

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Survey & Certification Group

July 22, 2015

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 July 6, 2015, 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 education activities, and may include them in future updates to the CMS Q&As posted at <https://www.qtso.com/hhatrain.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
Division of Continuing Care Providers
Survey and Certification Group
Office of Clinical Standards & Quality
Centers for Medicare & Medicaid Services

cc: Cheryl A. Wiseman, MS, MPH
Government Task Leader
Division of Chronic & Post-Acute Care
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July 2015 CMS Quarterly OASIS Q&As

M1022/M1023

Question 1: Regarding OASIS-C1/ICD-9/10 CM data sets and M1022/M1023 Secondary Diagnoses: Please clarify if we should list diagnoses that affect the patient's responsiveness to treatment and rehabilitative prognosis even if the condition is not the focus of any home health treatment itself.

Answer 1: Yes, when determining secondary diagnoses, the assessing clinician should consider diagnoses that are actively addressed in the Plan of Care as well as diagnoses that affect the patient's responsiveness to treatment and rehabilitative prognosis even if the condition is not the focus of any home health treatment itself.

M1200

Question 2: Is a person with severe kyphosis and or with limited neck mobility who cannot adequately see objects in their path creating a safety issue on ambulation but can read med labels and newsprint considered to have partially ("1") or severely ("2") impaired vision?

Answer 2: When selecting the correct response for M1200 Vision, the clinician is assessing the patient's functional vision, not conducting a formal vision acuity screen or distance vision exam to determine if the patient has 20/20 vision. Therefore physical deficits or impairments that limit the patient's ability to use their existing vision in a functional way would be considered. If physical deficit/impairments (like limited neck range of motion) prevent a patient from seeing objects in his path, affecting safe function in his environment, M1200 should be 2 - severely impaired vision.

M1340

Question 3: My patient has a diagnosed diabetic foot ulcer. Recently she had an I&D of the foot with a bone biopsy (needle or other technique) to rule out osteomyelitis. Would the ulcer be classified as a surgical wound after the biopsy?

Answer 3: The wound in the example you cite would continue to be considered a diabetic foot ulcer, and not reported as a surgical wound.

Question 4: Are burr holes on the head following an evacuation of a subdural hematoma which still have tightly adhered scabs considered a surgical wound for M1340?

Answer 4: For the purposes of the OASIS Integumentary Status items, a burr hole is a hole that is surgically placed in the skull, or cranium and is considered a surgical wound. It remains a current surgical wound until the site is completely epithelialized and is without signs/symptoms of infection for approximately 30 days, at which time it becomes a scar.

Question 5: Is a wound from an abdominal laparoscopy surgery considered a surgical wound? No drain was placed after the procedure.

Answer 5: Per existing guidance, for M1340, an incision created for the purpose of laparoscopic surgery, arthroscopy, and other minimally invasive surgery/procedure would be considered a surgical wound. It remains a current surgical wound until the site is completely epithelialized and is without signs/symptoms of infection for approximately 30 days, at which time it becomes a scar.

Question 6: The Q & A's address wounds caused by electrodesiccation and curettage as being surgical wounds. Would lesions resulting from freezing with liquid nitrogen be considered surgical wounds for M340?

Answer 6: A lesion resultant from cryosurgery is not considered a surgical wound when scoring the OASIS item M1340. The lesion may be reported in M1350 Wounds/Lesion if the lesion requires clinical assessment or intervention from the home health agency.

M1500 & M1510

Question 7: If a patient does not have a diagnosis of heart failure when admitted for home health, but is first diagnosed with heart failure when transferred to the hospital from your agency, how should M1500 and M1510 be answered on the transfer OASIS?

Answer 7: If the patient has a physician-confirmed diagnosis of heart failure at the time of the transfer to the inpatient facility, the clinician completing the transfer data collection would consider the patient as having the diagnosis of heart failure, and for M1500 select a response reflecting whether symptoms of heart failure were exhibited since the previous OASIS assessment. In M1510, the clinician would report all actions taken by the agency in response to heart failure symptoms, at the time of or any time since the previous OASIS assessment.

M1610

Question 8: My patient has an order for a nurse to perform a straight catheterization to obtain a urine specimen for C&S because my patient has symptoms of a UTI. There are no other orders for urinary catheterization. Would this be considered a "condition" requiring catheterization as noted in the item intent for M1610? Or does catheterization in M1610 relate to catheterization for urinary drainage only?

Answer 8: A patient requiring a one-time catheterization for the sole purpose of obtaining urine for laboratory testing or other diagnostic procedure would not be considered having a "catheter for urinary drainage" when responding to M1610 Urinary Incontinence or Urinary Catheter Presence. Response 0 or 1 would be appropriate depending on whether or not the patient is continent.

M1860

Question 9: If a patient is safely using a knee scooter to facilitate non-weight bearing on one lower extremity, what response would be selected for M1860 - Ambulation?

Answer 9: To determine the accurate response for M1860, the assessing clinician must determine if the knee scooter will be considered an assistive device for the purpose of ambulation. If the assessing clinician determines the knee scooter is an assistive device, then the clinician must determine if the patient is safe without the assistance of another person and assess the number of hands (one-hand or two-hands) the patient requires to safely use the device.