



## October 2018 CMS Quarterly OASIS Q&As

### Category 2

**QUESTION 1:** To confirm, OASIS-D is used for any OASIS with a M0090 date of January 1, 2019 and later, regardless of the actual visit date?

**ANSWER 1:** Yes, any OASIS assessment type (i.e., SOC, ROC, Follow-up, Discharge, Transfer, Death at home) with an M0090 “Date Assessment Completed” response of January 1, 2019 or later should use OASIS-D.

### Category 4b

#### M2301, J1800

**QUESTION 2:** We are completing an unplanned discharge for a patient who was receiving nursing services only. All recent home health visits have been provided by an LPN, with the last RN visit being 2 weeks prior to this unexpected discharge. When the RN completes the discharge assessment document, should events such as emergent care use and falls that occurred since the last RN visit be reported on the Discharge OASIS in M2301 (emergent care) and J1800 (falls)?

**ANSWER 2:** Yes, whether the discharge is planned or unplanned, all events that have occurred at the time of or any time since the most recent SOC/ROC assessment should be reported on such items as M2301 – Emergent Care and J1800 – Any Falls since SOC/ROC. This is true regardless of when the last qualifying clinician conducted a visit.

#### M1306, M1307, M1311, M1322, M1324

**QUESTION 3:** Please clarify the use of the terms ulcer vs injury vs ulcer/injury when describing pressure wounds.

**ANSWER 3:** CMS has adapted the National Pressure Ulcer Advisory Panel terminology and guidelines for home health and other post-acute care settings’ purposes. A Stage 1 is termed an “injury” while Stage 2, Stage 3 and Stage 4 are termed “ulcers”. A deep tissue injury continues to be termed an injury. Classification of unstageable due to slough and/or eschar is a pressure ulcer. Classification of unstageable due to non-removable dressing/device as ulcer or injury is not possible, until that point at which it becomes visible. Thus, these are referred to as ulcers/injuries.

*This document is intended to provide guidance on OASIS questions that were received by CMS help desks. Responses contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.*

**QUESTION 4: Are diabetic foot ulcers classified as pressure ulcers or stasis ulcers?**

**ANSWER 4:** A patient with diabetes mellitus (DM) can have a pressure, venous, arterial, or diabetic neuropathic ulcer. The primary etiology should be considered when reporting whether a patient with DM has an ulcer/injury that is caused by pressure or other factors. Once etiology is determined, the ulcer would be reported in the appropriate OASIS item(s), if applicable. If, for example, a patient with DM has a heel ulcer/injury from pressure, the etiology of the ulcer would be considered pressure, not a diabetic or stasis ulcer, and would therefore be reported in the OASIS pressure ulcer items. The key to coding pressure ulcers is to determine if the primary etiology of the ulcer is pressure. The OASIS includes specific items to capture pressure ulcers, stasis ulcers or surgical wounds. Not all types of wounds will be captured in these items.

**M1311**

**QUESTION 5: Our patient has a Stage 3 pressure ulcer that we have been treating during the episode. At the reassessment, it is covered with a scab. I know a pressure ulcer is unstageable if it has a non-removable dressing or is completely covered with eschar or slough, but I do not know how a scab would affect the staging for M1311 – Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage.**

**ANSWER 5:** A pressure ulcer that was staged and now has a scab indicates it is healing therefore, staging does not change. In this scenario, it is a healing Stage 3. Scabs and eschar are different. A scab is made up of dried blood cells and serum, sits on the top of the skin, and forms over exposed wounds such as wounds with granulating surfaces (like pressure ulcers, lacerations, evulsions, etc.).