April 2023 CMS Quarterly OASIS Q&As

Quality Measure Questions

Question 1: When did the new risk models for 2023 take effect?

Answer 1: The new 2023 risk models are used for all quality episodes where M0090 – Date Assessment Completed for the start of care (SOC) or resumption of care (ROC) is January 1, 2023 or later.

Question 2: Are the new items that were added to the OASIS-E instrument being used in the new risk models that took effect 1/1/2023?

Answer 2: To include new items in risk models, CMS first needs to analyze the data submitted for those items. As data collection for OASIS-E began January 1, 2023, the items new to OASIS-E are not used in these new risk models but will be evaluated and considered for use in future risk models. However, as CMS was able to map responses available from OASIS-E item D0150 - Patient Mood Interview (PHQ-2 to 9) to the responses available from OASIS-D1 item M1730 - Depression Screening, D0150 **is** used in the new risk models that took effect January 1, 2023.

Question 3: What assessment-based quality measures exclude patients who are transferred or discharged from home health to hospice?

Answer 3: Patients who were transferred to an inpatient hospice or discharged to a non-institutional hospice (on or after January 1, 2023) are excluded from the calculation of the following OASIS-based quality measures:

- Improvement in Ambulation/Locomotion
- Improvement in Bathing
- Improvement in Bed Transferring
- Improvement in Toilet Transferring
- Improvement in Lower Body Dressing
- Improvement in Upper Body Dressing
- Improvement in Management of Oral Medications
- Improvement in Bowel Incontinence

- Improvement in Confusion Frequency
- Improvement in Dyspnea
- Discharged to Community

These **hospice exclusions** apply to quality episodes with a M0906 Discharge/Transfer/Death Date of 1/1/2023 or later:

1. That end in a transfer to an inpatient hospice (M0100 Reason for assessment - RFA 6 or 7 Transferred), and M2410 - Inpatient Facility response is 4 - Hospice, OR
2. That end in a discharge to a non-institutional (home) hospice (M0100 Reason for assessment - RFA 9 Discharge from Agency), and M2420 - Discharge Disposition is response 3 - Patient transferred to a non-institutional hospice.

Question 4: What patients are excluded from the OASIS-based Discharged to Community measure?

Answer 4: For the Discharged to Community (OASIS-based) quality measure, patients who are transferred or discharged to hospice, patients who die, and patients whose discharge disposition is unknown, are excluded from the measure. These exclusions are specified as follows:

- Quality episodes that end in a transfer to an inpatient hospice (M0100 - Reason for assessment - RFA 6 or 7 Transferred), and M2410 - Inpatient Facility response is 4 - Hospice, and with a M0906 Discharge/Transfer/Death Date of 1/1/2023 or later), or
- Quality episodes that end in a discharge to a non-institutional/home hospice (M0100 Reason for assessment - RFA 9 Discharge from Agency), and M2420 - Discharge Disposition response is 3 non-institutional hospice, and with a M0906 Discharge/Transfer/Death Date of 1/1/2023 or later, or
- Quality episodes that end with death at home (M0100 - Reason for assessment - RFA 8 Death at Home), or
- Quality episodes that end with discharge from agency (M0100 - Reason for assessment - RFA 9 Discharge from Agency) for which the patient's discharge disposition is unknown (M2420 - Discharge Disposition response is unknown "UK").

Category 4b

D0150

Question 5: Please clarify when the entire Patient Mood Interview should be completed for D0150 - Patient Mood Interview (PHQ-2 to 9). The instruction in the OASIS-E Guidance Manual appears to conflict with the language in the D0150 item.

Answer 5: At times CMS provides new or refined instruction that supersedes previously published guidance. In such cases, use the most recent guidance. Related to the Patient Mood Interview, please disregard the statement in the OASIS item that states "If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview". This statement is outdated due to refinements in OASIS guidance.

Please use the instruction found in the Response-Specific Instructions for D0150 in the OASIS-E Guidance Manual, which reflects the most recent guidance. As stated in the manual, whether or not further evaluation of a patient's mood is needed depends on the patient's responses to the PHQ-2 (D0150A and D0150B). If **both** D0150A1 and D0150B1 are coded 9, OR, **both** D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise continue. For all other scenarios proceed to ask the remaining seven questions (D0150C to D0150I) of the PHQ-9 and complete D0160, Total Severity Score.

K0520

Question 6: Should K0520B - Nutritional Approaches; Feeding Tube be checked if there is a feeding tube present, but it is not being utilized for nutritional/hydration purposes? Can K0520B be coded if it is just used to deliver medications?

Answer 6: The intent of K0520 - Nutritional Approaches is to assess and report which of the listed nutritional approaches apply to the patient on admission and/or discharge.

If a feeding tube is in place but there are no scheduled or prn orders to provide nutrition or hydration via the feeding tube on the current care/treatment plan, do not code K0520B - Feeding Tube.

At Start of Care/Resumption of Care (SOC/ROC) and discharge check all of the nutritional approaches that are part of the patient's current care/treatment plan at the time of assessment for SOC/ROC (or discharge), even if not used at the time of assessment for SOC/ROC (or discharge).

K0520, N0415, O0110

Question 7: Please provide guidance as to the accurate response for K0520Z - Nutritional Approaches; None of the Above in the following scenario:

K0520A - Parenteral/IV Feeding = checked
K0520B - Feeding Tube = not checked
K0520C - Mechanically altered diet = Dash to indicate there was no available information
K0520D - Therapeutic diet = not checked

Should K0520Z - None be unchecked because K0520A is checked, or dashed because K0520C is dashed?

Answer 7: When one or more items for K0520A - K0520D is checked, to indicate that the specified nutritional approach applies to the patient, then K0520Z should be left unchecked. This is true even if one of the other items K0520A - K0520D is dashed.

