# Home Health Coding and OASIS Expert 

## OASIS-C1: Dig Into These OASIS-C1 Changes

## Welcome greater clarity, fewer items.

As you prepare to greet the New Year, you'll also need to be ready to transition to the OASIS-C1/ICD-9. Make certain you know your way around the new data set before you say goodbye to 2014.

While the OASIS-C1 was originally conceived to help address the changes ICD-10 would bring to the OASIS diagnosis coding questions, many other items were changed during the development of the revised data set. So, even though ICD-10 has been put on hold, the move to OASIS-C1/ICD-9 is still set for Jan. 1, 2015.

## What Types of Changes Can You Expect?

Changed items in the OASIS-C1/ICD-9 could be impacted in five different ways, said Linda Krulish, PT, MHS, COS-C, president of Redmond, Wash.-based OASIS Answers during the Sept. 3 Centers for Medicare \& Medicaid Services OASIS-C1 implementation webinar:

- Some OASIS-C items were deleted.
- Data collection for some items was dropped at various time points.
- Some existing OASIS-C items were revised or refined.
- Some existing OASIS-C items were replaced with new OASIS-C1/ICD-9 items.
- Some existing OASIS-C items were split into two items.


## Bid These Items Farewell

Several OASIS-C items were cut from the OASIS-C1/ICD-9 dataset. Come Jan. 1, you'll no longer see:

- M1012: Inpatient procedures. The coding of procedures has already been optional for the last three years, said Sharon Litwin, RN, BS, MHA with 5 Star Consultants in Camdenton, Mo. Leaving this item behind is good, "especially as we go into ICD-10," she said during the recent Eli-sponsored audioconference "OASIS-C Tips and Training." Because there are so many ICD-10 procedure codes that require much more specific data than home health coders traditionally receive, this is one item most agencies won't mind losing.
- M1310, M1312 and M1314: Pressure ulcer length, width and depth. These items were supposed to collect data about pressure ulcer improvement, but problems with data validity caused CMS to remove them from the OASIS-C1/ICD-9. But don't stop measuring your patient's pressure ulcers, Litwin advised. You'll still want to do measurements as part of the assessment on a regular basis, but that data will no longer be reported on the OASIS, she said.
- M2440: Nursing Home Admission Reason. This data turns out to not be used for anything, so say good-bye to this confusing item.


## Keep an Eye on these Time Point Changes

Items deleted only at certain time points include:

- M1350: Skin lesion or open wound ... receiving intervention from the home health agency. You'll no long collect this item at follow-up or discharge. Watch for some changes to the Response-Specific Guidance for this item, including a listing of excluded wounds and lesions, as well as instructions for when it's appropriate to select each response. Some agencies will choose to continue to keep this item on the recertification assessment,
even though it's no longer required, to act as a 'gateway' question for documenting other types of wounds, predicts
Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O, consultant and principal of Selman-Holman \& Associates and CoDR $\quad$ Coding Done Right in Denton, Texas.
- M1410: Respiratory treatments utilized at home. No longer collected at discharge.
- M2110: How often does the patient receive ADL or IADL from any caregiver(s) (other than home health agency staff)? No longer collected at discharge.


## Watch for Wording Changes

Many familiar items will sport new wording in OASIS-C1/ICD-9. CMS took the opportunity to simplify and clarify responses and guidance throughout the data collection tool. Highlights include:

- Replacing the Latin abbreviation "e.g." with the more familiar English terminology "for example." "We're hopeful this will help clinicians think more broadly about certain questions where we commonly find errors," says Beth Johnson, MBA, BSN, RN, CRRN, HCS-D, HCS-O, with Johnson, Richards, \& Associates, in Brighton, Mich.
- Removing the word "non-epithelialized" from the title of M1307: The Oldest Stage II Pressure Ulcer that is present at discharge. This item also sees the added instruction "(Excludes healed Stage II Pressure Ulcers)." And the "NA" option reads "No Stage II pressure ulcers are present at discharge."
- Removing the second column of M1308: Current number of unhealed pressure ulcers at each stage or Unstageable. Removing the second column of this item "eliminates all the confusion," says Lynda Laff, RN, BSN, COS-C, with Laff Associates in Hilton Head Island, S.C. This item has also been split into two items with the addition of M1309: Worsening in pressure ulcer status since SOC/ROC. Get more details about the changes to this item in the story on page 92.
- Removing response " 0 " $\square$ Newly epithelialized" from M1334: Status of most problematic stasis ulcer that is observable. This response was an error and needed to be corrected since stasis ulcers, once epithelialized, are healed $\square$ gone, Selman-Holman says.


## Track These Renumbered Items

Items with substantial changes to the question or response options are given new item numbers in OASIS-C1/ICD-9. Be on the lookout for:

- M1033: Risk for Hospitalization which was previously M1032. For more details on the changes to this item, see the story on page 94.
- M2102: Types of Assistance Needed and Sources/Availability which was M2100. Watch for better wording on the column titles, Johnson says. Especially of interest is new phrasing that indicates the response excludes assistance from home health agency personnel. Also note the addition of "home exercise program" to response M2100-D. "This is not a Guidance change but simply a change requested by users for clarity," she says.

The biggest and best change to M2102 is the combination of two columns so that clinicians will no longer have to decide between whether access to assistance is unclear or unlikely $\square$ a very confusing area on the OASIS-C, Selman-Holman says.

- Vaccination items make the jump to M1041-M1056 from M1040-M1055. The wording on these items becomes much clearer as CMS reorganizes the questions and responses to de-emphasize where the patient received the vaccine.

