

<b>OASIS ITEM</b>
<p><b>(M2200) Therapy Need:</b> In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? <b>(Enter zero [ "000" ] if no therapy visits indicated.)</b></p> <p>( _ _ _ ) Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).</p> <p><input type="checkbox"/> NA - Not Applicable: No case mix group defined by this assessment.</p>
<b>ITEM INTENT</b>
Identifies the total number of therapy visits (physical, occupational, or speech therapy combined) planned for the Medicare payment episode for which this assessment will determine the case mix group, and only applies to payers utilizing a payment model based on case mix group assignment.
<b>TIME POINTS ITEM(S) COMPLETED</b>
<p>Start of care</p> <p>Resumption of care</p> <p>Follow-up</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>Therapy visits must (a) relate directly and specifically to a treatment regimen established by the physician through consultation with the therapist(s), and (b) be reasonable and necessary to the treatment of the patient's illness or injury. The Medicare payment episode ordinarily comprises 60 days beginning with the start of care date, or 60 days beginning with the recertification date.</li> <li>Report a number that is "zero filled and right justified." For example, 11 visits should be reported as "011."</li> <li>Answer "000" if no therapy services are needed.</li> <li>Once patient eligibility has been confirmed and the plan of care contains physician orders for the qualifying service as well as other Medicare covered home health services, the qualifying service does not have to be rendered prior to the other Medicare covered home health services ordered in the plan of care. The sequence of visits performed by the disciplines must be dictated by the individual patient's plan of care. For example, for an eligible patient in an initial 60-day episode that has both physical therapy and occupational therapy orders in the plan of care, the sequence of the delivery of the type of therapy is irrelevant as long as the need for the qualifying service is established prior to the delivery of other Medicare covered services and the qualifying discipline provides a billable visit prior to transfer or discharge in accordance with 42 CFR 409.43 (f).</li> <li>For multidisciplinary cases - Nursing and Therapy may collaborate to answer this item correctly. The PT, OT, and/or SLP are responsible to communicate the number of visits ordered by the physician to the RN completing this item. Coordination of patient care is specified in the Conditions of Participation (42 CFR 484.14).</li> <li>When a patient is discharged home from an inpatient facility admission in the last five days of a certification period (i.e., the requirement to complete a Resumption of Care assessment overlaps with the requirement to complete a Recert assessment), CMS allows the agency to complete a single ROC assessment to meet the requirements of both timepoints. In such cases, the total number of therapy visits planned for the upcoming 60-day episode should be reported in M2200.</li> </ul>

**RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M2200)**

- Answer "Not Applicable" when this assessment will not be used to determine a case mix group for Medicare, or other payers using a Medicare PPS-like model. Usually, the "Not Applicable" response will be checked for patients whose payment source is not Medicare fee-for-service (i.e., M0150, Response 1 is not checked), or for an assessment that will not be used to determine a Medicare case mix group. However, payers other than the Medicare program may use this information in setting an episode payment rate. If the HHA needs a case mix code (HIPPS code) for billing purposes, a response other than "Not Applicable" is required to generate the case mix code.
- Assessment strategies: When the assessment and care plan are complete, review the plan of care to determine whether therapy services are ordered by the physician. If not, answer "000." If therapy services are ordered, how many total visits are indicated over the 60-day payment episode? If the number of visits that will be needed is uncertain, provide your best estimate. As noted in item intent above, the Medicare payment episode ordinarily comprises 60 days beginning with the start of care date, or 60 days beginning with the recertification date.

**DATA SOURCES / RESOURCES**

- Physician's orders
- Referral information
- Plan of care
- Clinical record

OASIS ITEM				
<b>(M2250) Plan of Care Synopsis:</b> (Check only <u>one</u> box in each row.) Does the physician-ordered plan of care include the following:				
Plan / Intervention	No	Yes	Not Applicable	
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not diabetic or is bilateral amputee
c. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not assessed to be at risk for falls
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient has no diagnosis or symptoms of depression
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	No pain identified
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not assessed to be at risk for pressure ulcers
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient has no pressure ulcers with need for moist wound healing

ITEM INTENT
<p>Identifies if the physician-ordered home health plan of care incorporates specific best practices. The “physician ordered plan of care” means that the patient condition has been discussed and there is agreement as to the plan of care between the home health agency staff and the physician.</p> <p>This item is used to calculate process measures to capture the agency’s use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.</p>
TIME POINTS ITEM(S) COMPLETED
Start of care Resumption of care
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> <li>Select “Yes” if the POC contains orders for best practice interventions as specified in each row, based on the patients needs.               <ul style="list-style-type: none"> <li>The physician plan of care includes all additional orders as an extension of the original Plan of Care.</li> </ul> </li> <li>“Yes” is an appropriate response if the intervention is in the POC even if the assessment indicated the intervention was not applicable.</li> </ul>

