

## OASIS Alert

### Diagnosis Coding: ARE YOUR PATIENTS AT RISK?

Drinking, eating and smoking it's often the recipe for a good night on the town. But when it comes to filling out OASIS assessment item M0290, these activities could give you serious cause for concern.

M0290 asks clinicians to select any of the following "high risk factors" that their patient might exhibit: heavy smoking, obesity, alcohol dependency or drug dependency. M0290 also gives clinicians the option of selecting "None of the above" or "Unknown." While this item may appear to be straightforward at first glance, many agencies have been frustrated by the lack of clear guidance from the **Centers for Medicare & Medicaid Services** as to how you should handle this item.

In particular, CMS doesn't provide any explicit definitions when it comes to phrases like "high risk" and "heavy smoking."

"There isn't anything that clearly says what is the timeframe at which past risk factors may still apply," explains **Judy Adams**, a Chapel Hill, NC-based consultant with **LarsonAllenHealthGroup**. In other words, there's little to no instruction as to whether a patient who used to smoke a pack of cigarettes every day should be deemed "high risk" if they quit smoking one, five or even 10 years ago.

The OASIS Implementation Manual does note that a patient who smokes one cigarette a month would not warrant a "high risk" checkmark, but this tidbit isn't specific enough to be of much help to clinicians, laments Adams.

#### Consistency And Comments Are Key

While CMS seems to have left M0290 open to much interpretation, HHAs can nonetheless take steps to assist their clinicians with this item, states consultant **Pat Sevast** of **American Express Tax & Business Services** in Timonium, MD.

In the absence of clear definitions from CMS, it's extremely important for the agencies to define these M0290 terms for themselves, counsels Sevast. HHAs should conduct some research within their medical communities to generate practical definitions for their clinicians to use, she suggests.

To assist in the determination of "heavy smoking," Sevast offers the example of "pack-years." "If you smoke a pack a day for 10 years, that's 10 pack-years. If you smoke two packs a day for 10 years, that's 20 pack-years," she explains.

Using this concept of the "pack-year" as a starting point, agencies can then consult physicians or organizations like the **American Lung Association** to develop a definition for heavy smoking that would be readily available for their clinicians. An individual filling out M0290 who knows that a patient "has x number of pack-years of smoking history and stopped x number of year ago" could easily consult the agency's definition to determine if that patient is high risk or not, says Sevast.

Both Sevast and Adams agree that consistency should be one of the most significant features of whatever definitions or policies an agency puts into place regarding M0290. Not only will CMS want to see HHAs apply their own guidelines with uniformity, but agencies will benefit by being more readily able to compare OASIS responses from different staff members, Adams maintains.

Sevast and Adams also agree that HHAs must make extensive use of comments on OASIS forms, particularly for items such as M0290, where responses seem more open to subjective opinion.

Agencies are performing a "comprehensive assessment." Since the M0 items alone aren't comprehensive in and of

themselves, agencies should add useful information, advises Adams. This means if a clinician decides not to select "Heavy Smoking" for a patient who ceased using all tobacco five years ago, she should use the space on the OASIS form to note the patient's prior smoking history.

"Explain it that's the key," declares Sevast. Even if that patient is no longer smoking, his previous use of tobacco is still an indelible part of the medical history, she contends.