

OASIS Alert

Reader Question: Look to WOCN for Leg Ulcer Guidance

Question: How do we answer the OASIS stasis ulcer questions when the patient diagnoses include both peripheral arterial disease and venous stasis insufficiency? The physician states that the patient has "mixed arterial and venous disease."

Answer: In a situation like this, the clinician must have good assessment skills, said the **Centers for Medicare & Medicaid Services' Pat Sevast** during the July **OCCB** Quarterly OASIS Update audioconference.

Tool: The **Wound, Ostomy, and Continence Nurses Society's** (WOCN) "Quick Assessment of Leg Ulcers" tool found on page 125 of this issue can help you to make the distinction between these different types of ulcers.

When the clinician has visually assessed ulcers on the lower legs that the physician diagnosed as a mixture of venous stasis and arterial ulcers, the OASIS stasis ulcer items would be answered as follows, CMS said in a July OASIS Q&A:

- M1330 -- Does this patient have a stasis ulcer? Yes.
- M1332 -- Number of Observable Stasis Ulcers. Answer this based on the clinical assessment of those ulcers that are a result of venous insufficiency, not arterial. The WOCN Quick Assessment of Leg Ulcers tool will help distinguish venous from arterial.
- M1334 -- Status of most problematic (observable) stasis ulcer. Base this on the one observable ulcer resulting from venous insufficiency that is the most problematic.
- M1350 -- Does this patient have a skin lesion or open wound ... Report the ulcers that are purely a result of arterial disease, only if your agency is providing intervention.

The OCCB July Q&A set is at www.oasisanswers.com/downloads/PPP-CMS-OCCB-2nd-Qtr-2011-QAs-07-20-11.pdf.