

For the exclusive use of HCIN viewers



# **Keys to OASIS Success**

## **(Updated to include CMS guidance through October 2006)**

***Session 4: Wounds/Lesions,  
Incontinence, Behavioral,  
Therapy Need, Emergent Care,  
Data Accuracy***

**Presented by:  
OASIS Answers, Inc.**

**Presented for:**

**The OASIS Certificate and Competency Board, Inc.**



### Special Note

This training session was recorded in spring 2006. Slides 21, 23, and 32 in this presentation have been updated to reflect CMS guidance posted in July, August, and October 2006. Revised guidance is clearly identified as "New" on these slides. Please disregard the audio accompanying these three slides only, as it was not updated.

A copy of Chapter 8 of the OASIS User's Manual, as revised and posted on CMS's website on October 19, 2006, is included as part of your seminar handout. Review this version to ensure that you are current with all CMS guidance. A link to the most recent version of Chapter 8 can also be found in the reference slides.



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### Program Purpose

- OASIS guidelines backed up by specific references to Centers for Medicare and Medicaid Services (CMS) Core OASIS Documents
- Refine knowledge of OASIS data collection rules
- Preparatory review for Certificate for OASIS Specialist – Clinical (COS-C) examination
- OCCB Contact -[www.oasiscertificate.org](http://www.oasiscertificate.org)  
(337) 560-9676



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### Objectives

- Detail Comprehensive Assessment CoP 484.55
- Describe OASIS Patient Populations and Time Points
- Discuss Related Key OASIS
  - Conventions and Exceptions – ☹
  - Key Points – 📌
  - Assessment Strategies - 📋
- Clinical Alerts! - ⚠
  - Coding guidelines that may be perceived as confusing or often misunderstood
- Provide CMS resources for guidance



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
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### Key OASIS Conventions

-  Time Period or Visit Under Consideration
-  Usual Status/Most of the Time
-  Skip Patterns
-  No Reference to Prior Assessments
-  Minimize NA/UNKNOWN
-  Direct Observation Preferred
-  Mark All That Apply



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### Integumentary Items M0440-M0488

- **Key Conventions**
  -  – Direct observation is preferred
  -  – Time period under consideration
    - Day of Assessment
  -  – No reference to prior assessments
    - OK to reference for healed Stage 3 or 4 pressure ulcers
  -  – Note skip patterns
- **Key Assessment Strategies**
  -  – Direct observation required
  - Interview adds information



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
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
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### M0440 – Skin Lesion or Open Wounds

- Skin lesion or open wound
  - Any alteration in skin integrity, **EXCLUDING:**
    -  – Ostomies,
    - Peripheral IV sites



(OWBT)



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## M0440 – Skin Lesion or Open Wounds



- Many different types of skin lesions exist
  - Primary or secondary lesions
  - Changes in color, texture, shape of skin surface
  - Breaks in the skin surface
  - Vascular lesions
- When in doubt, check assessment textbook

(CMS Q&A, 6/05, Cat 4b, Q79)



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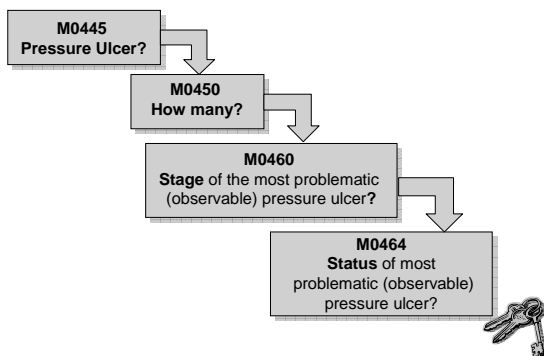
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## M0445 – M0464 Pressure Ulcers



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## M0445 Pressure Ulcer?



