

Oregon – OASIS – PDGM - November  
19, 2019



# OASIS-PDGM

## Addressing M Items, GG Items, October OASIS Q&A and D1 Changes

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“To be prepared is half the  
victory.”

Miguel De Cervantes



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## Objectives

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- ✓ OASIS D Guidance Manual
- ⚖ Impact Act
- 🔑 M1800's Items and Guidance
- 📄 GG Items and Guidance
- 🔍 October 2019 CMS Quarterly OASIS Q&As
- ♿ PDGM Functional Impairment Level
- 📱 OASIS D-1



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## OASIS D Guidance Manual

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- This manual provides guidance for home health agencies (HHAs) on how to ensure the collection of high-quality (accurate) OASIS data.
- It includes both general data collection conventions and item-specific guidance, as well as links to resources for agencies
- There is no revised version of the OASIS-D Guidance Manual for 2020.

Website: <https://www.Cms.Gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/downloads/oasis-d-guidance-manual-final.Pdf>



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## OASIS D - IMPACT ACT

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- › The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)
- › The purpose of the IMPACT Act is to standardize patient assessment data collected for Post-Acute Care (PAC) providers.
- › The PAC providers are:
  - Long-Term Care Hospitals (LTCHs)
  - Inpatient Rehabilitation Facilities (IRFs)
  - Skilled Nursing facilities (SNFs)
  - Home Health Agencies (HHAs)



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ADLs/IADLs ITEMS  
FUNCTIONAL IMPAIRMENT ITEMS  
M1800 & M1033

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## ADLs / IADLs Review of Guidance

- › The assessing clinician may consider available input from other agency staff who have had direct patient contact.
- › Consider what the patient is able to do on the day of the assessment.
- › If ability varies over time, choose the response describing the patient's ability more than 50% of the time period under consideration.
- › Ability of patient means Safely completing specified activities.
- › If ability varies between tasks in a multi task item, report what is true in a majority of the included tasks, giving more weight to tasks that are more frequently performed.
- › Presence or absence of a caregiver does not impact the patient's ability to perform the task.



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## M1800-Grooming

<b>(M1800)</b>	<b>Grooming:</b> Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).	
Enter Code	0	Able to groom self unaided, with or without the use of assistive devices or adapted methods.
<input type="checkbox"/>	1	Grooming utensils must be placed within reach before able to complete grooming activities.
	2	Someone must assist the patient to groom self.
	3	Patient depends entirely upon someone else for grooming needs.



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## M1800 - Grooming

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- › Identifies the patient's ability to tend to personal hygiene needs, excluding bathing, shampooing hair, and toileting hygiene.
- › The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "willingness" and "adherence" (compliance) are not the focus of these items.
- › These items address the patient's ability to safely perform grooming, given the current physical and mental/emotional/cognitive status, activities permitted, and environment.



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## M1800 - Grooming

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- › The patient must be viewed from a holistic perspective in assessing ability to perform ADLs.
- › Ability can be temporarily or permanently limited by:
  - Physical impairments (for example, limited range of motion, impaired balance),
  - Emotional/cognitive/behavioral impairments (for example, memory deficits, impaired judgment, fear),
  - Sensory impairments, (for example, impaired vision or pain),
  - Environmental barriers (for example, accessing grooming aids, mirror and sink).



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## Grooming (and other ADL Guidance)

- › Grooming includes several activities. Frequency of selected activities performed (such as washing face and hands vs. fingernail care) must be considered in responding. These may Differ from GG !
- › Patients able to do more frequently performed activities (for example, washing hands and face) but unable to do less frequently performed activities (trimming fingernails) should be considered to have more ability in grooming.
- › Response 2 includes standby assistance or verbal cueing.



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## M1810- Current Ability To Dress Upper Body

<b>(M1810)</b>		Current Ability to Dress <u>Upper</u> Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:
Enter Code	0	Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
<input type="checkbox"/>	1	Able to dress upper body without assistance if clothing is laid out or handed to the patient.
	2	Someone must help the patient put on upper body clothing.
	3	Patient depends entirely upon another person to dress the upper body.



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## M1820- Current Ability To Dress Lower Body

<b>(M1820)</b> Current Ability to Dress <u>Lower</u> Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:	
Enter Code <input type="checkbox"/>	<p>0 Able to obtain, put on, and remove clothing and shoes without assistance.</p> <p>1 Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.</p> <p>2 Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.</p> <p>3 Patient depends entirely upon another person to dress lower body.</p>



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## M1810 - Current Ability To Dress Upper Body Safely M1820 - Current Ability To Dress Lower Body Safely

- › **The assessing clinician may consider available input from other agency staff who have had direct patient contact.**
- › Assess ability to put on whatever clothing is routinely worn.
- › Includes the ability to manage zippers, buttons, and snaps if these are routinely worn.
- › Includes undergarments
- › 0- able to get clothes out of closets & drawers, put them on & remove them from upper (or lower) body without assistance
- › Patient needs help dressing IF patient requires standby by assist or verbal cueing to dress SAFELY.
- › Includes prosthetic & compression devices, but not wound dressings



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## Assessment Strategies- Dressing Upper & Lower Body

- › A combined observation/interview approach with the patient or caregiver is helpful in determining the most accurate response for this item.
- › Ask patient if he/she has difficulty dressing upper and lower body.
- › Observe the patient's general appearance and clothing and ask questions to determine if the patient has been able to dress independently and safely.
- › Opening and removing upper body garments during the physical assessment of the heart and lung provides an excellent opportunity to evaluate the upper extremity range of motion, coordination, and manual dexterity needed for dressing.
- › The patient also can be asked to demonstrate the body motions involved in dressing.
- › Have patient take off shoes and socks and then put them back on!



