

## OASIS Alert

### Item Focus: M2250: Get All the Credit You Deserve for Plan of Care Best Practices

**Work from 'NA' to 'Yes' to make the right response selection.**

When the **Centers for Medicare & Medicaid Services** takes an interest in something, it's a good idea for your agency to take note. OASIS item M2250 -- Plan of Care Synopsis offers your agency an opportunity to report on the best practices you have adopted. Make sure you're getting credit from CMS for all you do by answering this item accurately.

M2250 asks you to report whether there are plans or interventions for vital sign changes, diabetic foot care, falls prevention, depression screening, pain, pressure ulcer prevention, or pressure ulcer treatment on the physician-ordered plan of care.

Your response options for M2250 are "No," "Yes," or "Not Applicable."

#### **Establish the POC**

To get credit for a best-practice intervention in M2250, it must be on the physician-ordered plan of care. This means that you have discussed the patient's condition with the physician and there is agreement between the home health agency staff and the physician regarding the POC, says **Judy Adams, RN, BSN, HCS-D, COS-C** with **Adams Home Care Consulting** in Chapel Hill, N.C.

There's more: The physician-ordered POC includes all additional interim orders as an extension of the original POC, Adams says. But only the physician -- or office staff on her behalf -- can provide qualifying orders, she says.

Tip: A best practice for completing M2250 is to create a form with a checklist of approved interventions for each of the covered items, Adams says. After completing the assessment, the clinician fills out the checklist with recommendations for the physician. The clinician can then fax the form to the physician for his signed agreement to the proposed plan. Provided the physician responds in time, the clinician can use this information to complete M2250, she says. Note: See the sample fax template on page 76.

#### **Check These Dates**

Physician orders reported in M2250 must be in place within the five-day window for start of care or two-day window for resumption of care, Adams cautions. But if the physician refers a patient under a POC that cannot be completed until after the initial visit and eligibility determination, the physician must be consulted to approve additions/modifications to the original POC [42 CFR 418.14], Adams says.

Get the facts: You can wait to complete the comprehensive assessment until after you have discussed the patient's condition with other disciplines also completing assessments and developing POCs, Adams says. For example, you may want to wait for the physical therapist to complete her POC before finishing your POC, provided it's within the five-day or two-day time frame as appropriate.

#### **Begin Your Search with 'NA'**

When answering M2250, it's best to start by considering whether each item is pertinent to your patient by reading the "Not Applicable" guidelines.

For example: If your patient doesn't have diabetes, or is a bilateral amputee, you know that NA is the appropriate

response for M2250b -- Diabetic foot care ...

### **Know When to Say 'No'**

Once you've ruled out "NA" as a potential M2250 response, move on to consider the "No" selection. You'll answer "No" to an M2250 item when the plan of care that was developed as a result of the comprehensive assessment doesn't include the best practice interventions specified, Adams says.

Exception: If the plans or interventions listed in M2250 are not appropriate for the patient, you'll answer "NA." For example, the physician has determined that most wound healing isn't appropriate for the patient.

You'll also answer "No" when orders for interventions have been requested but not authorized by the end of the comprehensive assessment time period. That time period is five days at start of care and two days for ROC, Adams says.

Exception: M2250g -- Pressure ulcer treatment based on principles of moist wound healing can be a "Yes" if you have requested such orders from the physician, by the end of the allowed assessment time frame, according to the OASIS-C Guidance Manual Chapter 3, 12/11 and category 4 -- CMS OASIS data set Q&A Q172.9.1, Adams points out.

### **Look to 'Yes' with Orders in Hand**

The final M2250 response up for consideration is "Yes." Answering "Yes" requires a discussion with the physician and agreement on the POC between agency staff and the physician, Adams says.

You may answer "Yes" before receiving signed orders if the clinical record reflects a verbal order for the care to be provided prior to rendering the services, Adams says. Document the verbal order in the medical record and include the services in the signed plan of care.

You can also answer "Yes" even if the assessment indicates no risk, provided the intervention is on the POC, Adams says.

Tip: If all other OASIS information is complete when orders are obtained, M0090 -- Date Assessment Completed becomes the date you communicate with the physician to establish the POC, including interventions listed in M2250, Adams says. As a result, the M0090 date may not match the M0030 -- Start of care date. That's OK, the M0090 doesn't have to be a date you made a visit, she says.

