



October 2022 CMS Quarterly OASIS Q&As

Category 2

Question 1: Please provide guidance on the following scenario: A patient was recertified between days 56-60 and then in the new 60-day certification period, prior to any home health visits being made, the patient is admitted to the hospital for a qualifying inpatient stay. Should the agency complete the RFA 6 - Transferred to an inpatient facility, patient not discharged from agency and a Resumption of Care when the patient returns? Or should an RFA 7 - Transferred to an inpatient facility, patient discharged from agency be completed and a new Start of Care be completed?

Answer 1: If the Medicare PPS patient had a recertification assessment visit during the last five days of the episode, and then experiences a qualifying hospitalization in the new 60-day certification period, the agency should complete a Transfer assessment. This is true whether or not any home care visits have been made in the new episode. The agency selects RFA 6 or RFA 7, depending on whether the agency anticipates the patient will be returning to service or not.

When an RFA 6 Transfer OASIS is submitted, the next expected submission would be a Resumption of Care (ROC) - RFA 3. If the patient did not resume services at your agency, then your internal agency discharge process would occur (with no OASIS collection).

Category 4b

A1005, A1010, A1110, A1250, B1300, D0700

Question 2: Can information collected prior to Start of Care/Resumption of Care be used to complete the new OASIS items such A1005 - Ethnicity, A1010 - Race, A1110 - Language, A1250 - Transportation, B1300 - Health Literacy, and D0700 - Social Isolation?

Answer 2: If information used to complete the OASIS is gathered prior to the patient's admission this information should be verified, and coded following applicable coding guidance, during an assessment that occurs during the SOC/ROC time period. An agency's software may not "answer" or "generate" the OASIS response for the assessing clinician.

Please note that based on coding guidance, the medical record should not be used as the data source for coding Health Literacy and Social Isolation. Also note that the medical record should not be used as

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the data source for coding Ethnicity, Race, Language, and Transportation unless the patient and proxy are unable to respond during each specific assessment period during the SOC/ROC or discharge assessment time periods.

A1250, B1300

Question 3: Please provide an example where the coding for A1250 - Transportation and B1300 - Health Literacy would be different from Start of Care/Resumption of Care to Discharge.

Answer 3: The intent of A1250 - Transportation is to identify if a lack of transportation has kept the patient from medical appointments, meetings, work, or from getting things needed for daily living over the past 6 to 12 months.

The intent of B1300 - Health Literacy is to identify how often the patient needs to have someone help them when they read instructions, pamphlets, or other written material from their doctor or pharmacy.

The assessing clinician must consider each patient's unique circumstances and use clinical judgment to determine how transportation and health literacy applies for each individual patient at both the Start of Care/Resumption of Care and Discharge time points.

It is possible that the SOC/ROC and discharge coding are the same.

C0200-C0500

Question 4: I know we can administer the BIMS either verbally or in writing and there are specific directions around this. When administering the BIMS in writing can we present the cue card questions via laptop rather than an actual paper form for those patients who are hearing impaired etc., or does it need to be given in paper or card format?

Answer 4: The agency may develop their own process for how to administer the BIMS in writing. Whatever processes used must follow the exact language as that in the item set.

J0520

Question 5: The rehab therapy definition in the draft OASIS-E Guidance Manual states for J0520: Rehab Therapy - special healthcare service or programs that help a person regain physical, mental, and or cognitive (thinking and learning) abilities that have been lost or impaired as a result of disease, injury or treatment. Can include, for example, PT, OT, SP, and cardiac and pulmonary therapies

Based on the term "regain," would maintenance therapy not be considered a rehab therapy for the item J0520 - Pain interference with therapy activities?

Answer 5: Rehabilitation Therapy includes but is not limited to special healthcare service or programs that help a person regain physical, mental, and or cognitive (thinking and learning) abilities that have been lost or impaired as a result of disease, injury or treatment. Can include, for example, any services provided by PT, OT, SLP, and cardiac and pulmonary therapies

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Rehabilitation therapies may include treatment supervised in person by a therapist or nurse or other staff, or the patient/family/caregivers carrying out a prescribed therapy program without agency staff present, regardless of the rehab focus or goal(s).