- Caused by unrelieved pressure
  - Check bony prominences
  - Interview for risk factors
- Muscle flap surgical repair
  - A surgical wound
  - Not a pressure ulcer
- Surgical debridement
  - A pressure ulcer
  - Not a surgical wound



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### M0450 – Current Number of Pressure Ulcers



- **Definition of “nonobservable”**

- Covered by eschar or nonremovable dressing = Response e) 1 – Yes
- The bed of the wound must be visible to accurately stage (CMS Q&A, 6/05, Cat 4b, Q98)



- A single pressure ulcer has partially granulated to the surface leaving the ulcer open in more than one place = 1 pressure ulcer

(CMS Q&A, 6/05, Cat 4b, Q96)



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### M0460 – Stage of Most Problematic (Observable) Pressure Ulcer

- **If only one pressure ulcer**

- It is most problematic

- **“Most Problematic” may be:**

- Largest?
- Most advanced stage?
- Most difficult to access for treatment?
- Most difficult to relieve pressure?



- NA if eschar present or covered with nonremovable dressing



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### NPUAP June 2004 Pressure Ulcer Opinion



- **Healed Stage 1** ulcers are **not at risk** for future ulcer development
- **Healed Stage 2** ulcers are at **minimal risk** for future ulcer formation at that location
- **Stage 2** ulcers **generally heal to nearly normal skin**, may result in some scar tissue formation



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### CMS Coding Guidance Healed Stage 1 or 2 Pressure Ulcer

- Healed Stage 1 or 2 pressure ulcer:
- M0440 Skin Lesion –
  - ‘No’ for a **healed Stage 1**
  - ‘No’ or ‘Yes’ for a **healed Stage 2** depending on assessment of site
    - If no scar tissue, then ‘No’
    - If residual scar tissue, then ‘Yes’
- M0445 Pressure Ulcer?
  - Healed Stage 1 or 2, then ‘No’



(CMS Policy Change for Accurate Coding of OASIS Pressure Ulcer Items)

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### CMS Coding Guidance Healed Stage 3 or 4 Pressure Ulcer

- **Healed Stage 3 or 4**, remain at risk
  - M0440 Skin Lesion – Yes
  - M0445 Pressure Ulcer – Yes
  - M0464 Status - Fully granulating



**Reverse staging during healing process still NOT appropriate**

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### Staging Question



- Can you stage a previously observable Stage 4 ulcer after it develops eschar?
- No, a pressure ulcer cannot be staged until the wound bed is visible

(CMS Q&A, 6/05, Cat. 4b, Q98)

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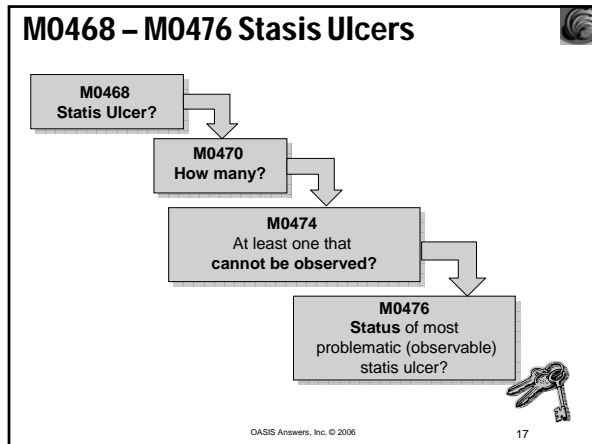
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### M0468 Stasis Ulcer?

- Stasis ulcer is caused by inadequate venous circulation
- Fully-healed stasis ulcer is not a current stasis ulcer

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### M0476 Status of Most Problematic (Observable) Stasis Ulcer

- Most Problematic
  - Largest?
  - Most resistant to treatment?
  - Presence of infection?
- Nonobservable stasis ulcers include **only** those covered with a **nonremovable dressing**

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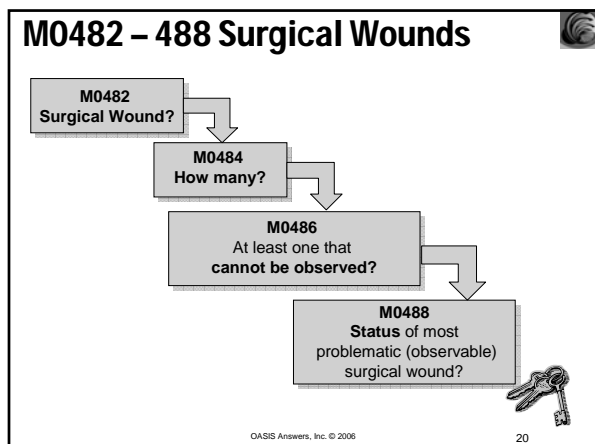
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### Surgical Wounds