**Guidance for this item updated 12/2011**

**RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item 2250)**

- This question can be answered “Yes” prior to the receipt of signed orders if the clinical record reflects evidence of communication with the physician to include specified best practice interventions in the plan of care. Assuming all other OASIS information is completed, the Date Assessment Completed (M0090) then becomes the date of the communication with the physician to establish the Plan of Care that includes interventions listed in M2250.
- Select “No” if the best practice interventions specified in this item are not included in the plan of care that was developed as a result of the comprehensive assessment, unless the plans/interventions specified in that row are not appropriate for this patient - see guidance on selecting NA for each row below.
- Select “No” when orders for interventions have been requested but not authorized by the end of the comprehensive assessment time period, unless otherwise indicated in row g. In this case, the care provider should document rationale in the clinical record. Reminder: These Plan of Care orders must be in place within five days of SOC or within two days of inpatient discharge at ROC in order to meet the measure definition.
- After reviewing physician orders for home health care and conducting a comprehensive assessment of the patient, the plan of care should be developed as required by Conditions of Participation: 484.14 Standard: Plan of Care. If the physician refers the patient under a plan of care that cannot be completed until after an initial visit and eligibility has been determined, the physician is consulted to approve additions or modification to the original plan.
- If the assessing clinician chooses to wait to complete M2250 until after discussion with another discipline that has completed their assessment and care plan development, this does not violate the requirement that the comprehensive assessment be completed by one clinician within the required time frame (within five days of SOC, within two days of discharge from the inpatient facility at ROC). For example, if the RN identifies fall risk during the SOC comprehensive assessment, the RN can wait until the PT conducts his/her evaluation and develops the PT care plan to determine if the patient’s Plan of Care includes interventions to prevent fall risk. The M0090 date should reflect the last date that information was gathered that was necessary for completion of the assessment.
- For each row a-g, select one response.
- Row a: If the physician-ordered plan of care contains specific clinical parameters relevant to the patient's condition that, when exceeded, would indicate that the physician should be contacted, select “Yes.” The parameters may be ranges and may include temperature, pulse, respirations, blood pressure, weight, wound measurements, pain intensity ratings, intake and output measurements, blood sugar levels, or other relevant clinical assessment findings. Select “NA” if the physician chooses not to identify patient-specific parameters and the agency will use standardized guidelines that are made accessible to all care team members.
- If the plan of care includes specific parameters ordered by the physician for this specific patient or after reviewing the agency's standardized parameters with the physician, s/he agrees they would meet the needs of this specific patient, select “Yes.” If there are no patient-specific parameters on the plan of care and the agency will not use standardized physician notification parameters for this patient, select “No.” If the agency uses their own agency standardized guidelines, which the physician has NOT agreed to include in the plan of care for this particular patient, select “NA.”
- Row b: If the physician-ordered plan of care contains both orders for a) monitoring the skin of the patient's lower extremities for evidence of skin lesions AND b) patient education on proper foot care, select “Yes.” If the physician-ordered plan of care contains orders for only one (or none) of the interventions, select “No.” Select “NA” if the patient does not have a diagnosis of diabetes or is a bilateral amputee.
- Row c: If the physician-ordered plan of care contains specific interventions to reduce the risk of falls, select “Yes.” Environmental changes and strengthening exercises are examples of possible fall prevention interventions. If the plan of care does not include interventions for fall prevention, mark “No” for the applicable line, whether or not an assessment for falls risk was conducted. Select “NA” if the clinician completed an assessment that indicated the patient was at low, minimal, or no risk for falls.

**Guidance for this item updated 12/2011**

**RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item 2250)**

- Row d: If the physician-ordered plan of care contains orders for further evaluation or treatment of depression, select “Yes.” Examples of interventions for depression may include new or existing medications, adjustments to already-prescribed medications, or referrals to agency resources (e.g., social worker). If the patient is already under physician care for a diagnosis of depression, interventions may include monitoring medication effectiveness, teaching regarding the need to take prescribed medications, etc. Select “NA” if the patient has no diagnosis of depression AND assessment indicated no symptoms of depression (or does not meet criteria for further evaluation or treatment if a standardized depression screening tool is used).
- Row e: If the physician-ordered plan of care contains interventions to monitor AND mitigate pain, select “Yes.” Medication, massage, visualization, biofeedback, and other intervention approaches have successfully been used to monitor or mitigate pain severity. If the physician-ordered plan of care contains orders for only one (or none) of the interventions (e.g., pain medications but no monitoring plan), select “No.” Select “NA” only if the clinician completed an assessment that indicated the patient has no pain.
- Row f: If the physician-ordered plan of care includes planned clinical interventions to reduce pressure on bony prominences or other areas of skin at risk for breakdown, select “Yes.” Planned interventions can include teaching on frequent position changes, proper positioning to relieve pressure, careful skin assessment and hygiene, use of pressure-relieving devices such as enhanced mattresses, etc. Select “NA” only if the clinician completed an assessment that indicated the patient is not at risk for pressure ulcers.
- Row g: If the physician-ordered plan of care contains orders for pressure ulcer treatments based on principles of moist wound healing (e.g., moisture retentive dressings) OR if such orders have been requested from the physician, select “Yes.” Select “NA” if the patient has no pressure ulcers needing moist wound healing treatments.
  - Moist wound healing treatment is any primary dressing that hydrates or delivers moisture to a wound thus promoting an optimal wound environment and includes films, alginates, hydrocolloids, hydrogels, collagen, negative pressure wound therapy, unna boots, medicated creams/ointments.

**DATA SOURCES / RESOURCES**

- Plan of care
- Physician's orders
- Clinical record
- Communication notes
- See Chapter 5 of this manual for links to additional resources.