DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group

January 16, 2013

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 January 2, 2013 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/hhadownload.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,

Patricia A. Sevast, BSN, RN
Nurse Consultant
Survey and Certification Group
Centers for Medicare & Medicaid Services

CC: Robin Dowell, RN, BSN Nurse Consultant, Quality Measurement and Health Assessment Group, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services
Tara McMullen, MPH, PHD (C), Health Insurance Specialist, Quality Measurement and Health Assessment Group, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services

January 2013 CMS Quarterly Q&As

Category 2

Question 1. We have been receiving an increased number of TRICARE pediatric/newborn patient referrals who require OASIS documentation. Our pediatric/maternity nurses are having difficulty answering many of the M items. Do you have any insight or recommendations on how to complete these items when assessing a newborn?

Answer 1. The OASIS data set was not developed for use with children. If a payer requires OASIS data collection on children, the assessing clinician must use clinical judgment and select the best possible response for each OASIS item, with an understanding that the response may not accurately represent the true status of the child. Clinical documentation will detail the true status of the child and why the OASIS was completed, e.g. payer required a data collection instrument designed for adults to be completed on a child.

Question 2. For a situation of a one-time only PT case, the PT conducts the initial assessment visit and establishes the SOC (M0030), but the nurse later performs a non-billable visit to complete the comprehensive assessment and collect OASIS sometime within the 5 days after the SOC date. Does the outcome episode start with the PT's SOC visit or with the RN's completion of the OASIS assessment (M0090)? If it starts with the M0090 date, then technically the RNs non billable visit is the ONLY visit in the outcome episode, and OASIS wouldn't even be required by policy for this single visit episode.

Answer 2. The quality episode begins on the SOC/ROC (M0030/M0032) date. In the case where the PT makes only one visit, establishes the SOC date by providing a billable service during their initial assessment visit and then the nurse makes a non-billable visit within the 5 days after the SOC to complete the SOC comprehensive assessment, both an OASIS SOC and a Discharge comprehensive assessment would be required, as two visits were made in the quality episode.

Category 4a

Question 3. I am concerned that our software vendor has a new version coming out that answers the OASIS questions for you. I believe that it looks at how you answer comprehensive assessment items, and it then answers the OASIS items for the clinician. Does CMS consider this type of software feature compliant?

Answer 3. In order to be compliant with the Condition of Participation, 484.55, The Comprehensive Assessment of Patients, the assessing clinician responsible for completing the comprehensive assessment must read the question exactly as written in the data set and then choose the appropriate OASIS response from the available response options after carefully considering each one. An agency's software may not "answer" or "generate" the OASIS response for the assessing clinician. Some exceptions to how items might be displayed have been made for a limited number of items, as detailed in CMS OASIS Q&A #19 located in Category 4a, "Due to the size and complexity of some of the items (e.g. M1020/1022/1024/1308/2100/2250/2400) the formatting may be modified to fit the computer screen as long as the hard copy print out matches the data set and the modification in no way impacts the accuracy of the item scoring."

Category 4b

M0018

Question 4. When answering M0018 - National Provider Identifier (NPI) for the Attending Physician Who Has Signed the Plan of Care, what if the ordering physician is not the provider who ultimately signed the 485. Which attending physician's number should be entered? This happens when the ordering physician makes the referral and then goes on vacation for a month with another physician from their group signing the 485 on their behalf.

Answer 4. At SOC, when completing M0018, National Provider Identifier, the assessing clinician should enter the NPI number of the physician expected to oversee and sign the plan of care.

M1005

Question 5. Our patient was confirmed as inpatient status on 11/27/2012. However, on 11/28/2012 his status was changed to outpatient observation. (We have documentation to confirm these dates and change in status.) The patient remained in the facility as "observation" until 12/1/2012. We performed a ROC assessment on 12/2/2012.

What date do we enter in M1005-Inpatient discharge date? Is it 11/28/2012, the day his status went from inpatient to observation or do we use the date he actually left the hospital (i.e., 12/1/2012)?

If we are supposed to use the 11/28/2012 date, will that impact our compliance with performing a ROC within 48 hours of hospital discharge?

Answer 5. The M1005, Inpatient discharge date, identifies the date of the most recent discharge from an inpatient facility within the past 14 days. Assuming the patient, in the above scenario, was discharged from the inpatient status and admitted to an outpatient observation status, 11/28/2012 would be the appropriate date to enter into M1005. Clinical documentation will explain the unusual events that led to the non-compliant Resumption of Care date.

(Note that a Transfer would only be required if the patient's inpatient stay was ≥ 24 hours.)

M1040

Question 6. How would we score M1040 in the following situation? Patient has a SOC date of September 1 and receives the influenza vaccine from the home health agency on September 20. The patient remains on service for several subsequent episodes and is discharged from the agency the following June 15.