- Surgical wounds = more than just surgical incisions
  - Orthopedic pin sites
  - Debrided graft sites
  - Wounds with drains
  - Central line sites, venous access devices, Medi-port sites, implanted infusion devices
  - Peritoneal dialysis catheter
  - Muscle flap procedure to surgically replace a pressure ulcer

**NEW!** Debrided graft sites are **no longer** considered surgical wounds  
(Ch 8 6/06 M0482)

(Ch 8 pg 8.69 & CMS Q&A, 6/05, Cat 4b, Q103 & 106)  
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### Surgical Wounds

- Implanted venous access devices are surgical wounds even if not accessed  
(CMS Q&A, 6/05, Cat 4b, Q109)
- A "takedown" of an ostomy done as a surgical procedure is both a skin lesions and a surgical wound  
(CMS Q&A, 6/05, Cat 4b, Q102)
- Includes only surgical incisions to the integumentary system
  - No cataracts or vaginal GYN procedures  
(CMS Q&A, 6/05, Cat 4b, Q112)

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## Surgical Wound Q&As



- When would a surgical wound no longer be reported in M0482?
  - When it is completely healed, becoming a scar. (CMS Q&A, 6/05, Cat 4b, Q107)
- How do you know when a surgical wound is healed?
  - There are no CMS healing time intervals
  - Patient healing rate varies
  - Follow WOCN guidance

### NEW!

Do not use palpation of healing ridge to determine healing status

- Fully epithelialized, no infection, healing ridge is resolved

(Ch 8 6/06 M0488 & New WOCN guidance)

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## Surgical Wound Q&As

- Does a traumatic wound that was debrided become a surgical wound?
  - No, debridement is a wound treatment

(CMS Q&A, 6/05, Cat 4b, Q105)

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## M0520 & M0530 Urinary Incontinence -Catheter Key Conventions



- Skip patterns (M0520 only)
- Usual Status ~~Most of the time~~
- Direct Observation Preferred
- Time Period Under Consideration
  - Day of Assessment + Past History (Time Span Not Specified)
- No Reference to Prior Assessments

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### M0520/530 Urinary Incontinence/Catheter



- "Only once-in-a-while"
  - Response "1" – Pt is incontinent
- A leaking catheter is not incontinence
- If the patient requires the use of a urinary catheter AND is incontinent
  - Mark Response "2"



- If incontinent only during the day, must select response 2, during the day and night
  - Clarify actual status in documentation

(Ch.8, pg. 8.76 & 8.77)



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### Resolving Urinary Incontinence



- Once incontinent ≠ Always incontinent
- Incontinence can be resolved before home care discharge
  - Implement interventions, e.g. Kegel exercises, Biofeedback, med therapy
  - Assess response to treatment
  - Resolution of incontinence determine by clinician eval of patient's response to tx



- Timed-voiding to defer incontinence
  - M0520 = 1 "Patient is incontinent"

(CMS Q&As 6/05 Cat 4b Q119)



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### Mental Status Domain Key Conventions



- Usual Status/~~Most~~ of the Time



- Direct Observ~~ation~~ Preferred



- Mark All That Apply



- Time Period Under Consideration
  - Day of Assessment + Past History (Time Span Not Specified)



- No Reference to Prior Assessments



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### Mental Status Domain Q&A



- Patient had episodes of recent confusion but no confusion today
  - Reports of **confusion in the recent past are considered when responding to Confusion**
  - **Recent past also applies to Anxiety and Depressive Feelings**

(CMS Q&A, 6/05, Cat 4b, Q124)



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### M0610 Behaviors Demonstrated at Least Once a Week



- Behaviors have serious implications for care and care planning
  - Specific list of behaviors
- Consult family and caregivers
- Other behaviors may be identified (report on M0620)



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### M0620 Frequency of Behavior Problems

- Any behavior of concern for the patient's safety or social environment
- Represent **more severe alterations or deficits** – neuro/emotional
- Don't limit behaviors to just those in M0610

(Ch. 8, pg. 8.86 & OWBT 610/620 Challenge)



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## M0825 Therapy Need

**OASIS ITEM:**

**(M0150) Current Payment Sources for Home Care:** (Mark all that apply.)

☐ 0 - None, no charge for current services

☐ 1 - Medicare (traditional fee-for-service)

