

Home Health Coding and OASIS Expert

OASIS: Don't Miss this M1011 Update

Take note of this 'NA' option.

OASIS-C1/ICD-10 brings a few changes to M1011 ☐ Inpatient Diagnoses. Make sure you aren't caught off guard.

Item M1011, formerly M1010, asks you to list the diagnoses actively treated during an inpatient stay with a discharge date in the last 14 days.

New: Many coders and clinicians have been surprised to see M1011 popping up at Recertification since they began using the OASIS-C1/ICD-10. If your patient received treatment in an inpatient facility during the 14 days prior to the Recertification, you'll now need to indicate the diagnoses actively treated during that admission in M1011.

If your patient didn't have an inpatient stay during the 14 day time-frame, you can select the new option "NA ☐ Not applicable (patient was not discharged from an inpatient facility)."

Note: The "NA" option isn't appropriate for start of care or resumption of care assessments ☐ it's only available for Follow-up assessments.

Get the Latest on 'Actively Treated'

Adding collection of M1011 at Recert isn't the only change for this item. You'll also see a change in the data collected here.

The wording for the former Inpatient Diagnoses item (M1011) asked clinicians to list codes for those conditions "treated" during an inpatient facility stay, but the new item (M1011) requests diagnoses for those conditions "actively treated" during an inpatient stay.

According to the item guidance for M1011, "actively treated" means that the patient was receiving something more than "the regularly scheduled medications and treatments necessary to maintain or treat an existing condition."

"This wording revision reinforces current guidance that diagnoses listed should be limited to those conditions that during an inpatient stay having a discharge date within the last 14 days, required interventions beyond regularly scheduled medications and treatments," the **Centers for Medicare & Medicaid Services** said in the October 2015 CMS Quarterly Q&As.

CMS also explains that the "14 day" time frame for this item refers to the date of the inpatient discharge, not to the date the treatment occurred. In this case, "last 14 days" indicates "the two-week period immediately preceding the start/resumption of care date (M0030/M0032) or follow-up assessment completed (M0090)," CMS said in the Q&As.

So, to count the 14-day period, begin with the date of admission/assessment as day 0 and count the previous day as day 1.

