

# Home Health Coding and OASIS Expert

## Assessment: Prepare for 3 New Items In OASIS-C2

**Expect yet another diagnosis item in the new year.**

You have almost a full a year before you need to start responding to the new items included in the OASIS-C2, but there's no time like the present to gear up for these changes.

On Dec. 22, the **Centers for Medicare & Medicaid Services** issued its OASIS-C2 assessment tool that incorporates changes geared toward IMPACT Act compliance (see story, p. 17). The biggest changes to the form are the addition of three new OASIS items:

**1. M1028 Active Diagnoses ☐ Comorbidities and Co-existing Conditions.** This item says to "Check all that apply" and "See OASIS Guidance Manual for a complete list of relevant ICD-10 codes" when marking if the patient has: 1 ☐ Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) and/or 2 ☐ Diabetes Mellitus (DM).

This item is unique because while it addresses diagnosis, it is not a coding question, noted physical therapist and consultant **Cindy Krafft, PT, MS**, of **Kornetti & Krafft Health Care Solutions** in a podcast posted Dec. 28, "OASIS-C2 ☐ Overview of Key Changes." That type of question "is new for OASIS," she observed.

This item "appears to be an attempt to focus on underlying diseases that have been found to be high cost and long term for large segments of the population," says consultant **Lynda Laff, RN, BSN, COS-C**, with **Laff Associates** in Hilton Head Island, S.C. "It is a first step toward looking at cost of disease categories," Laff tells **Eli**.

In the coming months, agencies will be trying to understand CMS's thought process, Krafft predicted. They'll want to figure out how CMS plans to track and trend this data in relation to outcomes and other information.

**2. M1060 Height and Weight.** This item asks for height in inches and weight in pounds. For weight, it includes the direction to "base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)"

When CMS proposed this item in conjunction with the 2016 prospective payment system rule, HHAs registered strident complaints about its impracticability. But CMS left the item basically unchanged from the draft. In the 2016 PPS final rule, CMS acknowledged the complaints, saying "There will be instances in which obtaining height and weight cannot occur, and coding response options will be available in order to indicate when such data cannot be obtained." However, those response options are not in evidence in the OASIS-C2 item set CMS has issued.

**Clarification:** While the tool CMS has released provides only some of the information necessary for OASIS-C2 completion, CMS plans to issue "specific guidance ... in the OASIS guidance manual, which we intend to release next

summer," a CMS official tells **Eli**. The changes will be in the forthcoming OASIS manual, the CMS source reassures.

**For example:** "Providers will have the opportunity to enter a dash on this item in instances where height and weight cannot be obtained," the staffer tells **Eli**. The manual will contain "specific guidance on this item and its allowable responses." In the meantime, more information is in the OASIS-C2 data specs online at [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/DataSpecifications.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/DataSpecifications.html) , the official adds.

**Do this:** Agencies must spend the next year deciding on their standard practice for obtaining patient weight and training clinicians on it to "make sure we're being consistent," Krafft advised. Your policy should specify when exceptions are permitted (for example, when morning weigh-ins are standard but the visit occurs in the afternoon).

**3. GG0170c Mobility.** This new item, which doesn't even contain an 'M,' may present the biggest change for HHAs in OASIS-C2. It comes from the CARE tool that has been planned to become the cross-setting assessment tool for all post-acute providers, Krafft noted. CMS lists it as part of a new "Section GG: Functional Abilities and Goals □ SOC/ROC."

It offers a very specific task to rate □ "Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support." And it includes these instructions:

"Code the patient's usual performance at the SOC/ROC using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal using the 6-point scale." The item offers six detailed rating level responses, plus codes for patient refused, N/A, and not attempted due to medical/safety concerns.

**The catch:** The levels of assistance offered are "definitely different than the current 1800 series," Krafft pointed out. Expect that difference to cause confusion and require lots of training.

**Even bigger:** In addition to coding the patient's current "SOC/ROC Performance," clinicians also must code a separate "Discharge Goal." The discharge goal requirement is "very different," Krafft emphasized. HHAs need to figure out how they are going to set discharge goals. "This one is definitely going to require more discussion over the next year," she forecast.

**Watch for:** GG0170c, along with M1311 and M1313, are "real first steps to synchronize data collection among providers ultimately for the future CARE Tool that will be used for assessment by all providers," Laff predicts.

**Note:** View Krafft's 15-minute OASIS-C2 overview podcast at [www.youtube.com/watch?v=h3TtnxyLGQ0](http://www.youtube.com/watch?v=h3TtnxyLGQ0).