☐ 2 - Medicare (PAC/managed care)

☐ 3 - Medicaid (traditional fee-for-service)

☐ 4 - Medicaid (PAC/managed care)

☐ 5 - Workers' compensation

**OASIS ITEM:**

**(M0825) Therapy Need:** Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?

☐ 0 - No

☐ 1 - Yes

☐ NA - Not Applicable

- Respond to M0825 for all patients regardless of payer type
- M0150 NOT = to "1" (Traditional Medicare fee for service), Then M0825 = "NA"
- M0150 = "1" (Traditional Medicare fee for service), Then M0825 = "0"- No or "1"- Yes

**NEW!** If payer requires an HHRG, answer "Yes" or "No"

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## M0825 Therapy Need

- Does care plan indicated **need** for **high-therapy use** during the **episode**?

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graph LR
    Need[Need] --- HTU[High therapy use  
- 10 visits (PT, OT, SLP)]
    HTU --- Episode[Episode]
    
```

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## M0825 Therapy Need

- Need**
  - Determined by the patient's plan of care
  - Number and frequency of therapy services
- How to determine Therapy Need**
  - Conduct the comprehensive visit
  - Synthesize observation and interview findings
  - In multidisciplinary cases, discuss patient therapy needs
  - Determine need for therapy
    - Types and frequency of services
- If there is a need for therapy but:**
  - No physician orders - do not include in M0825
  - Patient refuses - do not include in M0825

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**M0825 Therapy Need**

- High-Therapy Use
  - 10 or more therapy visits
  - PT, OT, SLP, including therapist assistants
  - Covered therapy visits conducted in outpatient setting under the HH POC are included



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**M0825 Therapy Need**

- Time Period Under Consideration
  - Current 60-day Episode or Subsequent 60-day Episode
- Consider the Payment Episode
  - SOC or Recertification
    - Count all therapy visits planned for 60-day period
  - ROC or other Follow-up for a SCIC
    - Count any therapy visits already made since the start of the current payment period
    - Add those to therapy visit necessary for the remaining portion of the planned payment period (OWBT)
  - Special considerations for ROC on days 56-60
    - Establishing case-mix assignment for subsequent 60-day episode



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**M0830 - Emergent Care**

- Since the **last time** OASIS were collected, did the patient **utilize services for emergent care?**



- **Emergency room** – Response 1
  - Even if briefly passing through ER to be admitted to Inpatient Facility
  - Held for observation (any length of time)
- (CMS Q&A, 6/05, Cat 4b, Q179)
- **Doctor's office emergency visit** – Response 2
  - Office or home
- **Outpatient department/Clinic** – Response 3
  - Urgicenters



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### M0830 - Emergent Care

- Is **M0830** specifically **limited to the sites included in the responses?**  
What if the patient is a direct admit to the hospital without passing through the ER?

– A direct admit to the hospital is not reported as emergent care in M0830

(CMS Q&A, 6/05, Cat 4b, Q181)



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### M0830 - Emergent Care

- PRN agency visit not Emergent Care
- Patient held in ER for observation for 36 hours.
- Hospital admission? or Emergent care?  
– If verified that patient was never actually "admitted" to hospital, then it would be emergent care

(CMS Q&A, 6/05, Cat 4b, Q173)



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### M0830 Emergent Care Q&A



- Emergent MD visit scheduled < 24 hours in advance = emergent care

(Ch.8, pg. 8.109)



- Should all unscheduled MD visits be considered emergent care for scoring M0830? Or only those the clinician judges represent an MD visit being utilized in lieu of an emergency room visit?

- ...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.

(CMS Q&A, 6/05, Cat 4b, Q177)



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### M0830 Emergent Care Q&A

- A portable x-ray in the home after a fall
  - It is emergent care
  - Select response based on who provided or ordered the service
- A nurse practitioner from the doctor's office in response to a fall
  - It is emergent care
  - Select response based on the entity who sent the nurse

