



## January 2019 CMS Quarterly OASIS Q&As

### Category 4b

#### M1028

**QUESTION 1:** When a patient has diabetic peripheral vascular disease (PVD) or peripheral artery disease (PAD), should both diagnoses be checked as active for M1028?

**ANSWER 1.** Yes. If a diabetic patient has either PAD or PVD, both the diabetes mellitus item (2) and the PAD/PVD (1) items are checked in M1028 Active Diagnoses.

#### M1060

**QUESTION 2:** The new OASIS submission specifications state that the Item Values for M1060 Height have been revised to allow a minimum value of 50 inches and a maximum value of 80 inches. How would a clinician record a height of less than 50 inches or greater than 80 inches? Also, Item Values for M1060 Weight have been revised to allow a minimum value of 065 pounds and a maximum value of 440 pounds. How would patient weights falling outside of these parameters be recorded?

**ANSWER 2:** The OASIS submission specifications indicate values entered for height and weight that fall outside of the provided parameters will cause a fatal error and prevent an OASIS assessment from being transmitted.

It is correct that the parameters for M1060 Height are a minimum value of 50 inches and a maximum value of 80 inches and the parameters for M1060 Weight are a minimum value of 65 pounds and a maximum value of 440 pounds.

In the unique situation that the patient's height and/or weight falls outside of the parameters, a dash should be used to enable the OASIS assessment to be submitted.

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

**QUESTION 3:** Guidance states that the response to M1311 cannot be updated when the pressure ulcer that is unstageable at SOC/ROC becomes stageable during the assessment time frame. Does this guidance also apply to M1324?

**ANSWER 3:** The first clinical skin assessment is the assessment used to complete the Outcome and Assessment Information Set (OASIS). This is to ensure consistency of data collection across all post-acute care (PAC) providers. The guidance to assess and report the pressure ulcer stage and status as close to SOC/ROC as possible applies to all OASIS pressure ulcer items.

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**M1311, M1340**

**QUESTION 4:** A patient has a Stage 4 pressure ulcer that is treated with a skin graft (surgical wound) which then heals and remains epithelized for more than 30 days. The wound is then considered a scar and not reported on OASIS. If this same area reopens due to pressure and clinically “looks like” a Stage 2 pressure ulcer, can we code it as a Stage 4 since the underlying tissue was not replaced, as would happen with a muscle flap?

**ANSWER 4:** Skin grafts are considered surgical wounds because skin grafting is a surgical procedure during which skin is sewn into a defect to close the wound. If a Stage 4 pressure ulcer was closed with a skin graft, the surgical wound healed, and another pressure ulcer formed in the same anatomical location due to pressure, then this pressure ulcer would be staged as a Stage 4 (i.e., the highest stage the pressure ulcer was prior to closure). It is important to remember that regardless of whether the Stage 3 or 4 ulcer is closed using a skin graft or via granulation tissue, the original tissues are never replaced.

**M1340**

**QUESTION 5:** We are looking for some guidance on a diabetic ulcer that was covered with a skin graft and how to code it at SOC? Is it a diabetic ulcer or does it become a surgical wound, like pressure ulcers?

**ANSWER 5:** For OASIS coding purposes, when any type of ulcer is treated surgically with any kind of graft or flap, it is considered a surgical wound for M1340 until approximately 30 days after complete re-epithelialization.

**M2003, M2005**

**QUESTION 6:** When completing M2003 or M2005, does the midnight of the next calendar day “clock” start when the assessing clinician identifies the clinically significant medication issue, even if the issue is identified, for instance, on Day 2 of the episode?

**ANSWER 6:** M2003 and M2005 ask if two-way communication and completion of any prescribed/recommended actions occurred by midnight of the next calendar day when a clinically significant issue is identified. For M2003, the timeframe is “by midnight of the next calendar day” from the time the potential clinically significant medication issue was identified and within the SOC or ROC comprehensive assessment timeframe. For M2005, the timeframe is “by midnight of the next calendar day” each time a potential clinically significant medication issue was identified at the time of, or at any time since, the most recent SOC/ROC assessment.

