

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

January 8, 2014

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, 2014 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/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
Survey and Certification Group
Centers for Medicare & Medicaid Services

cc: Caroline D. Gallaher, JD, BSN, RN
Centers for Clinical Standards & Quality
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January 2014 CMS Quarterly Q&As

Category 1

Question 1. Many states now have care/case management programs trying to reduce re-hospitalizations and decrease state spending. Some of these organizations contract HHAs to provide some nursing visits and care. The HHA then bills this managed care program, which may be paid with federal and state funds, but the HHA is not billing Medicaid directly. Is OASIS mandated?

Answer 1. If care provided by the home health agency is billed to the Medicare Administrative Contractor (MAC) as traditional fee-for-service Medicare (M0150 #1) or billed to a State Medicaid Agency as traditional fee-for-service Medicaid (M0150 #3), OASIS data collection is required.

Likewise, if care provided by the home health agency is billed to an insurance company who has contracted with the Federal Agency (Medicare managed care – M0150 #2) or State Medicaid Agency (Medicaid managed care– M0150 #4), to pay for home health services with Federal Medicare or State Medicaid funds as a managed care plan, OASIS data collection is required.

If care provided by the home health agency is billed to a non-insurance company entity (an organization coordinating and/or providing patient care services; or providing case management services; reported as M0150 #6, #9, or #11), then OASIS data collection is not required, as funds, including those from Medicare/Medicaid sources, have been paid specifically to the non-insurer coordinating organization, and may not be specific to home health services.

Note this Q&A replaces October 2013 CMS OASIS Quarterly Q&As #1, which effective immediately should be considered retracted.

Category 4a

Question 2. We have recently added the capability of live video streaming from the patient's residence to another clinician (e.g. physician, WOCN, etc.). Can the use of this technology be used to clarify questions that arise during the comprehensive assessment without violating the one clinician rule? For example, if the admitting clinician is unsure about the stage or healing status of a wound, could the video be live streamed to another clinician who could provide input that the assessing clinician could use to select OASIS responses and complete the comprehensive assessment?

Answer 2. Current guidance encourages the assessing clinician to confer with the physician when necessary, for example to confirm the diagnosis of a previously undiagnosed pressure ulcer, etc. If the physician requests or participates in video streaming from the patient's residence as part of patient oversight and collaboration with the home health agency, then use of this technology may contribute to the assessing clinician's response selection for one or more OASIS items. Conferring with the physician in this manner does not violate the one clinician rule.

The use of video technology for collaboration, such as that described between the assessing clinician and the physician does NOT extend to the assessing clinician and other agency staff or clinical consultants, which would violate the one clinician rule.

As a general reminder, HIPAA requirements regarding secure transmission/communication of patient information should be considered in conjunction with the practices discussed.

Category 4b

M1030

Question 3. Our patient has a Tenckhoff peritoneal dialysis catheter that instead of being used for peritoneal dialysis, is being used to drain ascites and then being flushed after drainage is complete. Since flushing a PD catheter while PD is on hold counts for Response 1- IV or infusion therapy, can we report the flush of this catheter in M1030, Therapies at Home?

Answer 3. No, flushing tubes utilized for drainage of urine, ascites and other wound drainage does not count as an infusion when scoring M1030.

M1200

Question 4. Our patient has macular degeneration and wears corrective lenses and uses an adaptive reader. With the corrective lenses and the adaptive reader, the patient can read prescription labels. Do we assess what the patient can see while using the adaptive reader?

Answer 4. An adaptive reader, like a magnifying glass, would not be considered corrective lens when scoring M1200, Vision. In the scenario above, report what the patient is able to see with the corrective lens on only.

M1306-M1324

Question 5: If at the SOC visit, the assessing clinician observes an open ulcer over a bony prominence, with history of pressure and visible bone, can the clinician report this as a Stage IV pressure ulcer, even if not able to get confirmation of the diagnosis from the physician prior to completing the assessment?

Answer 5: At SOC, the assessing clinician responsible for completing the SOC comprehensive assessment must have visualized the wound in order to include it as a Stage IV pressure ulcer in the SOC OASIS pressure ulcer items. These items are a report of the clinician's integumentary status assessment findings. A pressure ulcer may be reported on OASIS based on visualization of the wound, patient assessment and interview and review of relevant related historical documentation. Although the assessing clinician can report the observed ulcer on the OASIS without physician confirmation, collaboration with the physician would be required in order to receive related orders and/or provide physician ordered care related to the pressure ulcer.

M1340

Question 6. Our patient had skin cancer treated with electrodesiccation and curettage, creating a lesion. Is this considered a surgical wound when completing M1340, Surgical Wounds?

Answer 6. Yes.

Question 7. A patient had a “PICC” catheter inserted centrally into the internal jugular. Is this considered a central line when scoring M1340, Surgical Wounds?

Answer 7. Central venous catheters or central lines are those with the catheter tip located in the superior vena cava. Central lines can be peripherally inserted (i.e., basilic or cephalic vein in upper arm, or femoral vein in the groin) or centrally inserted (i.e., internal jugular vein in the neck, or subclavian or axillary vein in the chest). Central lines that are centrally inserted (as in the internal jugular example) ARE considered surgical wounds for M1340 because of the central insertion, even if the type of catheter inserted into the central vein was intended to be inserted peripherally. Central lines that are peripherally inserted are not considered surgical wounds.

Question 8. If a patient had an intra-abdominal abscess that was drained percutaneously and then a JP drain was inserted via interventional radiology is this considered a surgical wound?

Answer 8. Yes. Even though the opening was created percutaneously, it is considered a surgical wound because a drain was inserted.

M2250

Question 9. During a SOC visit, the assessing clinician determines the patient is not depressed, has no symptoms of depression and no diagnosis of depression. Because she has assessed for signs & symptoms of depression as part of her initial comprehensive assessment and will continue to assess the patient for signs & symptoms of depression as part of her psychosocial assessment during her revisits, she selects the intervention "Skilled observation and assessment of signs and symptoms of depression " on her plan of care. May we answer “Yes” on M2250, Row d since the plan of care has a depression intervention?

Answer 9. If the clinician determines it would be appropriate for a specific patient and obtains an order for "Skilled observation and assessment for signs and symptoms of depression" from the physician during the SOC or ROC allowed timeframe, M2250d may be answered "Yes" even if the formal assessment was negative and/or the patient has not been formally diagnosed with depression.

Note, just checking off an intervention on a plan of care does not equate to "obtaining a physician order."