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## M1830 - Bathing

(M1830)	Bathing: Current ability to wash entire body safely. <u>Excludes</u> grooming (washing face, washing hands, and shampooing hair).
Enter Code <input type="checkbox"/>	<p>0 Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower.</p> <p>1 With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.</p> <p>2 Able to bathe in shower or tub with the intermittent assistance of another person:            (a) for intermittent supervision or encouragement or reminders, <u>OR</u>            (b) to get in and out of the shower or tub, <u>OR</u>            (c) for washing difficult to reach areas.</p> <p>3 Able to participate in bathing self in shower or tub, <u>but</u> requires presence of another person throughout the bath for assistance or supervision.</p> <p>4 Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.</p> <p>5 Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.</p> <p>6 Unable to participate effectively in bathing and is bathed totally by another person.</p>



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## M1830 - Bathing

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- Consider ability to **SAFELY**:
  - *Wash Entire body!* (Differs from GG)
  - Bathing related tasks, ex Gathering supplies, preparing bath water, shampooing hair, drying off are Not considered
  - Ask the patient what type of assistance is needed to wash entire body in tub or shower.
- Observe the patient's general appearance in determining if the patient has been able to bathe self independently and safely.



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## Assessment Strategies - Bathing

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- › Consider ability to **SAFELY**:
- › Getting in and out of tub/shower!
- › Observe patient actually stepping into shower or tub to determine how much assistance the patient needs to perform the activity safely.
- › Evaluate the amount of assistance needed for the patient to be able to safely bathe in tub or shower.
- › May have to be seen by the Therapist after the RN does the SOC visit; also can be when the LPN or Aide does direct care. The team collaborates!



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## M1840 - Toilet Transferring

<b>(M1840)</b>		<b>Toilet Transferring:</b> Current ability to get to and from the toilet or bedside commode safely <u>and</u> transfer on and off toilet/commode.
Enter Code	0	Able to get to and from the toilet and transfer independently with or without a device.
<input type="checkbox"/>	1	When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
	2	<u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance).
	3	<u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
	4	Is totally dependent in toileting.



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## M1840 - Toilet Transferring

- › Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.
- › Observe patient during transfer on and off toilet
- › If patient has pain, difficulty with balance, strength, etc., determine level of assistance needed for the patient to be Safe
- › The assessing clinician may consider available input from other agency staff who have had direct patient contact.
- › Excludes personal hygiene and management of clothing when toileting.



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## M1840 - Toilet Transferring

- › Assessment Strategies: Ask the patient if he/she has any difficulty getting to and from the toilet or bedside commode.
- › Observe the patient during transfer and ambulation to determine if the patient has difficulty with balance, strength, dexterity, pain, etc.
- › Determine the level of assistance needed by the patient to safely get on and off the toilet or commode.



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## M1850 - Transferring

<b>(M1850)</b>		<b>Transferring:</b> Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.
Enter Code		
<input type="checkbox"/>	0	Able to independently transfer.
	1	Able to transfer with minimal human assistance or with use of an assistive device.
	2	Able to bear weight and pivot during the transfer process but unable to transfer self.
	3	Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
	4	Bedfast, unable to transfer but is able to turn and position self in bed.
	5	Bedfast, unable to transfer and is unable to turn and position self.



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## M1850 - Transferring

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- › Current ability to move safely from bed to chair, or ability to turn & position self in bed if patient is bedfast
- › For Response 1, “minimal human assistance” could include : verbal cueing, environmental set-up, and/or actual hands-on assistance.
  - In order for the assistance to be considered minimal, it would mean the individual assisting the patient is contributing less than 25% of the total effort required to perform the transfer.



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## M1850 - Transferring

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- › For most patients, the transfer between bed and chair will include transferring from a supine position in bed to a sitting position at the bedside, then some type of standing, stand-pivot, or sliding board transfer to a chair.
- › Include the ability to return back into bed from the sitting surface.
- › Ask the patient about transferring ability.
- › Observe the patient during transfers and determine the amount of assistance required for safe transfer from bed to chair.



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## M1860 – Ambulation / Locomotion

(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code <input type="checkbox"/>	0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
	1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	3 Able to walk only with the supervision or assistance of another person at all times.
	4 Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	5 Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	6 Bedfast, unable to ambulate or be up in a chair.



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## M1860 - Ambulation / Locomotion

- › Patient's ability and type of assist required to SAFELY ambulate or propel self in a wheelchair
- › If a patient safely ambulates with a walker in some areas of the home, and a cane in other areas, select the response that reflects the device that best supports safe ambulation on all surfaces the patient routinely encounters.
- › If a patient does not have a walking device but is clearly not safe walking alone, select Response 3, able to walk only with supervision or asst.



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## M1860 - Ambulation / Locomotion

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- › **Watch the patient walk.** If patient uses walls and furniture for support, assess if patient should use a walker or cane for safe ambulation.
- › Having an assistive device does Not mean that the patient is walking safely.
- › Observe the patient's ability and safety on stairs.



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## M1033 – Risk for Hospitalization

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**(M1033) Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? **(Mark all that apply.)**

- 1 - History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
- 2 - Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- 3 - Multiple hospitalizations (2 or more) in the past 6 months
- 4 - Multiple emergency department visits (2 or more) in the past 6 months
- 5 - Decline in mental, emotional, or behavioral status in the past 3 months
- 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7 - Currently taking 5 or more medications
- 8 - Currently reports exhaustion
- 9 - Other risk(s) not listed in 1 - 8
- 10 - None of the above



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## M1033 - Risk for Hospitalization

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- › Identifies the patient characteristics that may indicate the patient is at risk for hospitalization.
- › Select **ALL** responses that apply.
- › This item is included in determining the Functional Impairment Level in PDGM, excluding responses 8-Currently reports exhaustion, 9-Other risk(s) not listed in 1-8, and 10-None of the above.
- › Response 1 includes witnessed **and** reported falls.
- › Response 5, decline in mental, emotional, or behavioral status refers to significant changes occurring within the past **3 months** that **may impact** the patient's ability to remain safely in the home and increase the likelihood of hospitalization.
- › Response 7, medications includes OTC meds.