**GG0100, GG0110**

**QUESTION 7:** For GG0100 Prior Functioning: Everyday Activities and G0110 Prior Device Use, what is the time period under consideration? If patient had an acute CVA 8 weeks ago and then patient is hospitalized for CHF exacerbation, would the prior function continue to be before the CVA or just for the CHF exacerbation?

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**ANSWER 7:** Assessing clinicians must consider each individual patient's unique circumstances and use professional clinical judgment to determine how prior functioning and prior device use applies for each individual patient.

In responding to GG0100 Prior Functioning: Everyday Activities, the activities should be reported based on the patient's usual ability prior to the current illness, exacerbation, or injury. This is the patient's functional ability prior to the onset of the current illness, exacerbation of a chronic condition, or injury (whichever is most recent) that initiated this episode of care. Clinicians should use clinical judgment within these parameters in determining the time frame that is considered "prior to the current illness, exacerbation, or injury."

The same approach should be used in determining Prior Device Use for GG0110.

### **GG0100, GG0130, GG0170**

**QUESTION 8: Does the "majority of tasks" convention apply to all Section GG items?**

**ANSWER 8:** The "majority of tasks" convention that applies for the M1800 Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL) items does not apply to the GG Prior Functioning, Self-Care, and Mobility items.

In situations where the patient's prior ability varied between the listed GG activities, group all activities together and code based on patient's ability considering all activities together. For example, for GG0100 Prior Functioning, if a patient completed all of the activities by him/herself, with or without an assistive device, with no assistance from a helper, code as "3. Independent." If a patient needed partial assistance from another person to complete any of the activities, code as "2. Needed Some Help." If a helper completed all of the activities for the patient because the patient could not assist, code as "1. Dependent."

For the GG0130/GG0170 activities that include multiple activities (e.g., Upper body dressing for a patient who wears an undershirt, blouse, and sweater), code using the 6-point scale based on the patient's ability to complete all relevant tasks.

### **GG0130, GG0170**

**QUESTION 9: If a patient refuses and all other Activity not Attempted codes (09, 10, 88) do not apply, would the clinician try to utilize a Performance code before automatically coding 07-Patient refused, considering coding can be based on patient/caregiver interview?**

**ANSWER 9:** When completing GG0130 or GG0170 and a patient refuses to perform an activity, combine general observation, interview of patient/caregiver(s), collaboration with other agency staff, and other relevant strategies to complete any and all GG items, as needed. Code 07, Patient refused, when assessment/discussion of the activity is attempted, the patient refuses, and no other Performance or Activity not attempted code is applicable.

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### **GG0130**

**QUESTION 10: Does GG0130C Toileting Hygiene that includes clothing adjustment before and after voiding, also include incontinence briefs and pads? Does this item include the safe retrieval of the supplies needed to perform the hygiene task?**

**ANSWER 10:** GG0130C includes “the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.”

Toileting hygiene includes managing undergarments, clothing and incontinence products, and performing perineal hygiene.

If the patient can complete toileting hygiene and clothing management tasks only after a helper retrieves or sets up supplies necessary to perform included tasks, code 05 – Setup or clean-up assistance.

In situations where a definitive answer to an assessing clinician’s question is not contained in published CMS OASIS guidance (OASIS Guidance Manual, Q&As, etc.), the clinician may have to rely on clinical judgment to determine how to code the item, ensuring that the response coded does not conflict with current guidance.

**QUESTION 11: Does GG0130E Shower/Bathe Self only apply to the patient that can use a shower or tub? If this includes sponge bathing does it include the ability to safely retrieve the needed supplies?**

**ANSWER 11:** The activity being assessed is “The ability to bathe self, including washing, rinsing, and drying self...” Code the item based on the patient’s ability to bathe him/herself, regardless of where the bathing takes place.

If the patient can complete bathing tasks only after a helper retrieves or sets up supplies necessary to perform the included tasks, code 05 – Setup or clean-up assistance.

