

## OASIS Alert

### Prospective Payment System: BE AWARE OF 2 MORE CORRECTIONS TO ATTACHMENT D

But CMS is not finished yet.

You might find it easier if you think of the OASIS assessment as a work in progress --constantly being refined, revised, and reinterpreted. This philosophy will help you adjust to the current state of Chapter 8, Attachment D of the OASIS User's Manual.

Backstory: When the **Centers for Medicare & Medicaid Services** revamped the OASIS User's Manual in October 2007, it skipped over Chapter 8, Attachment D that addresses diagnosis coding. Then in December 2008, CMS released the long-awaited attachment with new coding guidance and examples. But apparent policy changes and instructions that conflicted with CMS' own guidance raised immediate concerns within the home health community.

Example: Section D 4(c)(3) incorrectly listed the Neuro 3-Stroke diagnosis group, as did Case Scenario #4.

Revision #1: In a Jan. 26 message to providers, CMS corrects this error. "The correct diagnosis group is Neuro 1-Brain Disorders and Paralysis," CMS says. The correction also addressed the related error in Case Scenario #4. Instead of the Neuro 3-Stroke diagnosis code in the scenario, the correct neurological diagnosis assignment "should be from the Neuro 1-Brain Disorder and Paralysis diagnosis group," CMS amends.

Payoff: Line item 12 on Table 2A lists the Neuro 1 diagnoses as earning numerous points when primary, whereas Neuro 3-Stroke only gets one point and then only if it is an early episode with 14 or more therapy visits.

More Corrections Appear -- But Not All

Then in February, two months after the Attachment D publication, prompted by concerns expressed by the **National Association for Home Care & Hospice** and many others, CMS released two more changes.

Revision #2: CMS has corrected an error in the first bullet in Section D (3) (b) of Attachment D. "Currently, the first bullet in this section of the document incorrectly omits specific secondary diagnosis instruction," CMS said in a Feb. 12 statement. The correct wording is the following: "Ensure that the secondary diagnosis under consideration includes not only conditions actively addressed in the patient's plan of care but also any comorbidity affecting the patient's responsiveness to treatment and rehabilitative prognosis, even if the condition is not the focus of any home health treatment itself."

Result: This correction clears up confusion over the requirement in Attachment D that said each diagnosis must be addressed in the plan of care, says **Lisa Selman-Holman**, consultant and principle of **Selman-Holman & Associates** in Denton, Texas. The old language was in opposition to Chapter 8 and other official coding guidance, she explains.

Bottom line: CMS has now acknowledged that other diagnoses should be listed as secondary when they may affect the POC, even if no treatment is needed.

Revision #3: The first sentence in Section D (3) of Attachment D also contains an error, CMS said. Currently, the first sentence in this section of the document omits the word "or" before the phrase "affect the treatment or care." The correct wording is the following: "Secondary diagnoses, or other diagnoses, are defined as all conditions that coexisted with the primary diagnosis at the time the plan of care was established, or which developed subsequently, or affect the treatment or care of the patient."

CMS had effectively changed the meaning of Chapter 8 by using the word 'and' instead of the 'or' contained in Chapter 8, as well as in other official guidance in the AHA Coding Clinic, says Selman-Holman.

Bottom line: Now the guideline reverts to previous CMS policy on secondary diagnoses.

Heads up: The scenarios in Attachment D still contain errors, Selman-Holman tells **Eli**. For example, in Scenario # 2 the code for arthritis should not be included in the list of diagnoses, because the arthritic hip was replaced. Before using these scenarios to train staff, confirm with your coders that you have the correct answers.

Note: The corrections and a link to Attachment D are at [www.cms.hhs.gov/center/hha.asp](http://www.cms.hhs.gov/center/hha.asp). HHAs can send questions about Attachment D to [www.AskOasisAttachD@cms.hhs.gov](mailto:www.AskOasisAttachD@cms.hhs.gov).