



April 2024 CMS Quarterly OASIS Q&As

Category 2

Question 1: A third-party external auditor consistently states that our OASIS functional status items are “underscored” and recommends changing the responses to the OASIS items. Is the assessing clinician required to accept the auditor’s recommendations?

Answer 1: While a home health agency may use third party external auditors to review OASIS coding and make recommendations, the assessing clinician is responsible for determining OASIS coding based on their assessment.

Each OASIS item should be considered individually and coded based on the guidance provided for that item.

When a potential inconsistency is identified within the assessment timeframe (including inconsistencies identified by a vendor/consultant/third-party reviewer), the assessing clinician may consider available input from these other sources and determine if any revisions to OASIS item responses is warranted, within the assessment timeframe and consistent with OASIS guidance.

Category 4b

M1021 and M1023

Question 2: How are the Symptom Control Ratings defined for Column 2 for M1021/M1023 - Primary Diagnosis/Other Diagnoses? It seems that the definitions that used to be in the item have been removed.

Answer 2: The Symptom Control Rating definitions for M1021/M1023 - Primary Diagnosis/Other Diagnoses were inadvertently omitted from the OASIS Manual and will be replaced in the next version. The definitions are:

- 0 - Asymptomatic, no treatment needed at this time
- 1 - Symptoms well controlled with current therapy
- 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring

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3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment and dose monitoring

4 - Symptoms poorly controlled; history of re-hospitalizations

M1830

Question 3: For M1830 - Bathing, Code 2 - Able to bathe in shower or tub with the intermittent assistance of another person, includes three examples. Since the item says “OR” after each example, and not “AND/OR” does this mean that if the patient requires assistance with more than one of the examples, we should select Code 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision instead of Code 2?

Answer 3: M1830 - Bathing identifies the patient’s ability to bathe their entire body and the assistance that may be required to safely bathe, including transferring in/out of the tub/shower.

Select Code 3 if the patient is “Able to participate in bathing self in shower or tub, but **requires the presence of another person throughout the bath** for assistance or supervision.” If the patient does not require the presence of another person throughout the bath for assistance or supervision, Code 3 is not the appropriate response.

Select Code 2 if the patient is “Able to bathe in shower or tub with the **intermittent assistance** of another person.”

GG0100

Question 4: We have a patient that lives alone and receives assistance for bathing and dressing once per week but safely completes the activities alone on the other days, when assistance is not available. When coding GG0100A - Prior Level of Functioning: Everyday Activities; Self-Care, would this scenario indicate Code 2 - Needed some help, or would Code 3 - Independent be indicated?

Answer 4: The intent of GG0100 - Prior Functioning: Everyday Activities is to record the patient’s ability with everyday activities prior to the current illness, exacerbation, or injury.

GG0100A - Self Care identifies the patient’s need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.

If the patient required assistance prior to the most recent illness, injury or exacerbation, to complete any of the GG0100A activities then code 2 - Needed Some Help.

If assistance was provided but not required prior to the most recent illness, injury or exacerbation, and the patient could complete all of the GG0100A activities themselves, code 3 - Independent.

M1033, J1800, J1900

Question 5: For OASIS coding, if a patient has a seizure which causes them to fall and sustain a subdural hematoma, is this considered a fall with major injury?

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Answer 5: Falls that occur due to a medical event, such as a seizure, are considered a fall for the purposes of coding M1033 - Risk for Hospitalization, J1800 - Any Falls Since SOC/ROC and J1900 - Number of Falls since SOC/ROC.

M2001, M2003, M2005

Question 6: When we complete a drug regimen review, our EMR software runs an interaction check between all the patient's medications and flags any pertinent potential interactions. Our agency policy is to notify the physician within 3 days if any "high or medium alerts" are triggered.

We want to confirm that our agency policy regarding this can be interpreted differently than the criteria used to identify a potential (or actual) clinically significant medication issue for M2001 - Drug Regimen Review. For example, we can comply with our agency policy to notify a physician when a high medication interaction is triggered by our EMR software, and still not consider it a potential (or actual) clinically significant medication issue, if the assessing clinician does not feel the situation warrants communication with the physician by midnight of the next calendar day. Our specific question is, is there anything related to our approach as described that does not align with the instructions for coding of M2001 - Drug Regimen Review?

Answer 6: M2001 - Drug Regimen Review identifies if a drug regimen review was conducted, and whether any potential or actual clinically significant medication issues were found.

A potential (or actual) clinically significant medication issue is defined as a potential or actual issue that, in the clinician's professional judgment, warrants physician/allowed practitioner (or physician-designee) communication and completion of prescribed/recommended actions by midnight of the next calendar day (at the latest).

Any circumstance that does not require this immediate attention is not considered a potential or actual clinically significant medication issue for the purpose of the drug regimen review items.

If, in your scenario, the medication alerts triggered by the EMR software do not meet the definition of a potential (or actual) clinically significant medication issue, then they would not be reported as such when coding M2001 - Drug Regimen Review, M2003 - Medication Follow-up, or M2005 - Medication Intervention.