**QUESTION 12: Does GG0130F Upper Body Dressing include safely getting to and/or retrieving the clothing item? Does this include modified clothing or usual clothing the patient would wear? Does this item include splints, braces, wraps/compression wear, prosthetics, orthotics?**

**ANSWER 12:** The item includes “The ability to dress and undress above the waist; including fasteners, if applicable.”

If donning and doffing an elastic bandage, or an orthosis or prosthesis occurs while the patient is dressing/undressing the upper body, then count the elastic bandage/orthotic/prosthesis as a piece of clothing when determining the amount of assistance the patient needs when coding the upper body dressing item.

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If the patient can complete upper body dressing tasks only after a helper retrieves or sets up clothing/devices necessary to perform the included tasks, code 05 – Setup or clean-up assistance.

Assess ability to put on whatever clothing is routinely worn. If a patient modifies the clothing they wear due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the patient could return to their previous style of dressing. There is no specified timeframe at which the modified clothing style will become the routine clothing. The clinician will need to determine which clothes should be considered routine. It will be considered routine because the clothing is what the patient usually wears and will continue to wear, or because the patient is making a change in clothing options to styles that are expected to become the patient's new routine clothing.

**QUESTION 13: Does GG0130G Lower Body Dressing include splints, braces, wraps, prosthetics, orthotics etc.? Does this item include the ability to safely get to the location of the clothing and/or retrieve clothing?**

**ANSWER 13:** This item includes: “The ability to dress and undress below the waist, including fasteners; **does not include footwear.**” If donning and doffing an elastic bandage, a stump/shrinker or an orthosis or prosthesis occurs while the patient is dressing/undressing the lower body, then count the elastic bandage/shrinker/orthotic/prosthesis as a piece of clothing when determining the amount of assistance the patient needs when coding the lower body dressing item.

If the patient can complete lower body dressing tasks only after a helper retrieves or sets up clothing/devices necessary to perform the included tasks, code 05 – Setup or clean-up assistance.

Note that while some types of clothing, wraps or supportive devices may cover both the lower leg/lower body and the foot, the patient's ability to put them on/take them off should not be considered for both GG0130G Lower Body Dressing and GG0130H Footwear. In order to assist in determining which activity the piece of clothing/wrap/orthotic/prosthetic should apply to, consider items that cover all or part of the foot (even if it extends up the leg, like a sock or ankle foot orthosis) as footwear. Consider items that go on the lower body (excluding items that cover all or part of the foot) as lower body dressing items.

**QUESTION 14: Does GG0130H Putting on/taking off footwear include the ability to safely get to the location of the socks/footwear, does this include modified footwear or usual footwear? Does this include splints, braces, wraps, support or compression leg/foot wear, prosthetics and/or orthotics?**

**ANSWER 14:** GG0130H includes: “The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

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If donning and doffing an elastic bandage, elastic stockings, or an orthosis or prosthesis occurs while the patient is putting on/taking off footwear, then consider the elastic bandage/elastic stocking/orthotic/prosthesis when determining the amount of assistance the patient needs to put on/take off footwear.

Example of footwear may include: ankle-foot orthosis (AFO), elastic bandages, foot orthotics, orthopedic walking boots, compression stockings (considered footwear because of dressing don/doff over foot).

If the patient can complete the tasks of putting on/taking off footwear, and only needs a helper to retrieve or set up footwear/devices necessary to perform the included tasks, code 05 – Setup or clean-up assistance.

Note that while some types of clothing, wraps or supportive devices may cover both the lower leg/lower body and the foot, the patient's ability to put them on/take them off should not be considered for both GG0130G Lower Body Dressing and GG0130H Footwear. In order to assist in determining which activity the piece of clothing/wrap/orthotic/prosthetic should apply to, consider items that cover all or part of the foot (even if it extends up the leg, like a sock or ankle foot orthosis) as footwear. Consider items that go on the lower body (excluding items that cover all or part of the foot) as lower body dressing items.

#### **GG0170**

**QUESTION 15: For GG0170C Lying to sitting on side of bed, how would a patient with below-knee amputation (BKA) be coded to perform lying to sitting position with feet on the floor?**

**ANSWER 15:** If any patient can perform the activity independently and safely, sitting on the side of the bed with no back support, and their feet do not touch the floor, they can be scored as a 06, Independent. For a BKA patient, the score would be based on the amount of assistance required to complete the activity. If the patient was able to safely complete the activity independently, moving from lying to sitting on the side of the bed with one foot touching the floor or not, with no back support, the patient would be scored as a 06, Independent. Please be aware that a BKA patient can wear lower extremity prosthetic(s) with attached "foot" to complete this activity.

