

CMS OASIS Q&As: CATEGORY 1 – APPLICABILITY

Q1. [Q&A RETIRED 11/24; REDUNDANT to guidance in OASIS Manual Chapter 1]

Q1.1. [Q&A RETIRED 11/24; REDUNDANT to guidance in OASIS Manual Chapter 1]

Q1.2. [Q&A RETIRED; REDUNDANT to guidance in OASIS Manual Chapter 1]

Q1.3. It is my understanding that OASIS collection is not required for Medicare patients under the age of 18. How do you submit a claim with the appropriate HIPPS/HHRG if you do not complete the OASIS assessment? If you do complete an OASIS assessment, can it be submitted to the OASIS system? Where would I search on the website for this type of information? [Q&A; EDITED 05/22; EDITED 06/14; ADDED 09/09; Previously CMS OCCB Q&A 10/07 Q&A Q1]

A1.3. The Conditions of Participation do not require OASIS data collection on pediatric patients. However, if Medicare is the payer, at least the payment OASIS items would have to be collected in order to generate the payer requirement of a HHRG/HIPPS code. jHAVEN or other software may be used to generate the HIPPS/HHRG code. This code would be submitted to the Medicare Administrative Contractor (MAC) for billing purposes only. The data should not be submitted to the OASIS system. The OASIS system will reject any incomplete assessments, or any data submitted for patients younger than 18 years of age.

For further information regarding data submission, contact your OASIS Automation Coordinator (OAC). Contact information is available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/OASIS-Coordinators>. For further information about coverage or billing, contact your MAC.

Q2. [Q&A RETIRED 09/09; REDUNDANT TO GUIDANCE FOUND IN Q&A Q2.1]

Q2.1. Do we need to collect OASIS on a patient admitted to home health with post-partum complications? If we open a patient 2-3 months after a C-section for infection of the wound, do we collect OASIS, or do we consider this "maternity"? What is the definition of "maternity" and when do we collect OASIS on these patients? [Q&A EDITED 11/24; EDITED 05/22; Formerly CMS OASIS Q&A Cat. 1 Q11; EDITED 09/09; ADDED 08/07; Originally CMS OCCB Q&A 05/07 Q&A Q1]

A2.1. The Conditions of Participation do not require OASIS data collection for patients receiving only maternity-related services.

Post-partum complications and a wound infection in the C-section incision are only possible in maternity patients. Maternity patients are patients who are currently or were recently pregnant and are receiving treatment as a direct result of the pregnancy.

Q3. [Q&A RETIRED 11/24]

Q4. We are an HHA that also provides hospice services. Do the OASIS requirements apply to our hospice patient population? What if they are receiving 'hospice service' under the home care agency (not the Medicare hospice benefit)? Would OASIS apply? [Q&A EDITED 11/24; EDITED 08/07]

A4. Medicare Conditions of Participation (CoP) for home health are separate from the rules governing the Medicare hospice program. Care delivered to a patient under the Medicare home health benefit needs to meet the Federal requirements put forth for home health agencies, which include OASIS data collection and reporting for skilled Medicare and Medicaid patients.

Care delivered to a patient under the Medicare hospice benefit needs to meet the Federal requirements put forth for hospice care, which do not include OASIS data collection or reporting. However, if a Medicare patient is receiving skilled terminal care services through the home health benefit, OASIS applies.

Q5. We have a branch of our agency that serves non-Medicare patients. Can you elaborate on whether we need to do the comprehensive assessment with OASIS for these patients? We do serve Medicaid patients from this branch, does this make a difference? [Q&A EDITED 10/23; REVIEWED 05/22]

A5. If an HHA is required to meet the Medicare Conditions of Participation (CoP), then all of the CoP apply to all branches of that agency including the comprehensive assessment and OASIS data collection. Whether the agency has different branches operating under a single provider agreement/number serving different patient populations does not matter. Some States, as a part of State licensure or certification, allow HHAs to establish completely separate entities for serving other than Medicare/Medicaid patients. If the separate entity does not have to comply with the Medicare CoP for any reason (e.g., they do not have to meet the Medicare CoP to compete for managed care contracts, etc.) and the individual State does not require Medicare compliance, then none of the CoP applies. To be considered a separate entity, several requirements must be met, including separate incorporation for tax and business purposes, separate employer IDs, separate staff, separate billing and cost reporting systems, etc. If this separate entity is not meeting the Medicare CoP, then it cannot be using Medicare certification for any reason, including payment or competing for contracts.

Q6. Should we collect OASIS data on private pay patients who are only paying for aide service? What about a patient receiving therapy services under Medicare Part B? [Q&A EDITED 11/24; EDITED 10/23; EDITED 05/22; EDITED 10/18; EDITED 06/14]

A6. The Medicare home health benefit exists under both Medicare Part A and Medicare Part B. Patients receiving skilled therapy services under the Medicare home health benefit that are billed to Medicare Part B would require the comprehensive assessment (including OASIS items) at the specified time points if care is delivered in the patient's home. If a Medicare patient receives therapy services at a SNF, hospital, or rehab center as part of the home health benefit simply because the required equipment cannot be made available at the patient's home, the Medicare Conditions of Participation apply, including the comprehensive assessment and collection and reporting of OASIS data. However, if the services are provided to a patient RESIDING in an inpatient facility, then these are not considered home care services, and the comprehensive assessment would not need to be conducted.

If a Medicare beneficiary receives outpatient therapy services from an approved provider of outpatient physical therapy, occupational therapy, or speech-language pathology services under the Medicare outpatient therapy benefit (as opposed to the Medicare home health benefit), then OASIS requirements would not apply.

Q7. When a nurse visits a patient's home and determines that the patient does not meet the criteria for home care (e.g., not homebound, refuses services, etc.), is the comprehensive assessment required? What about OASIS data collection? [Q&A EDITED 06/14]

A7. If the individual was determined to not be eligible for services, the patient would not be admitted for care by the agency, and no comprehensive assessment or OASIS data collection would be required. No data would be transmitted to the OASIS system.

Q8. [Q&A RENUMBERED; now Q1.2]

Q9. Can you explain the term 'skilled service'? [Q&A EDITED 05/22; EDITED 08/07]

A9. Skilled services covered by the Medicare home health benefit are discussed in Chapter 7 of the Medicare Benefit Policy Manual. This publication can be found at:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673>.

Q10. [Q&A RETIRED 05/22]

Q11. [Q&A RENUMBERED; now Q2.1]