How would we score M1040 if the patient remained on service into the next "current flu season"? For example, the patient was admitted September 1, 2011, the vaccine was given September 15, 2011 and the patient was discharged on October 1, 2012, the following year, without having a flu vaccine for the 2012/2013 flu season.

Does the March 31 date serve as an official "end date" when determining current flu season? When answering M1040 at Transfer/Discharge, is there a point in time that we move from "this year's" flu season to the next year's flu season as we consider the period of time following SOC/ROC?

Answer 6. The current flu season is established by the Centers for Disease Control (CDC). Each year, flu vaccine manufacturers only release the vaccine per CDC recommendations. Therefore, when the flu vaccine is available for administration in late summer or early fall, it signals the beginning of the current flu season. The end of the flu season is generally considered March 31st. If the flu vaccine was given by the agency after the typical end of flu

season, March 31st, M1040 would be answered "Yes" as long as at least one day of the quality episode fell between October 1st of the prior year and March 31st. For example, patient admitted January 1, 2012, the flu vaccine was administered by the agency April 2, 2012, and patient was discharged June 10, 2012. If no day of the quality episode fell between October 1st and March 31st, "NA" would be the appropriate answer.

If a patient's quality episode began during the flu season, as determined each year by the CDC, and ended well beyond the typical end of flu season, March 31st, the agency would answer M1040 "Yes" if the patient received the flu vaccine from the agency during the quality episode. For example, SOC date September 1, flu vaccine administered September 20th, discharged June 15th.

If a patient's quality episode overlaps more than one influenza season, M1040 should be answered based on whether or not the agency gave the influenza vaccine for the current flu season, e.g. Patient admitted January 1, 2012 and discharged October 10, 2012. M1040 would be answered "Yes" if the agency gave the flu vaccine for the flu season that was current at the time of discharge, in this case, the one that began in the fall.

If a patient's quality episode overlaps more than one influenza season and the agency gave the vaccine for the past flu season, but not the current flu season, "No" would be the appropriate response. For instance, patient admitted January 1, 2012, and the influenza vaccine was given by the agency January 5th, 2012 (2011/2012 flu season), and discharged October 10, 2012. No influenza vaccine given between the beginning of the 2102/2013 flu season and discharge. M1040 would be answered "No".

M1100

Question 7. How do we answer M1100, Patient Living Situation, when the patient lives with the daughter, but the patient stays in an adult day care center during the day while the daughter works?

Answer 7. In M1100, “availability of assistance” refers to in-person assistance provided in the home of the patient. If the daughter leaves the home to work during the day, but plans to be there for all the nighttime hours for the entire upcoming episode of care (with infrequent exceptions), “8-Patient lives with another person with Regular nighttime assistance” would be appropriate. If the daughter is gone some nights or not present all the hours of the nighttime, “9-Occasional/short-term assistance” would be appropriate.

Assistance provided outside the home is not reported in M1100.

M1300; M1302

Question 8. How do I answer M1302, Pressure Ulcer Risk, when I utilized multiple assessment strategies, e.g. Braden, and/or Norton and an evaluation of clinical factors?

Answer 8. The response to M1300 should be “2-Yes, using a standardized tool, e.g., Braden, Norton, other” if a standardized, validated tool assessment tool, e.g., Braden, Norton, was utilized, regardless of whether another non-standardized tool or clinical evaluation was also conducted. If both a standardized pressure ulcer assessment AND an evaluation of clinical factors were conducted, the response to M1302 should be “1-Yes” if either the clinical evaluation or the standardized tool is positive for risk.

This represents a change in CMS guidance, in that it is no longer required that M1300 and M1302 directly correlate with one another.

M1330

Question 9. Our patient's lower extremity wound originated as a trauma wound due to a fall. The patient also has diagnoses of venous insufficiency and stasis dermatitis. The physician stated the wound is not healing due to the venous insufficiency. Is there a point in time when the wound is no longer classified as a traumatic wound and considered a stasis ulcer for M1330?

Answer 9. M1330, "Does this patient have a Stasis Ulcer?" identifies patients with ulcers caused by inadequate circulation in the area affected. The healing process of other types of wounds, e.g. traumatic wounds, surgical wounds, burns, etc., may be impacted by the venous insufficiency, but it would not change the traumatic or surgical wound into a venous stasis ulcer.

M1610

Question 10. How would M1610 be answered on ROC for a patient that has a nephrostomy tube that is now capped off? The tube is still present but is not attached to a bag. Is it still considered a urinary catheter?

Answer 10. M1610, Response "2-Requires a urinary catheter", may be selected if the patient has a catheter or tube that is utilized for urinary drainage, even if drainage is intermittent. If, however, there is a catheter or tube inserted in a urinary diversion and it is capped, with no plan to drain urine, even intermittently, Response 2 should not be selected.