**QUESTION 16: For GG0170 Lying to sitting on side of bed, if a patient uses a belt to pull himself from lying to sitting on the side of the bed, but someone had to hand the belt to the patient, would that still be considered independent?**

**ANSWER 16:** For GG0170C, the use of an assistive device does not affect the scoring of the measure if the patient is able to perform the activity independently. If the patient requires a caregiver to hand him the assistive device to perform the activity, this would be scored as Code 5, Setup or clean-up assistance, because the patient requires setup assistance prior to performing the activity.

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**QUESTION 17: If the patient sleeps in an electric recliner (which is the patient’s bed), and the patient pushes a button for the chair to return to a sitting position, how is GG0170C Lying to sitting on side of bed coded?**

**ANSWER 17:** If a patient is able to complete the activity using an assistive device without assistance, code as 06 - Independent.

**QUESTION 18: How do you code GG0170E Chair/bed to chair transfer when the nearest chair is in another room?**

**ANSWER 18:** For GG0170E, the activity begins with the patient sitting (in a chair, wheelchair, or at the edge of the bed) and includes transferring to sitting in a chair, wheelchair, or at the edge of the bed.

The activity may be assessed using a chair-to-chair transfer, therefore an environmental limitation restricting placement of a chair at the bedside would not need to affect the assessment or coding of this GG activity. While the need for assistance with ambulation may impact the M1850 Transferring item (which is specifically a transfer to and from the bed), the need for assistance with ambulation would not impact the code selected for GG0170E which simply reflects a transfer between any two sitting surfaces.

**QUESTION 19: Is getting to the toilet considered part of the toilet transfer for GG0170F?**

**ANSWER 19:** No, the toilet transfer activity involves the patient transfer on and off the toilet or commode and does not include getting to/from the toilet or commode.

**QUESTION 20: For GG0170J Walk 50 feet with 2 turns, do the turns need to be consecutive?**

**ANSWER 20:** For the activity of ambulating 50 feet with two turns, the turns can occur at any time during the 50-foot walk.

**QUESTION 21: If an HHA is able to ‘walk a patient 150 feet with two 90-degree turns’ (GG0170K), can they use the observed assessment information to also give a response to the 50-foot walk question (GG0170J) and the 10-foot walk question (GG0170I), or must all three walks be performed individually?**

**ANSWER 21:** The activities are coded on OASIS separately. The assessing clinician can use clinical judgement to determine how the actual patient assessment is conducted.

When combining OASIS activities in the patient assessment, consider where one activity ends and another begins, then code based on the amount of assistance needed for each distance.

**QUESTION 22: At SOC my patient is sink bathing and requires assistance for setting up and filling the plastic tub she uses for bathing. Prior to her hip replacement she hired a contractor to remove her old tub and replace it with a walk-in shower, complete with a built-in ledge for**

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**sitting while bathing, grab bars and a hand-held shower. The shower has not been completed at this point. Should her performance be coded 05, Set-up or clean-up assistance as the only help she requires is setting up the basin or 10, Not attempted due to environmental limitations since she is NOT bathing in a tub/shower?**

**ANSWER 22:** Code the item based on the patient’s ability to bathe herself, regardless of where the bathing takes place. If the assistance provided is necessary only before or after the activity is completed, and no assistance is needed during the completion of the activity, select Code 05 Set-up/Clean up.

For example, your patient bathes at the sink and only requires assistance for setting up and filling the plastic tub she uses for bathing. If no other assistance is required while the patient washes, rinses and dries off her body, select Code 05 Set-up/Clean-up. If the patient requires any assistance at any time during the bathing activities of washing, rinsing, drying (for instance needs someone to refresh the tub of water for rinsing), then Code 05 Set-up/Clean-up is not the appropriate code.

