

OASIS Alert

OASIS-C1: Watch for Diagnosis Changes in OASIS-C1

The ghost of M1024 is still lingering.

As if you weren't already busy enough keeping track of OASIS Q&As and preparing for the ICD-10 transition, CMS has unveiled plans for changes to many familiar OASIS items in the new OASIS-C1. The **Centers for Medicare & Medicaid Services** announced the proposed changes in a Paperwork Reduction Act package for the **Office of Management and Budget**. Before the changes can take effect, the OMB must approve them. But, CMS has plans to implement the OASIS form change before ICD-10 diagnosis coding starts in October 2014.

"The total number of items in the OASIS dataset decreases from 114 in OASIS-C to 110 in OASIS-C1," CMS points out in its supporting statement for the form change. "The number of items collected at Start of Care decreases from 95 to 91, at Resumption of Care there is a decrease from 80 to 76, at Transfer it decreases from 19 to 18 and at Discharge the number of items collected drops from 62 to 56."

CMS decreased at least some of the items at the behest of OMB, CMS's **Pat Sevast** told a **National Association for Home Care & Hospice** meeting back in March. Changes requested by OMB held up the revised form, which CMS had hoped to issue in January, Sevast related.

The reduction in collection burden "is good news," cheers OASIS expert **Rhonda Will** of **Fazzi Associates** in a message to providers. CMS's estimate of the time and burden to collect OASIS data displays "some eye opening results," Will notes.

For example: OASIS completion and training costs HHAs \$478 million per year, CMS estimates in its supporting statement. That equals an average annual cost of \$38,770 for each of the more than 12,000 Medicare-certified agencies, CMS adds. The estimated cost per assessment is \$27.67. And many HHAs believe CMS far underestimates the cost of the requirement.

"Overall, I think [the changes] are positive and add some much needed clarity," says **Judy Adams, RN, BSN, HCS-D, HCS-O**, with **Adams Home Care Consulting** in Asheville, N.C.

"They were good common sense changes and won't cost much in training for changes," agrees **Annette Lee, RN, MS, HCS-D, COS-C**, AHIMA ICD-10 Trainer with Redmond, Wash.-based **OASIS Answers**.

Note These Number Changes

CMS modified wording for 44 items, it notes in the supporting statement. But it didn't change the item number for every change. "When changes to an item substantively change the question or response options, a new item number has been assigned to the item," the agency explains in the supporting statement.

For example: CMS has changed many of the diagnosis coding and vaccination item numbers, plus M1032 □ Risk for Hospitalization to 1033 and M2100 □ Types of Assistance Needed and Sources/Availability to M2102.

"M1032, Risk for Hospitalization, was revised to collect data on factors that have been identified in the literature as predictive of hospitalization, and to order responses based on length of the appropriate look-back period," CMS explains.

CMS has been telling the industry that it would be changing OASIS to conform with ICD-10 coding requirements. Observers speculated that with the vast increase in the number of diagnosis codes under ICD-10, CMS might increase the number of coding lines in M1020/M1022.

However, OASIS-C1 keeps six lines in its newly renumbered M1021/M1023 spots. It also has that number of spots in renumbered items M1011, M1017, and M1025. The revised diagnosis coding items "now have space to enter 7-digit codes, and references to prior ICD-9 'E' and 'V' codes were removed," CMS details.

Questions abound: Get ready for the revised form to cause confusion for coders, predicts coding expert **Brandi Whitemyer, RN, COS-C, HCS-D, HCS-O**, AHIMA Approved ICD-10 Trainer/Ambassador in Weslaco, Texas. Directions for newly renumbered item M1025 seem to conflict with current directions to not code resolved conditions in column 3 of M1022.

"It appears that the intent of this item will now be focused upon risk adjustment and not payment at all, and will now allow for the coding of resolved conditions upon the implementation of the OASIS-C1 version," Whitemyer summarizes.

"I can see this creating a great deal of confusion for agencies," Whitemyer tells **Eli**. "Specifically for home health coders who have recently adjusted their practice to use column 3 of the current OASIS-C for only fractures."

Vaccination, Pressure Ulcer Items See Changes Too

CMS also renumbers vaccine items M1040-M1055 as M1041-M1056. The agency reorganizes vaccination information to de-emphasize where the patient received the vaccine.

"The improved question M1041 replacing M1040 should really be helpful to HHAs since many people were confused about how to answer that question," Adams says. The new wording, "Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?" should "play a role in raising the rates" on the flu process item, Adams says. Changes to M1051, replacing M1050 will likely have a similar impact on the accuracy of the pneumonia vaccine data and process measure item as well.

"I like that they clarified the vaccination question to ask if we have determined if anyone gave them the vaccine, rather than if we gave it to them," says **Craig Steffel** with **A Plus Home Health Care** in Highland, Ind.

And CMS proposes adding a pressure ulcer item, M1309 □ Worsening in Pressure Ulcer Status since SOC/ROC: Indicate the number of current pressure ulcers that were not present or were at a lesser stage at the most recent SOC/ROC. That item replaces part of M1308 and M1310-1314 on pressure ulcer length, width and depth, which CMS deletes in OASIS-C1.

CMS keeps the number for M1308 the same, but does propose significant changes to the item. "Column 2 on M1308 was eliminated at all time points and replaced with M1309 at Discharge to collect information on worsening pressure ulcer status using wording harmonized with the MDS and CARE instruments," CMS explains.

Keep in mind: That "harmonization" may pave the way for payment methodologies such as bundling for post-acute care down the road. The revamp of the pressure ulcer items will have some immediate benefits, Whitemyer estimates.

Limiting M1308 to only the one column will really help agencies that have struggled with understanding how to answer that item, Adams predicts. "The rewording of the new M1309 will yield much better information and decrease confusion for agencies. I doubt CMS has been getting any useful information from the current column M1308, especially with column 2," she says.

"The change in these items creates a bit more clarity in providing data regarding the development and deterioration of pressure wounds over the course of the home health stay."

OASIS staffers will likely be happy to see another pressure ulcer item change, Whitemyer expects. "The removal of option '0' under M1334 for Status of Most Problematic Stasis Ulcer" will be welcome, she says. "These ulcers are no longer reported once epithelialized so the option '0' for newly epithelialized did not make much sense."

"It certainly is time to remove 'newly epithelialized' as an option for healing status for a stasis ulcer since this was determined an incorrect response for a stasis ulcer even before OASIS-C was officially implemented," Adams says.

Another fix is better language under the "NA" columns in M2250 □ Plan of care synopsis and M2400 □ Intervention synopsis, Adams says. Also look for better wording on the column titles for the revised M2102 □ Care management.

Timeline: Comments on OASIS-C1 are due Aug. 20, the National Association for Home Care & Hospice notes. Expect to see a PPS grouper based on the new ICD-10 codes next February, says software company **Select Data** on its website.