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Start of Care: Avoid This Common Start Of Care Error

Don't sell yourself short in M1242.

Inaccurate OASIS responses that begin with the Start of Care (SOC) assessment can take a toll on your reimbursement, star ratings, risk adjustment and more. Safeguard your payment, reputation, and boost your outcomes by avoiding this common mistake.

Mistake: Underscoring M1242.

OASIS item M1242: Frequency of pain interfering with patient's activity or movement is typically scored too low at SOC, says **Teresa Northcutt, BSN, RN, COS-C, HCS-D, AHIMA Approved ICD-10-CM Trainer** with **Selman-Holman & Associates, LLC** in Denton, Texas.

Why? Clinicians often assume that for the pain to count as interference it must prevent the patient from performing activities, but that's not actually the case. This item also applies if the patient does things less often than desired or needed, requires help, or takes longer, Northcutt says. And M1242 includes all activities or movement.

Tip: Review the examples in Chapter 3 of the OASIS-C1/ICD-10 Guidance Manual and take note of the response specific instructions for this item.

Cost of errors: This item is used for payment and outcome measures used to calculate star ratings and for Value-Based Purchasing scoring, Northcutt says.

Northcutt's tips for answering this item correctly include:

- Check the referral and History and Physical (H&P) information for pain problems. If the patient went to the emergency department (ED) for pain, be sure to consider that in your answer because this item includes pain beyond just that experienced on the day of assessment.
- Check the medication list for analgesics, especially if they are new or changed. Ask the patient when she takes pain medications, how she would describe her before and after levels of pain, and how she ranks the effectiveness of the medication. Consider whether the patient takes pain medications before she is able to bathe, dress, or perform other activities of daily living (ADL).
- Sometimes patients don't like to admit to pain due to cultural or personal preference. Not wanting to accept the fact that they need more help or that their illness might be getting worse can also affect reporting. Be sure to watch facial expressions and body language for signs of distress with movement and activities. Ask the patient about "discomfort" instead of using the word pain.
- This item also applies to the patient who has pain with prescribed treatments. Consider whether the patient doesn't do home exercises due to pain and if the patient has pain with wound care or dressing changes as you determine your response.

Watch for: Your patient's score on the standardized pain assessment should support your response to M1240, Northcutt says. If you're using the 0-10 numerical scale, 7-10 is severe pain.