M1730

Question 11. During the admission visit, the nurse attempts to administer the PHQ-2 to screen for depression but the patient refuses to answer the questions. She has no cognitive issues and states "This is none of your business". Should the response to M1730 be 0-No or 1-Yes (NA)?

Answer 11. M1730, Response 1 - Yes, NA may be selected for the patient who is cognitively intact and physically able to answers questions but is unable to answer the specific PHQ-2 questions when asked by the assessing clinician, (e.g. the patient can't quantify how many days they have experienced the problems). Response 1-Yes may NOT be selected if the patient refuses to hear the questions or states they are too personal. Response 2 or 3 may be selected if the assessing clinician is able to administer a different standardized, validated depression screening. If the clinician chooses not to assess the patient (because there is no appropriate depression screening tool available or for any other reason), Response 0 – No should be selected.

M1860

Question 12. Our patient requires maximum assistance to ambulate (over 75% of the effort necessary for ambulation is contributed by someone other than the patient) and only ambulates with the therapist during gait training activities. The patient is extremely unsafe when attempting to ambulate without the therapist's assistance. Is this patient considered ambulatory for M1860 and scored as "3" (with constant assistance) or is this patient chairfast and scored as "4" or "5", at this time?

Answer 12. If the assessing clinician determines the patient is safe ambulating with constant human assistance, they are ambulatory. This is true whether the assistance needed is verbal cueing, reminders, contact guard, or any level of hands-on assistance. If the patient is not bedfast, and is not safe ambulating even with a combination of continuous assistance and a device, they are chairfast. If the patient can only take a couple of steps safely, they are not ambulatory.

M1910

Question 13. If during the comprehensive assessment, I complete the MAHC-10 (reported by MAHC to be validated on 10/9/12) and a TUG test; one indicates the patient is at risk for falls and one does not, what is the appropriate response to M1910?

Answer 13. The response to M1910 should be based on whether a tool that meets the best practice criteria (validated, standardized, multifactor) was used to assess the patient. If more than one validated, standardized, multifactor tool was used and the findings differed, the clinician should err on the side of safety and report that the tool identified the patient as "at risk" for falls.

In your example, two validated tools were used to assess fall risk, a single factor assessment tool and a multi-factor assessment tool. In this case, the M1910 response is based on the multi-factor tool's risk finding.

If the agency combines a single factor, validated assessment tool with another factor or non-validated tool in order to meet the CMS requirement of a multi-factor assessment, M1910 should be Response 1 or Response 2, depending on whether or not risk was identified by the validated assessment tool.

If NO validated, standardized, multifactor assessment tool were positive, (e.g., the MAHC-10 indicates the patient is NOT at fall risk, but some other factor (patient history, a mobility assessment tool, clinical observation, etc.) indicates the patient is AT risk, M1910 should be Response 1 indicating no risk, but the clinician should document any concerns in the clinical record and use their judgment about the need for falls interventions. Care planning decisions to reduce fall risks should be based on clinical judgment.

M2020

Question 14. Based on the recent guidance regarding sublingual medications and M2020, I'm not sure if we should include medications that are ordered as a swish and expectorate?

Answer 14. For the purposes of scoring M2020, Management of Oral Medications, the assessing clinician should only include medications placed in the mouth and then swallowed, with absorption occurring through the gastrointestinal system. Other medications with different routes of administration/absorption, e.g. sublingual, buccal, are excluded.

M2400

Question 15. The assessing clinician completes a best practice, e.g. provides drug education, on the SOC date (M0030), but the assessment is not completed until 3 days after the SOC date (M0090 is 3 days after M0030). When the clinician completes the Discharge or Transfer, can they report that the drug education was provided "since or at the most recent OASIS assessment" or "in this outcome episode"?

Answer 15. Interventions provided on the SOC date are included when scoring M2400. This is true even if the comprehensive assessment was not completed on the SOC date. The quality episode begins on the SOC/ROC date (M0030/M0032), not the date the assessment was completed (M0090).

Question 16. For situations where best practices are provided during an initial assessment visit that is conducted BEFORE the SOC date, would those clinical assessments/interventions be considered as being provided "since or at the last OASIS assessment" or "within the outcome episode"? For example, in a situation of a Friday referral for a therapy only case, the RN makes a non-billable visit on a Saturday to meet the federal requirement that the initial assessment visit must occur within 48 hours of the referral. No nursing need existed and no

billable service was provided, therefore Saturday was not the SOC date. The patient was a diabetic, but had no skilled nursing needs related to their diabetes, the nurse however, assessed the lower extremities for lesions, found no lesions, and verified the patient understood how to care for her feet. The PT did not assess the lower extremities for lesions and did not address the foot care education in any way before discharge.

Answer 16. None of the interventions that the nurse provided on the initial assessment visit would be considered when responding to M2400, Intervention Synopsis, even if orders existed, because the interventions were completed before the quality episode began on the SOC date.