

OASIS-D ASSESSMENT OF FUNCTION AND CURRENT SELF-CARE ABILITIES

M-ITEMS vs. GG-ITEMS

CONVENTIONS FOR BOTH M-ITEMS AND GG0130/GG0170

- Safety first! Report what the patient can safely do. If they're not safe doing it independently, reflect how much assistance is needed to be safe.
- Collaborate with other disciplines to get the best data for responses. Last date of collaboration/data collection is the M0090 OASIS Completion Date.
- Code a patient as unable to function or complete a task at a certain level if the physician has ordered a restriction (e.g. no showers, no stair-climbing, no weight-bearing, hip precautions).
- Code how much assistance from a caregiver is needed to make the patient safe, even if there isn't a caregiver available to assist part or all of the time.
- Consider physical, cognitive, emotional, behavioral, sensory, and environmental barriers to performing an activity.
- Code based on performance before clinician intervention.
- Use a dash (-) only when there is no way to gather the need information to select a response.
- Assess as close to SOC/ROC date as possible but may use the full OASIS completion time frame.
- At discharge code based on findings at the last visit and any visits in the four days immediately prior to the last visit.
- Use clinician judgment to select the best response when OASIS guidance isn't available for a patient's situation.

CONVENTIONS SPECIFIC TO GG0130/GG0170

- Observe the activity whenever possible, but use information from the patient or caregivers when unable to observe. Avoid coding 07-Refused, 10-Not attempted due to environmental limitations, or a dash(-) if a response can be determined.
- Code the patient's usual performance/ability more than 50% of the time, not their best or worst performance if ability varies.
- Using an assistive device is factored into a response only if the patient needs help with the device. Exception: Wheelchair use responses reflect amount of assistance needed to propel the device.
- Set a realistic goal for performance at the time of home health discharge if the activity will be addressed on the plan of care. Use a dash (-) when a goal won't be set as a part of the plan of care.

CONVENTIONS SPECIFIC TO M1800-M1870

- "Assistance" refers to any cueing, supervision, SBA, CGA, or direct hands-on assistance from another person.
- "Devices" aren't defined by CMS – use clinician judgment as to what is a 'device'. Service animals are considered "equipment" rather than "assistance."

GROOMING	
M1800-GROOMING	GG1030B-ORAL HYGIENE
BOTH INCLUDE: Cleaning natural teeth Remove/replace dentures Manage equipment to soak/rinse dentures	
INCLUDE: Washing face/hands Hair and nail care Shaving or makeup	EXCLUDE: Any other grooming activity

UPPER BODY DRESSING	
M1810-UPPER BODY DRESSING	GG0130F-UPPER BODY DRESSING
BOTH INCLUDE: Putting on and taking off clothes from the upper body Managing fasteners-buttons, hooks, zippers, etc. Ability to dress in usual clothing* Orthotics, prosthetics, splints, compression wraps, and braces* Majority of more frequently worn items if ability varies among items*	
INCLUDE: Retrieval of clothing	EXCLUDE: Retrieval of clothing

*New unpublished guidance from November 6/7, 2018 Home Health Quality Reporting OASIS-D training, Baltimore, MD

LOWER BODY DRESSING

M1820-LOWER BODY DRESSING

GG0130G-LOWER BODY DRESSING

BOTH INCLUDE:
 Putting on and taking off clothes from the upper body
 Managing fasteners-buttons, hooks, zippers, etc.
 Ability to dress in usual clothing*
 Orthotics, prosthetics, splints, compression wraps, and braces*
 Majority of more frequently worn items if ability varies among items*

INCLUDE:
 Retrieval of clothing
 Socks, shoes, or other appropriate footwear

EXCLUDE:
 Retrieval of clothing
 Socks, shoes, or other appropriate footwear

M1820-LOWER BODY DRESSING

GG0130H-PUTTING ON/TAKING OFF FOOTWEAR

BOTH INCLUDE:
 Putting on and taking off socks and shoes or other appropriate footwear
 Managing fasteners-laces, velcro, hooks, zippers, etc.
 Orthotics, prosthetics, splints, compression wraps, and braces*

EXCLUDE:
 Any other lower body dressing task
 Retrieval of footwear

BATHING

M1830-BATHING

GG0130E-SHOWER/BATHE SELF

BOTH INCLUDE:
 Washing and rinsing off the body

INCLUDE:
 Ability to get to/access a working shower
 Reflect physician restrictions against showers/tub baths
 Need for assistance to cover a dressing/wound
 Washing the back
EXCLUDE:
 Drying off

INCLUDE:
 Drying off

EXCLUDE:
 Washing the back
 Getting to/accessing a working shower
 Transferring in/out of a tub/shower

TOILET TRANSFERRING

M1840-TOILET TRANSFER

GG0130F-TOILET TRANSFER

BOTH INCLUDE: The ability to get on and off a toilet or commode
BOTH EXCLUDE: Toileting hygiene or management of clothing during toileting

INCLUDE:
 Getting to/from the toilet
 Independent use of a bedpan/urinal

EXCLUDE:
 Any activity other than getting on/off the toilet or commode

TOILETING HYGIENE

M1845-TOILETING HYGIENE

GG0130C-TOILETING HYGIENE

BOTH INCLUDE: Maintain perineal hygiene, adjust clothing, cleansing around a stoma
BOTH EXCLUDE: Managing ostomy equipment

