

## OASIS Alert

### Reader Question: Errors On M0488 Can Cost You \$200 To \$600 Per Episode

**Don't guess on this answer.**

**Question:** When a patient has an access device such as a shunt for dialysis or a central line, what is the correct answer for M0488 (Status of most problematic [observable] surgical wound)? Does it matter how long the patient has had the access device? The answer choices in M0488 are:

- 1- Fully granulating
- 2- Early/partial granulation
- 3- Not healing
- NA- No observable surgical wound

**Important:** Answering M0488 correctly is important because answer two adds seven points to the clinical severity score on the home health resource group and answer three adds 15 points. These points can add \$200 to \$600 to your episode reimbursement, so a pattern of wrong answers can either throw money away or put you at risk for OASIS upcoding problems, experts say.

**Answer:** It doesn't matter how long ago the infusion or access device was inserted, says consultant **Deborah Chisholm** with Redmond, WA-based **OASIS Answers**. As long as it is present, it is a current surgical wound, she explains.

#### When In Doubt -- Look To OASIS Q&As

In its set of OASIS Questions and Answers, the **Centers for Medicare & Medicaid Services** provides detailed information about answering surgical wound questions for a patient with access devices, Chisholm instructs:

- The surgical site where a device such as an infusion or venous access device is implanted is considered a surgical wound as long as the device is present. It is counted in the number of surgical wounds (M0484) -- whether or not the device is being accessed (Q&A 104). Remember, a dialysis catheter site is a surgical wound (Q&A 106).
- An access device that is under the skin does not make the surgical wound "nonobservable." "Nonobservable is an appropriate response only when a nonremovable dressing is present," CMS says in Q&A 109.
- Determine the healing status of the site of an access device using personal assessment by a skilled observer, CMS says in Q&A 106. Follow the **Wound Ostomy & Continence Nurses Society** document "WOCN Guidance on OASIS Skin and Wound" to determine when healing has occurred, CMS recommends, even though these access device wounds may be "slightly more difficult" to assess.

**Caution:** An access device site can be considered "fully granulating" for long periods of time, CMS says, or may not reach a fully granulating state because it is being held open by the line itself. These sites would not be considered as "non-healing" unless the signs of not healing are apparent, CMS says.

Note: The OASIS Q&As are at [www.qtso.com/hhdownload.html](http://www.qtso.com/hhdownload.html). Scroll down to "OASIS Q&As" and select "Category 2." The WOCN guidance is at [www.wocn.org/education/resources.html](http://www.wocn.org/education/resources.html).