K0520

Question 6: When coding K0520 – Nutritional Approaches should we only consider those nutritional approaches that the patient actually receives at Start of Care/Resumption of Care (SOC/ROC) and discharge or just those that are included on the plan of care? When coding K0520 at discharge should we only indicate those nutritional approaches that the patient will continue to receive after the patient is discharged?

Answer 6: K0520 - Nutritional Approaches identifies if any nutritional approaches listed are used by the patient.

At SOC/ROC and discharge check all of the nutritional approaches that are part of the patient’s current care/treatment plan during the time period under consideration for SOC/ROC and discharge, even if not used during the time period under consideration for SOC/ROC and discharge.

At discharge, K0520 does not report on nutritional approaches that are expected to occur after discharge.

N0415

Question 7: When determining if a medication should be included in one of the 6 high risk drug classes collected in the new OASIS-E item N0415 - High Risk Drug Classes: Use and Indication, which drug classification system should be used?

Is there a specific drug classification system that should be used, or can clinicians use any authoritative source even if a system describes the drug classes using terminology that differs from the exact drug classes reported in the item?

Answer 7: N0415 - High Risk Drug Classes: Use and Indication identifies if the patient is taking any prescribed medication in the specific listed drug classes and whether the patient-specific indication was noted for all medication in the drug class.

Code medications according to the medication’s therapeutic category and/or pharmacological classification.

CMS does not specify a source for identifying the therapeutic category and/or pharmacological classification.

Question 8: If a medication is ordered for the patient to take once they are discharged from the home health agency, should that medication be considered when coding N0415 – High-Risk Drug Classes: Use and Indication at discharge?

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Answer 8: The intent of N0415 - High-Risk Drug Classes: Use and Indication is to record whether the patient is taking any medications in specified drug classes and whether the patient specific indication was noted for taking the prescribed medications.

At discharge, N0415 considers medications included in the patient's prescribed drug regimen at discharge, even if it was not taken on the day of assessment, and not what is expected to occur after discharge.

O0110

Question 9: We have a question regarding O0110 - Special Treatments, Procedures, and Programs. Are special treatments, procedures, and programs that the patient was receiving only during the time period under consideration for Start of Care/Resumption of Care (SOC/ROC) or discharge considered? At discharge, should we also consider what the patient has ordered to receive after discharge (e.g., Chemotherapy or radiation scheduled to begin after discharge)?

Answer 9: 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 during time period under consideration for the SOC/ROC assessment and the discharge assessment, even if not received during the SOC/ROC or discharge time period under consideration. Do not consider what is expected to occur after discharge.

Include treatments, programs, and procedures performed by others and those the patient performed themselves independently or after setup by agency staff or family/caregivers. Check treatments, procedures, and programs that are performed in the care setting, or in other settings (e.g., dialysis performed in a dialysis center).

Question 10: For O0110C - Special Treatments, Procedures, and Programs; Oxygen therapy: If the oxygen is ordered PRN, is that considered intermittent because it is ordered PRN or only if the patient uses it PRN on the day of assessment?

Answer 10: The intent of O0110 - Special treatments, Procedures, and Programs identifies if any of the listed special treatments, procedures, and programs apply to the patient.

O0110 should be completed based on a comprehensive assessment that occurs at SOC/ROC or discharge.

Regardless of how the oxygen is ordered (i.e., continuously or intermittently), apply the OASIS specific definitions in determining whether oxygen is coded as continuous (delivered for ≥ 14 hours per day) or intermittent (oxygen was not delivered continuously for at least 14 hours per day).

Question 11: For Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator O0110G2 - BiPAP and O0110G3 - CPAP, are these only selected if the BiPAP/CPAP was used during the

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assessment window? Sometimes a treatment may be ordered and available but the patient will refuse to wear it.

Answer 11: If the BiPAP or CPAP is part of the patient's current care/treatment plan, then mark O0110G1 - Non-Invasive Mechanical Ventilator and O0110G2 - BiPAP or O0110G3 - CPAP.

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