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## SECTION GG: FUNCTIONAL ABILITIES AND GOALS

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## GG0100 - Prior Functioning: Everyday Activities

**GG0100. Prior Functioning: Everyday Activities:** Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

**Coding:**

**3. Independent** – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

**2. Needed Some Help** – Patient needed partial assistance from another person to complete activities.

**1. Dependent** – A helper completed the activities for the patient.

**8. Unknown**

**9. Not Applicable**

↓ **Enter Codes in Boxes**

**A. Self Care:** Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.

**B. Indoor Mobility (Ambulation):** Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.

**C. Stairs:** Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.

**D. Functional Cognition:** Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.



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## GG0100 - Prior Functioning: Everyday Activities

› **Item Intent**

– This item identifies the patient's usual ability with everyday activities, prior to the current illness, exacerbation or injury.

› **Response-Specific Instructions**

– Interview patient or family or review patient's clinical records describing patient's prior functioning with everyday activities.

› **Tips**

– If no information about the patient's ability is available after attempt to interview patient or family and after reviewing patient's clinical record, code 8, Unknown



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## GG0110 – Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

↓ Check all that apply

<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above



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## GG0110 – Prior Device Use

### › Item Intent

- This item identifies the patient's use of devices and aids immediately prior to the current illness, exacerbation, or injury to align treatment goals.

### Example

- › Mobilized Wheelchair and/or Scooter
- › Mr. C has bilateral lower extremity neuropathy secondary to his diabetes. Prior to this current episode, he used a cane. Today, he is using a walker.
  - Coding: GG0110Z, None of the above, would be checked.
  - Rationale: A cane is not a device included as part of the item list above. Not all devices and aids are included in this item.



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## SECTION GG: FUNCTIONAL ABILITIES AND GOALS

# GG0130 Self-Care

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## GG0130 – Self Care

### GG0130. Self-Care

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

#### Coding:

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**

- 07. Patient refused
- 09. Not applicable – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical conditions or safety concerns



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## GG0130 – Self Care

1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
<input type="text"/>	<input type="text"/>	B. <b>Oral Hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures from and to the mouth, and manage equipment for soaking and rinsing them.
<input type="text"/>	<input type="text"/>	C. <b>Toileting Hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower
<input type="text"/>	<input type="text"/>	F. <b>Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.



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## GG0130 – Self Care

### Response-Specific Instructions –

**\*Note: Applies to the following GG items, as well:**

- › Performance Assessment (SOC/ROC, FU and DC)
- › Licensed clinicians may assess the patient's performance based on direct observation (preferred) as well as reports from the patient, clinicians, care staff, and/or family.
- › When possible, CMS invites a multidisciplinary approach to patient assessment.
- › Patients should be allowed to perform activities as independently as possible, as long as they are safe. If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.



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## GG0130 – Self Care

### Response-Specific Instructions – SOC/ROC Performance Assessment

- › Code the patient’s functional status based on a functional assessment that occurs at or soon after the patient’s SOC/ROC.
- › The SOC/ROC function scores are to reflect the patient’s SOC/ROC baseline status and are to be based on observation of activities, to the extent possible.
- › When possible, the assessment should occur prior to the start of therapy services to capture the patient’s true baseline status. This is because therapy interventions can affect the patient’s functional status.



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## GG0130 – Self Care

- › A patient’s functional ability can be impacted by the environment or situations encountered in the home. Observing the patient in different locations and circumstances within the home is important for a comprehensive understanding of the patient’s functional status.

– If the patient’s ability varies during the **assessment timeframe**, record their **usual ability** to perform each activity. Do not record the patient’s best performance and do not record the patient’s worst performance, but rather the patient’s usual performance; what is true greater than 50% of the assessment timeframe.

#### DEFINITION

##### ASSESSMENT TIMEFRAME

- The assessment timeframe is the maximum number of days within which to complete the comprehensive assessment.



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## GG0130 – Self Care

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› Response Specific Instructions

- **Discharge Performance:** The discharge *time period under consideration* includes the *last 5 days of care*.
- This includes the date of the discharge visit plus the four preceding calendar days.
- Code the patient's functional status based on a functional assessment that occurs at or close to the time of discharge.



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## GG0170 Mobility

Timepoints: SOC/ROC, Follow Up,  
Discharge

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**GG0170. Mobility**

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

**Coding:**

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason:**

- 07. **Patient refused**
- 09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical conditions or safety concerns**



# GG0170 Mobility

1. SOC/ROC Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
□ □	□ □	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
□ □	□ □	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
□ □	□ □	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
□ □	□ □	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
□ □	□ □	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
□ □	□ □	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
□ □	□ □	<b>G. Car Transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.



## GG0170: Mobility - Continued

<input type="checkbox"/>	<input type="checkbox"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk 50 feet and make two turns.
<input type="checkbox"/>	<input type="checkbox"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="checkbox"/>	<input type="checkbox"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="checkbox"/>	<input type="checkbox"/>	<b>M. 1 step (curb):</b> The ability to go up and down a curb and/or up and down one step. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail. <i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.



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## GG0170 Mobility - Continued

<input type="checkbox"/>	<input type="checkbox"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
	<input type="checkbox"/>	<b>Q. Does patient use wheelchair and/or scooter?</b> <b>0. No</b> → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns.
<input type="checkbox"/>	<input type="checkbox"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	<input type="checkbox"/>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	<input type="checkbox"/>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>



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## GG0170 - Mobility

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- › **Coding Tips - GG0170A, Roll Left and Right**
- › Example: if a clinician determines that a patient's new medical need requires that the patient sit in an upright sitting position rather than a slightly elevated position, then code GG0170A, Roll left and right as 88, Not attempted due to medical or safety concerns.
- › **Coding Tips - GG0170D, Sit to Stand**
- › The activity includes the patient coming to a standing position from sitting in a chair, wheelchair, or on the side of the bed



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## GG0170 - Mobility

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- › **Coding Tips - GG0170E, Chair/Bed-to-Chair Transfer**
- › The activity begins with the patient sitting (in a chair, wheelchair, or at the edge of the bed) and transferring to sitting in a chair, wheelchair, or at the edge of the bed.
- › **Coding Tips - GG0170F, Toilet Transfer**
- › The activity includes the patient getting on and off a toilet or commode.
- › Use of assistive device(s) and adaptive equipment (for instance a grab bar or elevated toilet) required to complete the toilet transfer should not affect coding of the activity.



