

OASIS Alert

Assessment: Don't Make This Common M0570 Mistake

Recent past may be further back than you think

Just because M0570 doesn't affect the episode payment, you shouldn't consider it unimportant. Accurate assessment of the patient's confusion directly affects your agency's risk adjustment.

M0570 asks the clinician to assess when the patient has been reported or observed to be confused. The possible answers are "0" (Never), "1" (In new or complex situations only), "2" (On awakening or at night only), "3" (During the day and evening, but not constantly), "4" (Constantly) and "NA" (Patient nonresponsive).

Clinicians under time pressure or without a good understanding of the role of OASIS in risk adjusting outcomes may not give this question the attention it deserves, experts report.

If you find your clinicians answering "0" too often on M0570, get back on track with the basic strategies.

1. Be sure clinicians understand what is included in the term "confused." A confusion assessment instrument developed by **Emory University** suggests a number of ways to determine a patient's mental status. For example, observations you can make during the visit include:

- Did the patient have difficulty focusing attention?
- Was the patient able to keep track of what was being said?
- Did the confused behavior vary during the assessment?
- Is the patient hyperalert or lethargic?
- Did the patient show signs of being disoriented?

2. Understand the allowed time period. M0570 differs from many M0 items because it allows you to look beyond the 24-hour period directly preceding the assessment, says OASIS expert **Deborah Chisholm** with Redmond, WA-based **OASIS Answers**. Be sure clinicians understand that this item takes into account reports of confusion in the recent past, she advises. You can count periods of confusion in the past few days or the past week, the Centers for Medicare & Medicaid Services instructs in the June 2005 OASIS Q&A number 124.

3. Collect as much information as possible. It's hard to know the patient's baseline mental status on an initial visit. That's why it's important to use reported information as well as your observations. Ask a caregiver or family member for her observations, CMS suggests in the M0570 assessment strategies.

Try this: If you are unable to talk to the caregiver or family member alone, try phoning after the visit. Especially when the patient is not constantly confused, the family member may be more honest in her assessment if the patient isn't listening.

Note: For the confusion assessment instrument, go to http://cha.emory.edu/reynoldsprogram/topics/module/module5_files/confusion_assessment_method.pdf. For OASIS questions and answers, go to www.qtso.com/guides/hha/cat2.pdf.