

OASIS Alert

OASIS Updates: Bone Up On These Recent OASIS Corrections and Answers

Are you certain you're following the most recent OASIS Guidelines?

Instructions and guidance for completing the OASIS is constantly evolving. Make sure you're keeping abreast of the most recent changes.

Check Your Manual for M1340 Correction

The **Centers for Medicare & Medicaid Services** posted a revised OASIS-C Guidance Manual and a new errata sheet posted on January fifth, but soon discovered that they contained "a typographical but significant error."

The CMS mailbox was "immediately inundated with questions related to M1340," said **Pat Sevast, BSN, RN** with CMS during the **OASIS Certificate and Competency Board's** January 2011 OASIS Q&A quarterly update teleconference.

The error, found on page F-18 in the last sentence of the last response-specific instructions bullet (#9), seemed to indicate that cystostomies, urostomies, thoracostomies, tracheostomies, ileostomies and gastrostomies could be reported in M1340 if the home health agency is providing intervention specific to the ostomy.

Correction: CMS quickly took down the incorrect guidance manual and replaced it on January 13 with a corrected version that explained the ostomies may be reported in **M1350** if the home health agency is providing intervention specific to the ostomy.

Download: Get the most recent version of the OASIS guidance manual here: www.cms.gov/homehealthqualityinits. Click on the OASIS User Manuals link in the left hand corner of the page to access the updated downloads.

Make Note of this M2250 Error

The revised OASIS-C guidance manual and corresponding OASIS-C guidance manual errata also contain an error in the guidance and instructions for item M2250 -- Plan of Care Synopsis, the **National Association for Home Care and Hospice** points out in its February 14 NAHC Report.

The tenth bullet point under "Response-Specific Instructions" for OASIS-C item M2250 currently reads:

"If the plan of care includes specific parameters ordered by the physician for this specific patient or after reviewing the agency's standardized parameters with the physician, s/he agrees they would meet the needs of this specific patient, select 'Yes.' If there are no patient-specific parameters on the plan of care and the agency will not use standardized physician notification parameters for this patient, select 'No.' If the agency uses their own agency standardized guidelines, which the physician has NOT agreed to include in the plan of care for this particular patient, select 'No.'"

Correction: NAHC reports that the last line of the guidance should actually read:

"... If the agency uses their own agency standardized guidelines, which the physician has NOT agreed to include in the plan of care for this particular patient, **select 'NA.'**"

This change is consistent with the guidance the **OASIS Certificate and Competency Board** provided in the April and July 2010 OASIS-C Q&As, NAHC says. This guidance advised choosing "NA" if the agency utilizes agency standardized guidelines without specific physician approval and orders. The Q&As recommend selecting "No" when there are no

patient specific parameters on the plan of care and the agency will not use standardized physician notification parameters for the patient.

Get the Latest on M2310

NAHC also received a response from CMS regarding the selection of responses for item M2310 -- Reason for emergent care. NAHC had asked CMS if responses for M2310 should be based on the reasons the patient sought and/or received treatment in the emergency room.

Scenario: A patient went to the ER because of flu symptoms, nausea, vomiting, and chills and was given a prescription. The patient is also a diabetic, and lab work showed the patient was hyperglycemic. He was instructed to continue to check his blood sugars and consult his primary care physician if his blood sugar continued to be elevated. Should you report response 19 -- Other than above reasons, response 10 -- Hypo/Hyperglycemia, diabetes out of control, or both 10 and 19?

Answer: "M2310 reports all the reasons the patient both sought and received care in the hospital's emergency department," CMS responded. The response-specific instructions for this item in Chapter 3 of the OASIS guidance manual include the following guidance: "If more than one reason contributed to the hospital emergency department visit, mark all appropriate responses," NAHC reported in its February 7 NAHC Report.

In the scenario above, both Response 19 and 10 would be appropriate for M2310 because the patient sought care for GI flu symptoms and received care for hyperglycemia, CMS said.