**QUESTION 23: According to Chapter 3 coding guidance in some instances (GG0170I Walk 10 feet, GG0170M 1 step, GGG0170N 4 steps) we are instructed to Skip to another item if an "activity not attempted code" is used in the SOC/ROC performance column. To clarify, when we do that should we also leave the discharge goal blank or "dash" it? If we feel that we could establish an accurate discharge goal anyway, should we truly skip setting a discharge goal?**

**ANSWER 23:** Even in situations where activity performance is coded with an “activity not performed” code or skipped, a discharge goal may still be reported. Use of a dash is permissible for any remaining self-care or mobility goals where a discharge goal was not established.

**QUESTION 24: For GG0170N 4 steps and GG0170O 12 steps is “The ability to go up and down steps...” limited to referring to a patient that walks up and down the steps on their feet, or do we also consider those that may take a stair lift, or even those that may ascend/descend stairs on their buttocks?**

**If a patient independently uses their stair lift – are they to be scored as 06 Independent, or 09 Not applicable?**

**ANSWER 24:** For GG0170: Completing the stair activities indicates that a patient goes up and down the stairs, by any safe means, with or without portable assistive devices and/or with or without some level of assistance.

06 – Independent would be coded if the stair activity of a patient going up and down steps (1, 4, or 12) is completed by any safe means (e.g., walking on their feet, scooting on their bottom), with or without a portable assistive device, and with no set-up assistance or assistance during the stair activity.

The use of non-portable assistive devices (such as a stair lift with a track attached to the wall) would not be considered “completing the stair activity.” A patient that is not able to go up and

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down the stairs, with or without assistance, without the use of a non-portable stair lift would be coded with the appropriate “activity was not attempted” code.

**QUESTION 25: If my non-ambulatory patient can get up and down a curb in his wheelchair by himself, how would I code GG0170M 1 step?**

**ANSWER 25:** A wheelchair-bound patient may be able to complete the activity of going up and down stairs (including 1 step/curb) in a wheelchair. He would be coded using the 6-point scale if the activity is completed, or coded with one of the “activity not completed” codes if the activity does not get completed, or coded with a dash if no information is available. A patient getting up and down a curb in a wheelchair with no assistance would be coded 06 – Independent.

**QUESTION 26: My patient has one step into his home that I can observe. His living environment is without other steps. For 4 steps and 12 steps would I code the dash or 10-environmental limitation?**

**ANSWER 26:** In the situation provided, a performance code may be determined for GG0170M 1 Step (Curb), but Code 10, Not attempted due to Environmental Limitations, may need to be reported for GG0170N – 4 Steps, or GG0170O – 12 Steps unless the patient’s usual status can be determined based on patient or caregiver report or by clinical judgment and assessment of the patient status in a similar activity.

**QUESTION 27: At the time of the assessment the patient requires a walker to ambulate to the car. Once there, her daughter opens the car door for her. The patient is able to position herself and place her hands correctly to safely lower herself into the car. Her daughter then shuts her door, folds her walker and places it in the backseat. When they arrive at their destination her daughter retrieves her walker from the back, opens the car door and sets up her walker within reach. The patient is able to safely exit the car and come to a standing position at her walker. Would closing/opening/placing the walker be considered 05, Set up and clean up for GG0170G since all the walker "maintenance" occurs prior to and after the activity, or should it be totally disregarded for this item?**

**ANSWER 27:** You describe a caregiver who folds the walker and places it in back seat after the patient transfers into the car, then retrieves the walker and sets it up for the patient prior to the patient transferring out of the car. If the patient requires the set up (or clean-up) of this walker in order to complete the car transfer, and no assistance is needed during the completion of the activity, select Code 05 Set-up/Clean-up. If the patient does not require the walker when completing the transfer, then Code 06 - Independent.

The activity is restricted to the transfer and does not include getting to or from the vehicle.

**QUESTION 28: How do we assess GG0170 activities such as a car transfer or 12 steps if the patient does not have a car or a flight of stairs?**

**ANSWER 28:** If the car transfer activity (GG0170G) or the stair activities (GG0170M, N and O) are not completed because no car or stairs are available, and the patient’s status cannot be

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determined based on patient or caregiver report, enter Code 10, Not attempted due to environmental limitations.