(CMS Q&A, 6/05, Cat 4b, Q175-176)



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### M0840 - Emergent Care Reason



#### • Mark All That Apply

- Patient sought care for fall and was found to have medication side effects
  - Mark "3" injury caused by fall, AND
  - Mark "1" medication side effects



#### • Minimize UNKNOWN



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### M0830 and M0840 Emergent Care



- Don't make assumptions
- Clarify you are asking about doctor's visits scheduled <24 hours for emergent care
- Ask to see the visit documentation
- For emergent office visit, may need to call to call physician



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## OASIS Accuracy Regulation

- Reporting OASIS Information (COP 484.20)
  - (a) Encoding and transmitting OASIS data
    - 12/05 change *Effective 6/21/06*– Must encode and transmit each completed assessment within 30 days of date assessment completed (M0090)
  - (b) Accuracy of encoded data
    - The encoded OASIS data accurately reflects the patient's status at the time of the assessment
    - Must ensure data on data collection form matches encoded data sent to the state
    - Develop and maintain data quality monitoring activities
      - Follow guidance in OASIS User's Manual Ch. 12

(Fed Register/Vol. 70, # 246, 12/23/05)

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## OASIS Correction Policy

- HHAs electronically correct
  - Key and non-key field errors
  - Remove erroneous records through inactivation
- No time requirements for making corrections
  - Best to make them as soon as possible
    - New submission regulation removes required lock date
    - Corrections easier to make before submission
  - Data used in outcome reporting
  - Follow your agency policy
- Details can be found in policy at:  
[www.qtso.com/download/hha/HHAcorrectionpolicy.pdf](http://www.qtso.com/download/hha/HHAcorrectionpolicy.pdf)

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## Accessing CMS References

- CMS Core OASIS Documents are fundamental to OASIS accuracy and competency
- All CMS resources are available for downloading or viewing from the Web
  - Available at [www.cms.hhs.gov/center/hha.asp](http://www.cms.hhs.gov/center/hha.asp)

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## Module References

- **OASIS Web-Based Training (OWBT) Ver. 2.0**
  - [www.oasistraining.org](http://www.oasistraining.org)
  - Access OWBT references by clicking on
    - Options, Topic Index, then the referenced subject
- **OASIS Implementation Manual, Chapter 8**
  - [www.cms.hhs.gov/oasis/HomeHealthQualityInits/14\\_HHQIOASISUserManual.asp](http://www.cms.hhs.gov/oasis/HomeHealthQualityInits/14_HHQIOASISUserManual.asp)
- **CMS OASIS Q&As**
  - [www.qtso.com/hhdownload.html](http://www.qtso.com/hhdownload.html)
- **CMS Conditions of Participation**
  - [www.access.gpo.gov/nara/cfr/waisidx\\_99/42cfr484\\_99.html](http://www.access.gpo.gov/nara/cfr/waisidx_99/42cfr484_99.html)



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## Module References

- **OASIS Considerations for MC Patients**
  - [www.qtso.com/download/OASISConsidForMedicarePPSPatRev.pdf](http://www.qtso.com/download/OASISConsidForMedicarePPSPatRev.pdf)
- **OASIS-B1 Data Specification Notes July 24, 2003, Pg. 6, ds140.pdf**
  - [new.cms.hhs.gov/oasis/datasubm.asp#A](http://new.cms.hhs.gov/oasis/datasubm.asp#A)
- **Comprehensive Assessment Requirements for Medicare Approved HHA – Patient Classification/Payer**
  - [www.cms.hhs.gov/apps/hha/patientclas.pdf](http://www.cms.hhs.gov/apps/hha/patientclas.pdf)



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## Module References

- **CMS Policy Change for Accurate Coding of OASIS Pressure Ulcer Items**
  - [www.cms.hhs.gov/oasis/npuap.pdf](http://www.cms.hhs.gov/oasis/npuap.pdf)
- **WOCN OASIS Guidance Q&As**
  - [www.qtso.com/download/wocn\\_Q&A.pdf](http://www.qtso.com/download/wocn_Q&A.pdf)
- **National Pressure Ulcer Advisory Panel**
  - [www.npuap.org](http://www.npuap.org)
- **WOCN Guidance on OASIS Skin and Wound Status M0 Items**
  - [www.wocn.org/education/pdf/WOCNOASISGuidance.pdf](http://www.wocn.org/education/pdf/WOCNOASISGuidance.pdf)



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**The Keys to OASIS Success  
are in Your Hands**



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