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## GG0170 - Mobility

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- › **Coding Tips - GG0170G, Car Transfer**
- › The activity includes transferring in and out of a car or van on the passenger side.
- › Does not include opening or closing the car door, or fastening seat belt.
  
- › **Coding Tips – GG0170 I, J, K, and L – for all Walking items** - Use of assistive device(s) and adaptive equipment (for instance a cane or leg brace) required to complete the walking activity should not affect coding of the activity.



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## GG0170 - Mobility

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- › **Coding Tips - GG0170J, Walk 50 Feet with Two Turns**
- › The turns are 90 degree turns and may be in the same direction (two 90 degree turns to the right or two 90 degree turns to the left) or may be in different directions (one 90 degree turn to the right and one 90 degree turn to the left).
- › **Coding Tips - GG0170K, Walk 150 Feet**
- › If the patient's environment does not accommodate a walk of 150 feet without turns, but the patient demonstrates the ability to walk with or without assistance 150 feet with turns without jeopardizing the patient's safety, code using the 6-point scale.



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## GG0170 - Mobility

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- › **Coding Tips - GG0170L, Walking 10 Feet on Uneven Surfaces**
- › If the patient is not able to attempt walking on uneven surfaces (for example because no uneven surfaces are available, or there are weather or other environmental constraints limiting access), and the patient's usual status for walking 10 feet on uneven surfaces cannot be determined based on patient or caregiver report, enter code 10 Not attempted due to environmental limitations.
- › **Coding Tips - GG0170P, Picking up Object**
- › Use of assistive device(s) and adaptive equipment (for instance a cane to support standing balance and a reacher to pick up the object) required to complete the activity should not affect coding of the activity.



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## GG0170 - Mobility

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- › **Coding Tips - GG0170Q, Does the Patient Use a Wheelchair/Scooter?**
- › The intent of the wheelchair mobility item is to assess the ability of patients who are learning how to self-mobilize using a wheelchair or patients who used a wheelchair prior to admission.
- › If the patient is ambulatory and is not learning how to mobilize in a wheelchair, and only uses a wheelchair for transport within a larger living facility (assisted living facility or apartment complex), or for community mobility outside the home (for instance to a physician appointment or to dialysis), enter code 0 – No for GG0170Q Does the patient use a wheelchair/scooter, and skip all remaining wheelchair questions.

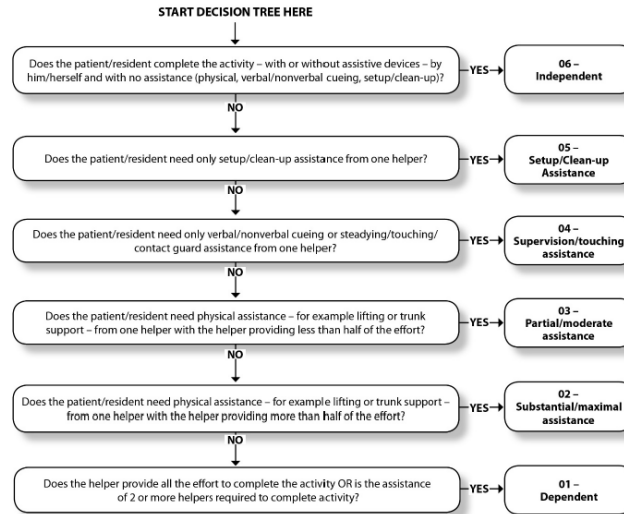


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### Decision Tree

Use this decision tree to code the patient's/resident's performance on the assessment instrument. If helper assistance is required because the patient's/resident's performance is unsafe or of poor quality, score according to the amount of assistance provided. Only use the "activity not attempted codes" if the activity did not occur; that is, the patient/resident did not perform the activity and a helper did not perform that activity for the patient/resident.

## GG items Decision Tree



Reference: CMS Coding Section GG Self-Care & Mobility Activities Included on the Post-Acute Care Item Sets: Key Questions to Consider When Coding

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## OASIS Function M & GG Item Coding

- › CMS OASIS Q&A – February 2019 clarified that the intention is not for the codes on the GG and M items to be duplicative or always match. Each OASIS item should be considered individually and coded based on guidance specific to that item.
- › [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/Understanding-OASIS-Function-M-GG-Item-Coding\\_Fact-Sheet.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/Understanding-OASIS-Function-M-GG-Item-Coding_Fact-Sheet.pdf)
- › There are differences between items that have the same or similar names. Coding differences may be a result of :
  - What is included or excluded in the activity, or
  - What coding instructions apply to the activity.

CMS OASIS Q&A – February 2019



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## OASIS - M & GG Item Coding

- › Example: Patient can brush teeth and wash hands without assistance or set up, but requires some assistance with hair care, washing face, shaving and trimming nails.

(M1800)	<b>Grooming:</b> Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).
Enter Code	0 Able to groom self unaided, with or without the use of assistive devices or adapted methods.
2	1 Grooming utensils must be placed within reach before able to complete grooming activities.
	2 Someone must assist the patient to groom self.
	3 Patient depends entirely upon someone else for grooming needs.

