OASIS Alert

OASIS-C1: Don't Miss These Major OASIS Diagnosis Coding Changes

Is resolved condition reporting on its way back?

While the draft version of the OASIS-C1 makes many helpful changes to difficult assessment items, you'll still need to spend some time adjusting. Start your preparations with this breakdown of the major proposed changes.

Background: The **Centers for Medicare & Medicaid Services** announced their proposed changes to the OASIS in a Paperwork Reduction Act package for the **Office of Management and Budget**. The comment period on the changes ended August 20, but OMB still needs to approve the changes before they can take effect.

Make time for training

"OASIS-C1 will undoubtedly result in initial confusion as the changes are implemented," says **Pat Jump**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. "While there is some good news with some items being eliminated, OASIS continues to be a complex assessment tool" since requirements and interpretations for answering the OASIS items aren't always intuitive. As a result, ongoing training will remain necessary.

Don't miss: "It goes without saying that coding training will also be an essential part of the training plan as we transition to ICD-10," Jump reminds. "Such training should also include the impact coding has related to the full OASIS assessment."

Take Note of These Coding Item Changes

As expected, the OASIS-C1 revises all of the diagnosis code items to accept seven-character ICD-10 codes. These items have all been renumbered as well.

- M1010 ⬜ Inpatient Diagnosis will become M1011.
- M1016 ⬜ Diagnoses Requiring Medical or Treatment Regimen Change will become M1017.
- M1020 ⬜ Primary Diagnosis will become M1021.
- M1022 ⬜ Other Diagnoses will become M1023.
- M1024 ⬜ Payment Diagnoses will become M1025 ⬜ Optional diagnoses.

New items M1011, M1017, and M1025 all forbid the use of V, W, X, Y, and Z codes, while V, W, X, and Y codes are off limits for item M1021. In ICD-10, V, W, X, and Y codes report external causes of injuries and other adverse effects ⬜ similar to ICD-9's E codes. Z codes, like V codes in ICD-9, are used in ICD-10 to report the reason for an encounter.

While current OASIS item M1010 is only collected at start of care (SOC) and resumption of care (ROC), replacement item M1011 will also be collected at Follow-up. "CMS indicates in the supporting documentation that M1011 will have relevance for case-mix adjustment (something that M1010 never did)," said **Rhonda Crawford BSN, RN, CHCE, HCS** with Denton, Texas-based **Foundation Management Services**. But in the OASIS-C to OASIS-C1 comparison of timepoints and uses document, CMS indicates the item will be used for "potential risk adjustment ⬜ something that only occurs at SOC/ROC, not Follow-up." Expect more detail from CMS on this new item and its purpose, Crawford advised in

an article on the FMS website.

The changes to the primary and other diagnosis items are straight-forward enough, but the proposed item M1025 has even the experts confused. The directions for this item advise:

"There is no requirement that HHAs enter a diagnosis code in M1025 (Columns 3 and 4). Diagnoses reported in M1025 will not impact payment but may be used to risk adjust quality measures Agencies may choose to report an underlying condition in M1025 (Columns 3 and 4) when:

- a Z-code is reported in Column 2 AND
- the underlying condition for the Z-code in Column 2 is a resolved condition. An example of a resolved condition is uterine cancer that is no longer being treated following a hysterectomy."

Background: As of Jan. 1, CMS limits use of M1024 to fracture codes only, in situations where the agency is providing aftercare for a healing fracture. Agencies have also been instructed not to use this item in its current form for reporting resolved conditions.

CMS indicates that the new item, M1025, won't impact payment, says coding expert **Brandi Whitemyer, RN, COS-C, HCS-D, HCS-O**, AHIMA Approved ICD-10 Trainer/Ambassador in Weslaco, Texas. Since this item will be only used for risk adjustment, maybe the idea is to utilize the item differently, she says. Whatever the intent, this change is likely to cause confusion.

Wording Changes Bring Clarity

Some of the OASIS-C1 changes are simply word changes that do not actually affect the intent of the items but rather serve to clarify them, Jump notes. These changes are moderate enough that there should be little or no effect on completion of the assessment, she predicts.

Among these changes:

Replaced use of "e.g." with "for example" and "i.e." with "specifically."

Reworded the requirements for the Pain Assessment, Pressure Ulcer Risk, Depression Screening, and Falls Risk items to indicate that the tool used must be "standardized, validated."

Changed language in the influenza vaccine items to better indicate the data collection time period and to simplify responses for why the vaccine wasn't received.

Added new language to make the pneumonia vaccine items easier to understand.

Note: See the details about important changes to pressure ulcer items and a list of deleted items in OASIS Alert Vol. 14, No. 9.