

OASIS Alert

Item Focus: M1200: Take a Second Look at Visual Impairment

Avoid these common mistakes that can result in inaccurate OASIS responses.

Your agency can earn case mix points for patients with low vision, but you could be at risk for upcoding if you're not staying up-to-date on OASIS guidance. Make sure you're seeing clearly when it comes to completing M1200 and capturing the reimbursement your agency deserves.

Establish the Basics

OASIS item M1200 asks you to assess your patient's vision (with corrective lenses if he usually wears them).

Your response options for M1200 are:

- 0 Normal vision: sees adequately in most situations; can see medication labels, newsprint;
- 1 Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path and the surrounding layout; can count fingers at arm's length; and
- 2 Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive.

You complete M1200 at start of care, resumption of care, and follow-up.

When answering M1200, you're assessing the patient's functional vision, not his visual acuity. This means you should examine whether your patient's vision has an impact on his ability to safely perform activities of daily living and instrumental activities of daily living as well as navigating his environment. This item isn't used to document the acuteness or clarity of his vision.

Assess correctly: Be sure to assess the patient wearing corrective lenses if he usually wears them. This includes prescription glasses, as well as non-prescription reading glasses ("grocery store" reading glasses). But a magnifying glass (which your patient might use to read newsprint) is not an example of corrective lenses.

Assessment tip: Many patients can't say the medication names rather than not being able to read them, says **Dee McCarraher, RN, HCS-D, COS-C**, with **Family Care Home Health** in Richmond, Va. Instead, have them spell what they see, she suggests. Then, teach what the medication names mean.

Beware of Upcoding

OASIS item M1200 receives case mix points in equations "1" and "4," so you have an opportunity to positively impact the reimbursement your agency receives for your patients with impaired vision. But this also means you're at risk of upcoding accusations if you aren't approaching this item correctly.

Caution: Some clinicians fall into the trap of assuming that all elderly patients have "impaired vision." Another common assumption is that a patient's vision is impaired if he wears glasses of any kind, says **Arlene Maxim, RN**, founder of **A.D. Maxim Consulting, A.D. Maxim Seminars**, and **The National Coding Center**, in Troy, Mich. Neither of these assumptions is true, and either will lead to inaccurate impaired vision M1200 responses.

On the other hand: Simply asking a patient whether his vision is impaired rather than investigating the source of a possible vision impairment, will likely lead you to respond that a patient has "normal vision" when he may in fact have a vision impairment, Maxim says.

Be sure to carefully assess your patients for vision impairment. "Many beneficiaries will have impaired vision as a result

of a physical deficit such as neck problems, neurological issues such as Parkinson's, multiple sclerosis, etc.," Maxim says. When a physical deficit prevents a patient from looking down to see obstacles in his path, he is at risk for falls, she points out.

Don't miss: Many home health patients also have deficits due to actual visual problems, Maxim says. If you don't assess each patient carefully, your agency could be missing out on valuable case mix points and the patient won't get the level of care he deserves.

Even Alzheimer's disease or dementia can have an impact on the patient's functional visual ability, Maxim says. "The confusion may impair the ability to cognitively read newsprint or identify medications." But it's important to carefully review OASIS Guidance from the **Centers for Medicare & Medicaid Services** and the quarterly OASIS Q &A's to stay abreast of guidance for answering this and all OASIS items, she says.

For example: One CMS Q&A response includes the following: "When a patient is cognitively impaired, the clinician will need to observe the patient functioning within their environment and assess their ability to see functionally. Does it appear the patient can see adequately in most situations? Can they see eating and grooming utensils? Do they appear to see the buttons on their shirt/blouse? If so, the patient would be reported as a '0 □ Normal vision' even though the constraints of the dementia may not allow the patient to communicate whether they can see newsprint or medication labels."

Document Well or Risk Medical Review

OASIS item M1200 isn't the only place where you should document a patient's visual impairment. "A patient who has partially or severely impaired vision (Responses 1 or 2) is likely to require adaptations to the care plan as a result of these limitations. Therefore, it is likely that the vision impairments would be included in additional assessment data or as rationale for care plan interventions," CMS says in an OASIS Q&A.

One common M1200 mistake agencies make occurs when the "clinician does not document supportive information qualifying the patient as visually impaired," Maxim agrees. "We receive hundreds of medical reviews a day in our appeals department. Many times agencies are charged with 'upcoding' OASIS." This is based "not only on the coding itself, but on scoring OASIS items that provide points and payment," she says.

When impaired vision is simply checked and not explained, there is no support for the answer. As a result, "points are removed affecting the episode payment," Maxim says.