GG0130B	<b>B. Oral Hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
0 6	

- › CMS OASIS Q&A – February 2019



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## OASIS Function M & GG Item Coding

- › Coding difference can be due to what is included/excluded in each activity.
- › M1800 Grooming includes several activities and the frequency that activities are performed must be considered
  - Washing face and hands
  - Hair care
  - Shaving or make up, teeth or denture care
  - Fingernail care
- › GG0130 B includes the ability to use suitable items to clean teeth or dentures only

CMS OASIS Q&A – February 2019



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# OASIS Function M & GG Item Coding

- › Ex: Pt is able to walk distance up to 20 feet with a walker and no human assistance

<b>(M1860)</b>		<b>Ambulation/Locomotion:</b> Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.
Enter Code		
	<b>2</b>	
	0	Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).
	1	With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
	2	Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
	3	Able to walk only with the supervision or assistance of another person at all times.
	4	Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.
	5	Chairfast, unable to ambulate and is <u>unable</u> to wheel self.
	6	Bedfast, unable to ambulate or be up in a chair.
<b>GG0170I</b>		
	<b>0 6</b>	
	<b>I. Walk 10 feet:</b>	Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
		<i>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)</i>

› CMS OASIS Q&A – February 2019



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# October 2019 CMS Quarterly OASIS Q&As



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## OASIS-D1/PDGM

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- › **QUESTION 1: OASIS-D1, PDGM and iQIES all start on January 1, 2020. Please confirm if all RFA 4 Recertification assessments that fall between December 27, 2019 and January 1, 2020 should use OASIS-D1 and use the iQIES system to submit?**
- › **ANSWER 1:** All RFA 4 Recertification assessments with a M0090 Date Assessment Completed on or after December 27, 2019 for a payment period that begins January 1, 2020 or later should use OASIS-D1. This supports the transition to the Patient-Driven Groupings Model (PDGM).
- › For technical questions, (registration for User IDs, data submission/transmission, iQIES, provider access to quality reports, etc.) consider contacting the Technical Help Desk, E-mail: [HELP@qtso.com](mailto:HELP@qtso.com), Phone: 1--877-201-4721.



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## PDGM 30-day periods/OASIS data collection

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- › **QUESTION 2: Since PDGM uses 30-day periods of care rather than 60-day episodes of care as the unit of payment, do the 30-day PDGM payment periods affect when OASIS needs to be collected?**
- › **ANSWER 2:** While the PDGM case-mix adjustment is applied to each 30-day period of care, other home health requirements will continue on a 60-day basis. Specifically, certifications and recertifications continue on a 60-day basis and the comprehensive assessment will still be completed within 5 days after the start of care date and completed no less frequently than during the last 5 days of every 60 days beginning with the start of care date, as currently required by § 484.55, Condition of Participation: Comprehensive assessment of patients.



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## PDGM Admission Source

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- › **QUESTION 3:** Which OASIS items are used to determine if the admission source category is community or institutional for PDGM?
  
- › **ANSWER 3:** The OASIS assessment will not be utilized in evaluating for admission source information. Information from the Medicare claims processing system will determine the appropriate admission source for final claim payment.



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## OASIS D-1 Optional Items

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- › **QUESTION 5:** Related to the new “optional items” for 2020, CMS July Quarterly Q&A #5 states that “*vendors are permitted to ‘hard code’ these items at these timepoints with an equal sign*”. By “*hard code*”, does CMS mean that the system would auto-populate a response of “(=)” for allowed OASIS items for all client agencies? If the pre-fill option were implemented, could the system allow users to still change the response from (=) to one of the previously allowed values?
  
- › **ANSWER 5:** The vendor may prefill the response with an equal sign “=” and may allow the provider to change the response if the agency chooses not to treat the item as optional.



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## OASIS M0100

- › **QUESTION 6:** Per the 2019 Home Health Final Rule and the proposed rule for 2020, it appears that CMS expects HHAs to discharge a patient if the patient requires post-acute care from a SNF, IRF, LTCH or care in an inpatient psychiatric facility (IPF). The HHA could then readmit the patient, if necessary, after discharge from such setting. This goes against the common current practice of completing a transfer and then ROC for patients transferred to any inpatient setting, unless they are not expected to need further home care.
  
- › Should we still complete M0100 RFA 6 Transferred to an inpatient facility – patient not discharged from agency when a patient is transferred into any inpatient setting and we expect to receive this patient back after their inpatient stay and RFA 7 Transferred to an inpatient facility- patient discharged from agency when we do not expect to receive the patient back after the inpatient stay? Should we still complete a M0100 RFA 3 (ROC) when a patient is discharged from any inpatient facility while still under the services of the agency?



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## OASIS M0100

- › **ANSWER 6:** There is no change in the OASIS guidance in how agencies may use M0100 RFA 6 and 7 when a home health patient is admitted for an inpatient hospital stay. In the event that a patient had a qualifying hospital admission and was expected to return to your agency, you would complete RFA 6 – Transferred to an inpatient facility – not discharged from agency. If the patient was not expected to return to your agency after this inpatient facility stay, you would complete RFA 7- Transfer to an inpatient facility- patient discharged from agency.
  
- › However, if the patient required post-acute care in a SNF, IRF, LTCH or IPF prior to returning for home health services, CMS expects the home health agency to discharge the patient by completing the internal agency discharge paperwork and then to readmit the patient with a new Start of Care. This will allow appropriate admission status assignment for PDGM. There is no need to update or change the transfer OASIS to reflect this discharge.



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## OASIS M0100

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› **ANSWER 6: Continued**

- › If a home health patient is admitted directly to a SNF, IRF, LTCH or IPF for a qualifying stay (stays as an inpatient for 24 hours or longer for reasons other than diagnostic testing), you would complete RFA 7 – Transfer to an inpatient facility – patient discharged from agency, then readmit the patient with a new Start of Care if they were referred for further home health services.



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## PDGM/OASIS ROC/Recert

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- › **QUESTION 7: With PDGM, when a patient is transferred to an inpatient facility and returns home during the last 5 days of the current episode (days 56-60), can the agency continue to complete only the Resumption of Care (ROC) to meet the requirements for both the ROC and the recert?**

- › **ANSWER 7:** When a patient returns home from an acute care hospital stay during the last 5 days of the current episode (days 56-60), the agency may complete only the Resumption of Care, allowing the assessment to serve both resumption and recert functions. However, if the patient required post-acute care in a SNF, IRF, LTCH or IPF prior to returning for home health services, CMS expects the home health agency to discharge the patient by completing the internal agency discharge paperwork and then to readmit the patient with a new Start of Care. This will allow appropriate admission status assignment for PDGM. There is no need to update or change the transfer OASIS to reflect this discharge.