INCLUDE:
 Adjusting incontinence pads
 Retrieval of toileting supplies

EXCLUDE:
 Retrieval of toileting supplies

NO GUIDANCE RE:
 Adjusting incontinence pads

BED TRANSFERS

M1850-BED TRANSFER	GG0170A-ROLL LEFT AND RIGHT
<p>INCLUDE: Rolling as a part of transferring out of bed</p>	<p>INCLUDE: Only the ability to roll from lying on back to left and right side and return to lying back on the bed</p> <p>NO GUIDANCE RE: Sleeping in a chair, on a couch, etc., although guidance for GG0170C states to assess using the patient's preferred or necessary sleeping surface</p>
M1850-BED TRANSFER	GG0170B-SIT TO LYING
<p>BOTH INCLUDE: Moving from sitting on side of bed to lying flat on the bed</p>	
M1850-BED TRANSFER	GG0170C-LYING TO SITTING ON SIDE OF BED
<p>BOTH INCLUDE: Moving from lying on the back to sitting on the side of the bed with feet flat on the floor and no back support</p>	
M1850-BED TRANSFER	GG0170D-SIT TO STAND
<p>BOTH INCLUDE: Come to a standing position from sitting in a chair, wheelchair, or side of the bed</p>	
<p>INCLUDE: Ability to come to standing position as a part of transferring out of bed when applicable (e.g. a chairbound patient may use a sliding board to transfer)</p>	
M1850-BED TRANSFER	GG0170E-CHAIR/BED TO CHAIR TRANSFER
<p>BOTH INCLUDE: Ability to transfer to and from a bed to a chair or wheelchair</p>	
<p>INCLUDE: Ability to move to the next closest sitting surface when a chair isn't located next to the sleeping surface</p>	

AMBULATION

M1860-AMBULATION	GG0170I-WALK 10 FEET
<p>INCLUDE: Ability to walk safely once in a standing position on a variety of surfaces more than the few steps needed to transfer</p> <p>EXCLUDE: Any specific distance requirement</p>	<p>INCLUDE: Walk a distance of 10 feet in a room, corridor, or similar space</p> <p>EXCLUDE: Use of a device, unless help with the device itself is required</p>
M1860-AMBULATION	GG0170J-WALK 50 FEET WITH TWO TURNS
	<p>INCLUDE: Walk a distance of 50 feet with two turns (any direction for turns)</p> <p>EXCLUDE: Use of a device, unless help with the device itself is required</p>
M1860-AMBULATION	GG0170K-WALK 150 FEET
	<p>INCLUDE: Walk a distance of 150 feet in a corridor or similar space. Can involve turns if needed due to space limitations</p> <p>EXCLUDE: Use of a device, unless help with the device itself is required</p>
M1860-AMBULATION	GG0170L-WALK 10 FEET ON UNEVEN SURFACES
	<p>INCLUDE: Walk a distance of 10 feet on uneven or sloping surfaces (indoor or outdoor) such as turf or gravel</p> <p>EXCLUDE: Use of a device, unless help with the device itself is required</p>

AMBULATION

M1860-AMBULATION

INCLUDE:
Ability to negotiate stairs or steps to select response 0, 1 or 2
EXCLUDE:
No consideration of the number of steps when responding

GG0170M-ONE STEP/CURB

INCLUDE:
Going up/down a curb and/or one step
EXCLUDE:
Use of a device, unless help with the device itself is required

M1860-AMBULATION

INCLUDE:
Going up/down 4 steps with or without a rail
EXCLUDE:
Use of a device, unless help with the device itself is required

GG0170N-FOUR STEPS

M1860-AMBULATION

INCLUDE:
Going up/down 12 steps with or without a rail
EXCLUDE:
Use of a device, unless help with the device itself is required

GG0170O-TWELVE STEPS

LOCOMOTION/WHEELCHAIR USE

M1860-WHEELCHAIR BOUND

INCLUDE:
Ability to use a wheelchair once in a seated position on a variety of surfaces
EXCLUDE:
No consideration for the distance a patient is able to propel or whether the wheelchair is manual or motorized

GG0170R & GG0170R1

INCLUDE:
Ability to wheel at least 50 feet with two turns
Indicate if a manual or motorized wheelchair or scooter is used

GG0170S & GG0170S1

INCLUDE:
Ability to wheel at least 150 feet in a corridor or similar space
Indicate if a manual or motorized wheelchair or scooter is used

EATING

M1870-FEEDING OR EATING

BOTH INCLUDE: Ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid

INCLUDE:
Meal set-up
Consider if a liquid, pureed, or ground meat diet is required
Consider whether tube feedings are in use

GG130A-EATING

INCLUDE:
Ability to eat if taking some nutrition in orally and also through another means

PICKING UP AN OBJECT

GG0170P-PICKING UP AN OBJECT

INCLUDE:
Ability to safely bend down or stoop from standing to pick up a small object from the floor
Must be able to safely stand to complete this task
EXCLUDE:
Use of a cane, reacher, or other adaptive equipment shouldn't impact response selection

CAR TRANSFER

GG0170G-CAR TRANSFER

INCLUDE:
Ability to transfer in and out of a car or van on the passenger side
EXCLUDE:
Opening and closing the door or fastening the seatbelt
GUIDANCE:
If unable to observe due to environmental conditions or lack of a vehicle, interview patient/caregiver when possible to determine the correct response rather than selecting 10-Not attempted due to environmental limitations