This same concept applies to N0415 - High Risk Drug Classes: Use and Indication and O0110 - Special Treatments, Procedures, and Programs.

Question 8: What is the look back or time period under consideration for the new OASIS items K0520 - Nutritional Approaches, N0415 - High-Risk Drug Classes: Use and Indication, and O0110 - Special Treatments, Procedures, and Programs? Is it the day of assessment, which may include medications, nutritional approaches, and/or treatments, procedures, or programs the patient may have

taken/received in an inpatient facility before they were discharged home, or is coding just based on what is part of the current reconciled drug regimen and/or current care/treatment plan at the time of the assessment?

Answer 8: The general OASIS convention "Day of Assessment" which is defined as the 24 hours immediately preceding the home visit and the time spent by the clinician in the home does not apply to K0520 - Nutritional Approaches, N0415 - High-Risk Drug Classes: Use and Indication, and O0110 - Special Treatments, Procedures, Programs.

These items are coded based on what is part of the patient's current reconciled drug regimen and/or care/treatment plan during the SOC/ROC (or discharge) assessment.

M1021/M1023

Question 9: Should a symptom control rating be assigned for a code beginning in V, W, X, Y and Z reported in M1021 - Primary Diagnosis or M1023 - Other Diagnoses? The OASIS-D manual guidance specifically stated no, but that statement is no longer in the OASIS-E guidance manual.

Answer 9: The guidance for coding symptom control ratings has not changed. Do not assign a symptom control rating if the diagnosis code is a V, W, X, Y or Z-code.

M1400, O0110

Question 10: Is there a definition for continuous oxygen use for M1400 - Dyspnea? Does the definition for intermittent and continuous oxygen, used in O0110 - Special Treatments, Procedures, and Programs, apply to M1400 as well?

Answer 10: Each OASIS item should be considered individually and coded based on guidance specific to that item.

The definitions for intermittent and continuous oxygen use provided in the guidance for O0110 - Special Treatments, Procedures, and Programs are intended to be specifically used to support coding for O0110C1 - Oxygen Therapy, O0110C2 - Continuous, and O0110C3 - Intermittent.

M1400 - When is the patient dyspneic or noticeably Short of Breath? identifies the level of exertion/activity that results in a patient's dyspnea or shortness of breath, regardless of any underlying condition.

For M1400, if the patient uses oxygen continuously (at all times during the day of assessment, with only brief interruptions) , enter the response based on assessment of the patient's shortness of breath while using oxygen. If the patient uses oxygen intermittently, enter the response based on the patient's shortness of breath WITHOUT the use of oxygen. Responses are based on the patient's actual use of oxygen in the home, not on the physician's oxygen order.

N0415

Question 11: If an anticoagulant is used to flush a PICC line that has become blocked with clotted blood, should that anticoagulant be considered when coding N0415 - High-Risk Drug Classes: Use and Indication?

Answer 11: The intent of N0415 - High-Risk Drug Classes: Use and Indication is to record whether the patient is taking any prescribed medications in specified drug classes and whether the patient-specific indication was noted for all medications in the drug class.

Do not include flushes to keep an IV access port patent.

Question 12: Please provide guidance on the following scenario. A patient is admitted to a home health agency and then, during the assessment timeframe, goes to the Emergency Department (ED) and receives a one-time dose of a medication that is classified as a medication in the list of high-risk medication for N0415 - High-Risk Drug Classes: Use and Indication. If the Start of Care assessment was not completed until after the patient returned from the ED should the medication that was received in the ED be considered when coding N0415?

Answer 12: The intent of N0415 - High-Risk Drug Classes: Use and Indication is to record whether the patient is taking any prescribed medications in the specified drug classes and whether the patient-specific indication was noted for all medications in the drug class.

Code any medication that is used by any route in any setting (e.g., at home, in a hospital emergency room, at physician office or clinic) **while a patient of the home health agency that is also part of a patient's current reconciled drug regimen**, even if it was not taken at the time of assessment.

O0110

Question 13: The guidance for O0110H1 - IV Medications includes an exclusion for Dextrose 50% and Lactated Ringers, stating that these are not considered medications.

There are references that have both Dextrose 50% and Lactated Ringers listed as medications. Should these be excluded from consideration when coding O0110H1? Should any solution that includes dextrose be excluded from consideration?

Answer 13: At times CMS provides new or refined instruction that supersedes previously published guidance. In such cases use the most recent guidance. This Q&A represents the most recent guidance.

Please disregard the statement from the Guidance Manual that states: "Dextrose 50% and/or Lactated Ringers given IV are not considered medications and should not be included here." As stated in the Coding Instructions for O0110H1 - IV medications "Code any medication or biological given by intravenous push, epidural pump, or drip through a central or peripheral port in this item."

Specifically, for O0110H1 do include IV fluids with medications added, unless otherwise excluded in guidance.

Please note the following exclusions:

- Do not include flushes provided to keep an IV access port patent
- Do not include IV fluids without medication
- Do not include medication delivered via subcutaneous pump
- Do not include IV medications of any kind that were administered during dialysis or chemotherapy.

Question 14: We know that we code O0110 - Special Treatments, Procedures, and Programs based on what is part of the current care/treatment plan at the time of the assessment. Can CMS provide further clarification on how to code O0110O1 - IV Access and O0110O4 - IV Access; Central if a PICC line is being pulled during the discharge assessment?

Answer 14: The intent of O0110 - Special Treatments, Procedures, and Programs is to identify any special treatments, procedures, and programs that apply to the patient.

Check all treatments, programs and procedures that are part of the patient's current care/treatment plan at the time of assessment, even if not used during the time of assessment for SOC/ROC (or discharge).

This includes a PICC line that is being discontinued at the time of the assessment.