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## PDGM/OASIS RFA-5

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- › **QUESTION 8:** Does CMS expect an RFA 5 - Other follow-up OASIS assessment in order to support a change in primary and/or other diagnoses on the claim for the second 30-day payment period under PDGM?
  
- › **ANSWER 8:** When diagnosis codes change between one 30-day claim and the next, there is no requirement for the HHA to complete an RFA 5- Other follow-up assessment to ensure that diagnosis coding on the claim matches to the OASIS assessment. The CoP 484.55(d) does require an RFA 05 when there has been a major improvement or decline in a patient's condition that was not envisioned in the original Plan of Care. CMS expects agencies to have and follow agency policies that determine the criteria for when the Other Follow-up assessment is to be completed.



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## PDGM/OASIS RFA-5

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- › **QUESTION 9:** Is the RFA 5 - Other follow-up being used for payment again under PDGM?
  
- › **ANSWER 9:** The Other Follow-up assessment may be used by agencies when a patient experiences a significant change in condition that was not anticipated in the patient's plan of care and would warrant an update to the plan of care. Under PDGM, if the M0090 Date Assessment Completed for the RFA 5 is before the start of a subsequent, contiguous 30-day period and results in a change in the functional impairment level, the second 30-day claim would be grouped into its appropriate case-mix group. HHAs must be sure to update the assessment completion date on the second 30-day claim if a follow-up assessment changes the case-mix group.



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## PDGM/OASIS RFA-5

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› **QUESTION 10:** Under PDGM, if a patient experiences a significant change and we complete an RFA 5 - Other Follow-Up assessment that changes the functional grouping for the initial 30-day period thus resulting in a different case mix grouping, can we resubmit the original claim?

› **ANSWER 10:** No, similar to PPS, the case mix group cannot be adjusted within each 30-day period, but completion of an RFA 5 - Other Follow-up may impact payment for a subsequent 30-day payment period. HHAs must be sure to update the assessment completion date on the second 30-day claim if a follow-up assessment changes the case-mix group to ensure the claim can be matched to the Follow-up assessment. HHAs can submit a claims adjustment if the assessment is received after the claim has been submitted and if the assessment items would change the payment grouping. Questions related to claims processing may be directed to the HHA's Medicare Administrative Contractor.



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## OASIS M0110

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› **QUESTION 11:** Is M0110 Episode Timing going to continue to be used under PDGM to calculate early or late episodes?

› **ANSWER 11:** No. Medicare claims data, not OASIS Assessment data, will be used in order to determine if a 30-day period is considered "early" or "late" under PDGM.



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## OASIS M0110

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- › **QUESTION 12:** Why will agencies continue to collect M0110 Episode Timing if it is not used to calculate Medicare payments under PDGM?
- › **ANSWER 12:** While CMS will no longer use M0110 to influence payment under PDGM, other payers may be using this data in their PPS-like payment model. In such cases, agencies should follow instructions from individual payors directing data collection by patient. Agencies may code M0110 Episode Timing with NA – Not Applicable for assessments where the data is not required for the patient’s payer (including all Medicare FFS assessments).



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## OASIS M1033

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- › **QUESTION 13:** What types of hospitals are included when counting hospitalizations for M1033 Risk for Hospitalization, Response 3?
- › **ANSWER 13:** Only acute care hospitalizations are included when counting hospitalizations for M1033 Risk for Hospitalization. Inpatient psychiatric hospitalizations and long-term care hospitals (LTCHs) are not included as hospitalizations for M1033.



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## OASIS M1033

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- › **QUESTION 14:** Does a patient have to be admitted to an acute care hospital for more than 24 hours and for reasons of more than diagnostic testing to be considered a hospitalization?
- › **ANSWER 14:** Yes, an acute care hospitalization is defined as the patient being admitted for 24 hours or longer to an inpatient acute bed for more than just diagnostic testing. Observation stays are not included as hospitalizations for M1033 Risk for Hospitalization.



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## OASIS M1033

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- › **QUESTION 15:** For M1033 Risk of Hospitalization, if my patient is discharged from the acute care hospital in the morning and readmitted to the acute care hospital that same day, is that counted as two acute care hospital admissions?
- › **ANSWER 15:** Yes, if the patient is discharged from an acute care hospital in the morning and readmitted to an acute care hospital that same day and both hospitalizations meet the definition for an acute care hospitalization, that is counted as two hospitalizations. Observation stays are excluded.



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## OASIS M1033

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- › **QUESTION 16:** For M1033 Risk for Hospitalization, response 4 - Multiple Emergency Department Visits – Does this include urgent care centers and walk-in clinics?
- › **ANSWER 16:** No, response 4 only includes hospital emergency departments, as defined in M2301 Emergent care.



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## OASIS M1033

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- › **QUESTION 17:** Please provide any definitions or parameters for M1033 Risk for Hospitalization, response 5 – Decline in Mental, Emotional, or Behavioral Status in the past 3 months?
- › **ANSWER 17:** A decline in mental, emotional, or behavioral status, is considered a change in which the patient, family, caregiver or physician has noted a decline regardless of the cause. A decline may be temporary or permanent. Physician consultation or treatment may or may not have occurred.



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## OASIS M1033

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- › **QUESTION 18:** What medications are included in M1033 Risk for Hospitalization, response 7 – Currently Taking 5 or More Medications? Are herbals and oxygen included?
  
- › **ANSWER 18:** Medications include prescribed and over the counter (OTC) medications, nutritional supplements, vitamins, and homeopathic and herbal products administered by any route. Medications may also include total parenteral nutrition (TPN) and oxygen (as defined in M2001 Drug Regimen Review).



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## OASIS M1021, 1023

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- › **QUESTION 19:** I am reaching out for clarification regarding the OASIS-D1 Update Memorandum and OASIS-D1 Data Specification Changes.
  
