

## OASIS Alert

### Item Focus: M1030: Is Your Mistaken 'Therapy at Home' Response Draining Away Revenue?

**You don't necessarily have to provide a therapy to take credit for it.**

Two common misconceptions can take a toll on the accuracy of your M1030 — Therapies the patient receives at home data. Clear up confusion with this item and you'll prevent lost case mix points.

#### Establish the Basics

OASIS item M1030 asks you to indicate whether your patient is receiving intravenous or infusion therapy, parenteral nutrition, or enteral nutrition at home — regardless of whether your agency is administering the therapy.

Your response options for M1030 are:

- 1  Intravenous or infusion therapy (excludes TPN);
- 2  Parenteral nutrition (TPN or liquids);
- 3  Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal);
- 4  None of the above.

**Timepoints:** You'll complete M1030 at start of care, resumption of care, and follow-up.

#### Know the Case Mix Impact

M1030 is a case mix item, says **Judy Adams, RN, BSN, HCS-D, HCS-O**, with **Adams Home Care Consulting** in Asheville, N.C. You can earn 4 to 11 points for enteral therapy and 5 to 15 points for infusion therapy or parenteral therapy (TPN).

Plus, you can earn 5 more points in equation 1 and 2, when the patient has a case mix Ortho 1 or 2 diagnosis and is also receiving either infusion or parenteral nutrition. And that's in addition to the 8 points in equation 1 and 15 points in equation 2 you would earn for this patient at M1030.

At line 7, your agency can earn 6 points in equation 2 if there is a diagnosis of dysphagia and the patient is receiving enteral nutrition. That's in addition to the 11 points you would receive for enteral nutrition in equation 2 at M1030 for a total of 17 points, Adams says.

"Failure to capture therapies administered at home could result in reduced revenue for the provider or as I like to say — donating your money to CMS," says **Pat Jump**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**.

#### It Doesn't Matter Who Provides the Therapy

**First things first:** To select responses 1, 2, or 3 for a patient who is receiving one of the listed therapies, the therapy

must be received in the home setting, Jump says.

**For example:** The correct response for a patient getting infusion therapy in a clinic setting would be "4," assuming there are no other indicated therapies, Jump says. But for a patient getting infusion therapy while at home, regardless of who is actually administering the therapy the correct response would be "1."

**Don't miss:** Clinicians sometimes fail to mark M1030 appropriately when the patient is receiving some of these therapies in the home but the patient, caregiver, or another agency is actually administering them, Adams says. When answering this item, the primary qualification is that the therapy is happening in the home, even if your agency staff isn't providing the therapy.

Another missed opportunity comes when the patient will receive any of the listed therapies as a result of the SOC, ROC, or follow-up assessment, Jump says. When this is the case, be sure to mark the applicable therapy.

**For example:** If infusion therapy will be started at this visit or a specified subsequent visit, select response "1," Jump says. Suppose the clinician notes that the patient is severely dehydrated. She notifies the physician who gives the order to start infusion therapy as soon as possible. In this example, you would mark response "1."

#### Nail Down Nutrition, Infusion Nuances

Enteral nutrition in the form of tube feedings given by caregivers is frequently missed in M1030, Adams says. You can get credit for supplemental feeding via a gastrostomy as well as total feeding through a G tube, jejunostomy, or PEG tube. And nutrition can be only as needed, or the only source of nutrition. Be sure to select response "3" when your patient is receiving one of these therapies.

About the only things that do not count as enteral nutrition are medications by tube, hydration (just water or liquid, without nutrients), or electrolyte fluids (such as PediaSure®).

With infusion, you can select response "1" for any medication given via central line, implanted device, PICC line, epidural catheter, subcutaneous infusion pump, intrathecal infusion, insulin pump, eclipse bulb, or home dialysis including peritoneal dialysis. You can also get credit for using a peripheral IV line for hydration as well as heparin or saline flushes to keep a vascular line open.

**Don't miss:** "In some cases, the patient goes to the physician to have a cassette changed, but if it is running on a schedule for part or all of a 24-hour period, it would still be infusing at home," Adams says.

There are also some therapies that do not count as infusions. Don't consider transdermal medications, or subcutaneous or intramuscular injections as therapies for your M1030 response, Adams says. And if the patient does not meet the requirement of having or needing an infusion in the time period of the assessment (24 hours preceding and through the assessment), you cannot get credit for PRN infusions. Also not included are patients who refuse infusion therapy, dressing changes only to a vascular line, or flushing another body part such as bladder irrigations or flushing a drain.