then the agency needs to investigate it to determine whether or not the care for this patient was problematic.

I trust these answers will be helpful to you.

Sincerely,

/s/

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