- › For M1021/M1023, is it correct to assume that if a clinician chooses to optionally not answer the question during a Follow-Up assessment, they should do so for all parts of the item? Or is it valid for an agency to submit a code for M1021 - Primary Diagnosis, but submit the new “=” response for Symptom Control Rating portion of M1021?
  
- › **ANSWER 19:** When completing a Follow-up Assessment (M0100 = RFA 04 or 05) with a M0090 Date Assessment Completed of January 1, 2020 or later, a provider may choose to enter a properly formatted ICD-10 code in M1021- Primary Diagnosis and may choose to enter a valid value of [=] in M1021 - Symptom Control Rating on Follow-up Assessments.



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## OASIS M1021, 1023

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- › **QUESTION 20:** Please clarify if M1021 and M1023 should include all known diagnoses as stated in the Interpretive Guidelines for HHAs or continue to report only current diagnoses as it is currently defined in the OASIS Guidance Manual for M1021 and M1023? Specifically clarify if M1021 and M1023 should include known diagnoses that are resolved or diagnoses that do not have the potential to impact the skilled services ordered?
- › **ANSWER 20:** OASIS guidance states that M1021 Primary Diagnosis and M1023 Other Diagnoses should include only current diagnoses actively addressed in the Plan of Care or that have the potential to affect the patient's responsiveness to treatment and rehabilitative prognosis even if not the focus of any home health treatment itself. M1021 and M1023 should exclude resolved diagnoses or those that do not have the potential to impact the skilled services provided by the HHA. (OASIS Guidance Manual) This description is in accordance with assigning primary and other diagnoses from the ICD-10-CM Official Guidelines for Coding and Reporting.



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## OASIS M1021, 1023

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- › **ANSWER 20: Continued**
- › The Interpretive Guideline for HH CoP §484.60(a)(2) *state that the individualized plan of care must include the following: (i) All pertinent diagnoses; ...* further explaining that "All pertinent diagnoses" means all **known** diagnoses.
- › For M1021 and M1023, continue to report only current medical diagnoses actively addressed in the plan of care or that have the potential to affect the patient's responsiveness to treatment and rehabilitative prognosis even if not the focus of any home health treatment itself. Include comorbidities, a condition coexisting with the principal diagnosis that can affect the Home Health Plan of Care in terms of services provided and time spent with patients. Exclude other resolved diagnoses or those that do not have the potential to impact the skilled services provided by the HHA.



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## OASIS M1021, 1023

- › **QUESTION 21:** With PDGM, diagnosis grouping will come from the diagnoses listed on the claim. I understand that that the OASIS and claim diagnoses codes may not always match. There are 6 spaces for diagnosis on OASIS and 25 spaces for diagnosis on the claim. Can I include additional diagnosis on the claim after matching the first 6 from my OASIS? What kind of diagnoses may I list on the claim? Must they meet the definition of a primary and other diagnosis found in Chapter 3 of the OASIS Guidance Manual, M1021 and M1023? Or may I include any pertinent diagnosis, which means any known diagnosis, per the HH CoP 484.60(a)(2) Interpretive Guidelines?



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## OASIS M1021, 1023

- › **ANSWER 21:** Any additional diagnosis listed on the claim should follow the OASIS definitions for primary and secondary diagnosis found in the OASIS Guidance Manual. Include only current diagnoses actively addressed in the plan of care or that have the potential to affect the patient's responsiveness to treatment and rehabilitative prognosis even if not the focus of any home health treatment itself. Exclude resolved diagnoses or those that do not have the potential to impact the skilled services provided by the HHA, even if they are known/documented diagnoses. Adhere to the ICD-10-CM Official Guidelines for Coding and Reporting when assigning ICD-10-CM diagnosis codes. Note that the CY2019 Home Health Final Rule has stated that, "Because ICD-10 coding guidelines require reporting of all secondary diagnoses that affect the plan of care, we would expect that more secondary diagnoses would be reported on the home health claim given the increased number of secondary diagnosis fields on the home health claim compared to the OASIS item set."



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## OASIS M1021, 1023

- › **QUESTION 22:** I was recently instructed that with PDGM, the diagnoses used to determine payment will come from the claim and these diagnoses may not necessarily match the diagnoses listed in M1021 and M1023 on OASIS. Please clarify.
  
- › **ANSWER 22:** For case-mix adjustment purposes, the principal diagnosis reported on the home health claim will determine the clinical group for each 30-day period of care. In Change Request 11272, CMS has updated billing instructions to clarify that there will be no need for the HHA to complete an “Other follow-up” assessment (RFA 05) just to make the diagnoses match. Therefore, for claim “From” dates on or after January 1, 2020, the ICD–10–CM code and principal diagnosis used for payment grouping will be from the claim rather than the OASIS. As a result, the claim and OASIS diagnosis codes will no longer be expected to match in all cases. Additional claims processing guidance, including the role of the OASIS item set will be included in the Medicare Claims Processing Manual, chapter 10.



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## GG0100, GG0130, GG0170

- › **QUESTION 28:** For coding the GG self-care and mobility items, what devices can the patient use to complete the activities?
  
- › **ANSWER 28:** CMS does not provide an exhaustive list of assistive devices that may be used when coding self-care and mobility performance. Clinical assessments may include any device or equipment that the patient can use to allow him/her to safely complete the activity as independently as possible. This may include the use of a **stair lift** for patients who rely on such device to go up and down stairs.



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## GG0110

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- › **QUESTION 29:** On GG0110 Prior Device Use, can we code an electric recliner which brings a patient to a standing position as a mechanical lift?
- ›
- › **ANSWER 29:** GG0110C Mechanical lift includes any device a patient or caregiver requires for lifting or supporting the patient's bodyweight. Examples include, but are not limited to: stair lift, Hoyer lift, bathtub lift, sit-to-stand lift, stand assist, and electric recliner, **if required**.