Note that assessing clinicians can use professional clinical judgment to determine if a car transfer, or stair activity, or other GG self-care or mobility activity, may be assessed using a similar activity as an acceptable alternative. For example, for item GG0170O, 12 Stairs, the combination of going up and down 4 stairs 3 times consecutively is an acceptable alternative to meet the intention of this activity.

### **GG0130, GG0170**

**QUESTION 29:** For “05. Setup or clean-up assistance,” can you please clarify if this “or” statement means that this answer should not be selected if the caregiver provides assistance before *and* after a task?

**ANSWER 29:** Select Code 05, Setup or clean-up assistance when a helper provides only setup and/or clean-up assistance, prior to and/or following the activity, but not during the activity.

**QUESTION 30:** The response-specific instructions in the OASIS Guidance Manual for GG0130 and GG0170 state that the QRP only requires coding a minimum of one self-care or mobility discharge goal. If an agency decides to establish a discharge goal for just one functional activity, how would the other remaining activities be coded?

**ANSWER 30:** Effective January 1, 2019, select activities from GG0130 and GG0170 are used to calculate the quality measure Application of Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631).

The activities utilized in the measure are:

GG0130. Self-care items (GG0130A. Eating, GG0130B. Oral hygiene, GG0130C. Toileting hygiene).

GG0170. Mobility Items (GG0170B. Sit to lying, GG0170C. Lying to sitting on side of bed, GG0170D. Sit to stand, GG0170E. Chair/bed-to-chair transfer, GG0170F. Toilet Transfer, GG0170J. Walk 50 feet with two turns, GG0170K. Walk 150 feet, GG0170R. Wheel 50 feet with two turns, GG0170S. Wheel 150 feet).

Per the measure specifications, the numerator is met when, for a home health quality episode, valid codes are reported for the SOC/ROC performance AND for the Discharge performance for all of the listed functional activities AND, at SOC/ROC, a valid numeric score is coded for a discharge goal for at least one of the listed self-care or mobility activities.

As outlined in the Guidance Manual, agencies may choose to complete more than one self-care or mobility discharge goal, including reporting a discharge goal for all collected GG0130 and GG0170 items. A dash is a valid response for any activity where a discharge goal is not established, including for an activity that is skipped due to the skip pattern.

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For more details, refer to Data Submission Specifications for the OASIS Item Set available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/DataSpecifications.html>.

### **J1800, J1900**

**QUESTION 31:** Items J1800 & J1900 indicate ANY fall since the SOC/ROC, whichever is more recent. If the fall (or intercepted fall) occurred at another facility such as doctor's office, hospital or SNF, is the home care agency still responsible to report this data, or is the home care agency only responsible to report those falls/intercepted falls that occur in the patient's home?

**ANSWER 31:** J1800 & J1900 reflect falls that occurred at any time during the quality episode, regardless of where the fall occurred. In your example, a fall that occurred at the doctor's office during the HH quality episode would be reported. If a HH patient has a qualifying inpatient facility transfer (e.g., hospital or SNF), and falls in the facility, that fall would not be reported by the home health agency, as it did not occur within a HH quality episode (i.e., the fall would have occurred after the transfer and before the ROC).

**QUESTION 32:** A patient falls, they have significant pain in their hip and we recommend they go to the emergency room. They are admitted, however at the time the transfer OASIS was completed we did not have the radiology report. This is obtained 4 days after the transfer and indicates a fracture of the patient's hip. With this additional information should J1900 be changed and does that change the M0090 date?

**ANSWER 32:** When completing J1900 at transfer, discharge or death, indicate the number of falls a patient had since the most recent SOC/ROC, and any fall related injury. It is important to ensure the accuracy of the level of injury resulting from a fall. Since injuries can present themselves later than the time of the fall, or the agency may not learn of the level of injury until after the OASIS/assessment is completed, agencies are encouraged to correct errors as accurate information regarding fall-related injuries becomes known. Errors should be corrected following the agency's correction policy and M0090 would not necessarily be changed.

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