

## OASIS Alert

### Reimbursement: Do You Know The Best Question For Revealing Patients' Dyspnea?

The price of inaccurate answers to M0490 may leave you breathless.

It's very important to be consistent in assessing and documenting dyspnea, says **Laura Gram-enelles** with **Simione Consultants** in Hamden, CT. Five case mix points are added in the clinical severity domain if you answer "2," "3," or "4" on this question, making it subject to extra scrutiny and possible downcoding if you aren't careful in assessing and documenting the patient's condition.

Consistent documentation is crucial, says regional home health intermediary **Cahaba GBA** in its October 2003 Medicare A Newslines. If the physical therapist notes no dyspnea when the patient is ambulating 100 feet, but the skilled nurse records dyspnea after 20 feet, this is a problem, the intermediary points out. The claim may be downcoded if you don't explain the reason for the difference.

M0490 is important for identifying service needs and safety issues, judging the effectiveness of current treatment, determining necessary community resources, evaluating teaching needs of the patient and caregiver, and planning goals, experts say.

**Tip:** Evaluate a chairfast patient for dyspnea while the patient performs activities of daily living, as well as at rest, the **Centers for Medicare & Medicaid Services** instructed in the April 2003 OASIS Coordinator's Conference questions and answers. If the patient becomes short of breath only while performing physically demanding transfers, "then response '1' seems most appropriate," CMS says. If she has no shortness of breath with moderate exertion, use "0" or "1."

Assess bedbound patients also, CMS instructs. You may be able to assess a bedbound patient during eating, talking (minimal exertion), dressing or using the bedpan (moderate exertion). Answer "0" if the patient is never short of breath and "1" if only demanding bed-mobility activities produce dyspnea, CMS explains.

To assess dyspnea, the optimal question to ask the patient is "What causes you to get short of breath? Walking? Dressing? Feeling anxious? Talking?" according to **Kathy Wright** of Northampton, MA-based **Fazzi Associates**, presenting results from the OASIS Integrity Project at the October 2003 annual meeting of the **National Association for Home Care and Hospice**.

Other tips for accurately answering M0490 include:

1. Assess the patient's breathing while she is moving (e.g., ambulating, putting on socks and shoes or doing other ADL activities). But remember that being anxious or upset also can produce shortness of breath.
2. If a patient uses oxygen, check for dyspnea. Observe her throughout the visit: note respiratory status with and without activity, with and without oxygen and using available equipment in her home environment.
3. "If you have a congestive heart failure patient who uses a nebulizer or several inhalers, perhaps uses oxygen, and sleeps with several extra pillows to raise her head, I would question a '0' or '1' on M0490," says **Melanie Duerr**, OASIS specialist for **St. Joseph's Home Care** in Syracuse, NY.