

Home Health ICD-9/ICD-10 Alert

OASIS: Keep an Eye on OASIS-C1 Diagnosis Coding Item Changes

Will the 'payment diagnosis' item thwart death yet again?

Just as the OASIS-C item numbers have become familiar, CMS announces plans to change many of them.

The **Centers for Medicare & Medicaid Services** has issued its proposed changes for the next version of OASIS OASIS-C1 in a Paperwork Reduction Act package for the Office of Management and Budget. OMB must approve the OASIS changes before they can take effect. CMS plans to implement the OASIS form change before ICD-10 diagnosis coding starts in October 2014.

"The total number of items in the OASIS dataset decreases from 114 in OASIS-C to 110 in OASIS-C1,"

CMS points out in its supporting statement for the form change.

The reduction in collection burden "is good news," cheers OASIS expert **Rhonda Will** of **Fazzi Associates** in a message to providers. CMS's estimate of the time and burden to collect OASIS data displays "some eye opening results," Will notes.

Of special interest to home care coders, CMS is following through with its plan to delete M1012, inpatient procedures Start and Resumption of Care (SOC and ROC). "Home health agencies have reported that this item is time-consuming and burdensome as this information may not be readily available at the time of home health intake," CMS notes in its Paperwork Reduction Act supporting statement. CMS told agencies in April 2011 the item isn't used for payment or outcomes and they could just answer "unknown" if the info isn't readily available, but many HHAs still complete the item. "The deletion of M1012 from the OASIS will result in a decrease in burden to all OASIS users (in that a response will no longer be required) and will provide an even greater decrease in burden for those users who have continued to collect and report the information on inpatient procedures to complete the item," CMS maintains.

Note These Number Changes

CMS modified wording for 44 items, it notes in the supporting statement. But it didn't change the item number for every change. "When changes to an item substantively change the question or response options, a new item number has been assigned to the item," the agency explains in the supporting statement.

For example: CMS has changed the diagnosis coding item numbers M1020, M1022, and M1024 to M1021, M1023, and M1025.

CMS has been telling the industry that it would be changing OASIS to conform with ICD-10 coding requirements. Observers speculated that with the vast increase in the number of diagnosis codes under ICD-10, CMS might increase the number of coding lines in M1020/M1022. However, OASIS-C1 keeps six lines in its newly renumbered M1021/M1023 spots. It also has that number of spots in renumbered items M1011, M1017, and M1025.

The revised diagnosis coding items "now have space to enter 7-digit codes, and references to prior ICD-9 'E' and 'V' codes were removed," CMS details.

Questions abound: Get ready for the revised form to cause confusion for coders, predicts coding expert **Brandi Whitemyer, RN, COS-C, HCS-D, HCS-O**, AHIMA Approved ICD-10 Trainer/Ambassador in Weslaco, Texas. Directions for newly renumbered item M1025 seem to conflict with current directions to not code resolved conditions in column 3 [M1024] of M1022.

"It appears that the intent of this item will now be focused upon risk adjustment and not payment at all, and will now allow for the coding of resolved conditions upon the implementation of the OASIS-C1 version," Whitemyer summarizes.

"I can see this creating a great deal of confusion for agencies," Whitemyer tells **ENR**. "Specifically for home health coders who have recently adjusted their practice to use column 3 of the current OASIS-C for only fractures."