



Achieving Excellence in Consulting & Coding

Homework Review Document

Questions from Excellence in OASIS-C Session 6

Question 1

Your patient had abdominal surgery last week and now has an open wound which requires daily dressing changes. You are completing your comprehensive assessment and note that she is wearing a housedress with slippers and no socks. She tells you that she hasn't tried to put on her regular clothes (which she describes as her underwear, pants, shoes and socks) because she is "afraid something will break" referencing her open wound if she bends too much. You ask her if she would try to dress while you are there with her and she demonstrates that she is too afraid and uncomfortable for the mobility required to dress her lower body. The patient usually wears pants, underwear, socks, and shoes with orthotic inserts.

The correct response for M1820, Ability to Dress Lower Body, would be:

- a. 1 – Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
- b. 2 – Someone must help the patient put on undergarments, slacks, socks or nylons and shoes.
- c. 3 – Patient depends entirely upon another person to dress lower body.
- d. UK – Unknown

Question 2

A quadriplegic is totally dependent, cannot even turn self in bed. However, he does get up to a gerichair by Hoyer lift.

The correct response for M1850 would be:

- a. 2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
- b. 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
- c. 4 - Bedfast, unable to transfer but is able to turn and position self in bed.
- d. 5 - Bedfast, unable to transfer and is unable to turn and position self.

Question 3

A blind patient is using their cane to navigate for considered ambulation/locomotion.

The correct response for M1860 would be:

- a. 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device).
- b. 1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
- c. 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- d. 3 - Able to walk only with the supervision or assistance of another person at all times.



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Question 4

A patient is able to ambulate independently with a walker without human assistance, but chooses not to use the walker therefore being unsafe. He is not cognitively impaired.

The correct response for M1860 would be:

- a. 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device).
- b. 1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
- c. 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- d. 3 - Able to walk only with the supervision or assistance of another person at all times.

Question 5

A patient was discharged from a qualifying inpatient stay on 2/21 but refused a ROC visit until 2/24. A standardized, validated multi-factorial fall risk assessment was done by the ROC qualified clinician on 2/24 as part of the ROC comprehensive assessment.

The correct response for M1910 would be:

- a. 0 - No multi-factor falls risk assessment conducted.
- b. 1 - Yes, and it does not indicate a risk for falls.
- c. 2 - Yes, and it indicates a risk for falls.
- d. NA. This question is not required on a ROC.



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Answer Key

Question 1

Correct Response: c - Response 3

- *Reference OASIS Answers Sample Test Question*

Question 2

Correct Response: b - Response 3

- *Reference C4 Question 151.3* A patient who can tolerate being out of bed is not "bedfast." If a patient is able to be transferred to a chair using a Hoyer lift, Response 3 is the option that most closely resembles the patient's circumstance; the patient is unable to transfer and is unable to bear weight or pivot when transferred by another person. Because he is transferred to a chair, he would not be considered bedfast ("confined to the bed") even though he cannot help with the transfer. Responses 4 and 5 do not apply for the patient who is not bedfast. The frequency of the transfers does not change the response, only the patient's ability to be transferred and tolerate being out of bed.

Question 3

Correct Response: b - Response 1

- *Reference C4Q155.1* If a patient needs no human assistance, but must use a cane to ambulate safely and independently on even and uneven surfaces and negotiate stairs, Response 1 would be appropriate when scoring M1860. This is true for blind patients utilizing a cane to ambulate safely, canes used for weight bearing, and a white cane used to detect objects in the path of the user.

Question 4

Correct Response: c - Response 2

- *Reference C4 Q155.3* This would be scored a "2" for M1860 Ambulation/Locomotion. The patient's actual performance is that he is unsafe ambulating because he chooses not to use his walker. This patient would still be scored a "2" unless, the clinician identified some other physical, cognitive or environmental barrier that prevents the patient from utilizing his walker to assist with ambulation, e.g. fear, memory impairment, undisclosed pain associated with walker use, or other emotional, behavioral or physical impairments.

Question 5

Correct Response: a - Response 0

- *Reference C4 Q159.81* At the ROC, there is no regulatory language allowing the ROC to be delayed by physician order, greater than 48 hours from the inpatient facility discharge. If the assessment is completed late, the responses to the Process Measure items M1240, Pain Assessment, M1300, Pressure Ulcer Risk Assessment, M1730, Depression Screening, M1910, Fall Risk Assessment and M2250, Plan of Care Synopsis must be "No" as they were not completed within the time frame allowed by CMS.