

OASIS Alert

Item Focus: Support Medical Necessity with M1016

Look to 'NA' when a patient's condition improves.

OASIS item M1016 □ Diagnosis Requiring Medical or Treatment Regimen Change Within Past 14 Days gives you an opportunity to further clarify why your patient requires home care and to affect your risk adjustment for outcomes. Don't miss out on this valuable opportunity to supply details for the care you provide.

The codes you list in M1016 should identify diagnoses that were exacerbated over the past two weeks requiring changes to the patient's treatment, health care services, or medications.

Off limits: Don't list any surgical codes, V codes, or E codes in this item. Instead, list the underlying diagnosis that required surgery.

You'll list diagnoses in M1016 when the patient has a new diagnosis, experiences a worsening of an existing diagnosis, or shows no improvement for an existing diagnosis.

For example: If your patient was newly diagnosed with diabetes during the past 14 days and started on hypoglycemics, this is a treatment change due to a new diagnosis. You would list the diagnosis for the care □ diabetes mellitus (250.xx) □ in M1016.

You won't list a diagnosis in M1016 if the medical or treatment regimen was made because a diagnosis improved. Instead, the correct item response would be "NA."

For example: If your patient was an insulin dependent diabetic and during the past 14 days, her subcutaneous insulin was discontinued and oral hypoglycemics were started due to improvements in her diabetes, you would select "NA," the **Centers for Medicare & Medicaid Services advises** in the OASIS Q&As.

You wouldn't report this diagnosis in one of the slots provided in M1016 because it was due to an improvement of the existing diagnosis, CMS explains.

Another example: Your patient completes taking antibiotics and her infection is resolved. You have discontinued the medication. Report this as NA, "because it represents an improvement," CMS says.