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## GG0130C

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- › **QUESTION 30:** Can we code GG0130C Toileting Hygiene for an incontinent episode if that is the patient's usual performance?
- › **ANSWER 30:** Toileting hygiene includes performing perineal hygiene and managing clothing (e.g., undergarments, incontinence briefs, pants) before and after voiding or having a bowel movement. For some patients, this may include assessing the type and amount of assistance needed to complete clothing management and hygiene tasks after episodes of incontinence.



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## GG0130F, GG0130G

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- › **QUESTION 31:** How would you code items GG0130F Upper body dressing and GG0130G Lower body dressing if you are working with a patient who typically wears a dress or Mumu robe/dress and prefers not to wear undergarments? Can you code both of these items based on putting on and taking off a dress/Mumu alone?
- › **ANSWER 31:** We interpret your question to indicate that the patient does not wear underpants/briefs. If the patient does not wear underwear, nor any other type of clothing that just covers her lower body, code GG0130G Lower body dressing with the appropriate activity not attempted code. Any assistance provided by a helper to put on or remove the dress or Mumu would be considered when coding GG0130F Upper body dressing.



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## GG0130F, GG0130G

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- › **QUESTION 32:** If a patient can complete upper and lower body dressing tasks, but the helper must help with fastening the bra or pants, how would GG0130F Upper body dressing and GG0130G Lower body dressing be coded?
- › **ANSWER 32:** GG0130F Upper body dressing includes the ability to dress and undress above the waist; including fasteners, if applicable. If the patient needs assistance with upper body dressing, including assistance with her bra clasp, code according to type and amount of assistance required to complete the ENTIRE upper body dressing activity. If the helper provides LESS THAN HALF of the effort for the upper body dressing tasks, code 03, Partial/moderate assistance. If the helper does MORE THAN HALF the effort for the upper body dressing tasks, code 02, Substantial/maximal assistance.
- › The same guidance applies to buttoning pants for GG0130G Lower Body Dressing.



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## GG0130H

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- › **QUESTION 33:** Does GG0130H Putting on/taking off footwear need to consider type and amount of assistance to put on/take off both socks AND shoes?
  
- › **ANSWER 33:** The activity of putting on/removing footwear refers to footwear that is appropriate for safe transfer and/or ambulation (mobility). If the patient wears footwear that is safe for mobility (e.g., grip socks), then the data elements may be coded. If the patient's sock is not considered safe for mobility, then code the appropriate "activity not attempted" code.



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## GG0170G

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- › **QUESTION 34:** How should GG0170G Car Transfer be coded for a patient who transfers in a wheelchair into an accessible van using a lift?
  
- › **ANSWER 34:** The car transfer activity focuses on transferring into and out of a car or van **seat**. If the patient is not transferring into a **seat** (e.g., a patient transferring into a van, seated in a wheelchair), the Car Transfer activity is not being completed and an appropriate "activity not attempted" code would be used.



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## GG0170I, GG0170J, GG0170K, GG0170L

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- › **QUESTION 35:** If a patient cannot walk 50 feet without a rest break, how would you code the GG0170J Walk 50 feet with two turns?
- ›
- › **ANSWER 35:** The patient may take a brief **standing** rest break (e.g., “a breather”) during the walking activities and continue on to complete the walking distance. If the patient needs to **sit** to rest during a GG walking activity, consider the patient unable to complete that walking activity.



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## GG0170Q

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- › **QUESTION 36:** How do you answer GG0170Q Does the patient use a wheelchair/scooter?
- › **ANSWER 36:** The intent of the item GG0170Q Does the patient use a wheelchair/scooter? is to document whether a patient uses a wheelchair or scooter at the time of the assessment. This includes patients who are learning how to self-mobilize using a wheelchair or scooter, those who require assistance from a helper to mobilize using a wheelchair/scooter, and those who require a helper to push them in a wheelchair. Only **code 0 - no** if at the time of the assessment the patient does not use a wheelchair or scooter under any condition.



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# PDGM – Functional Impairment Level OASIS Items



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## Functional Impairment Level

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### OASIS Items – Low, Medium, High

- › CMS Anticipates roughly 33% of periods of care will fall into each of the categories
- › M1800, M1810, M1820, M1830, M1840, M1850, M1860 and M1033 are the OASIS–D1 items used in determining Functional Level
- › OASIS ACCURACY IMPERATIVE!



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# Functional Impairment Level - OASIS

OASIS Points Table	Responses	Points (2018)
M1800: Grooming	0 or 1	0
	2 or 3	5
M1810: Current Ability to Dress Upper Body	0 or 1	0
	2 or 3	6
M1820 Current Ability to Dress Lower Body	0 or 1	0
	2	5
	3	12
M1830: Bathing	0 or 1	0
	2	3
	3 or 4	13
	5 or 6	20
M1840: Toilet Transferring	0 or 1	0
	2, 3 or 4	5
M1850: Transferring	0	0
	1	3
	2, 3, 4 or 5	7
	0 or 1	0
M1860: Ambulation/Locomotion	2	9
	3	11
	4, 5 or 6	23
	Three or fewer items marked (Excluding responses 8, 9 or 10)	0
M1033: Risk of Hospitalization	Four or more items marked (Excluding responses 8, 9 or 10)	11

Source: CY 2018 home health claims and OASIS data (as of July 31, 2019)



# CY 2020 Thresholds for Functional Impairment Levels by Clinical Group

Clinical Group	Level of Impairment	Points (2018 Data)
MMTA - Other	Low	0-36
	Medium	37-52
	High	53+
Behavioral Health	Low	0-36
	Medium	37-52
	High	53+
Complex Nursing Interventions	Low	0-38
	Medium	39-58
	High	59+
Musculoskeletal Rehabilitation	Low	0-38
	Medium	39-52
	High	53+
Neuro Rehabilitation	Low	0-45
	Medium	46-60
	High	61+
Wound	Low	0-41
	Medium	42-59
	High	60+

Source: CY 2018 home health claims and OASIS data (as of July 31, 2019)





## CY 2020 Thresholds for Functional Impairment Levels by Clinical Group

Clinical Group	Level of Impairment	Points (2018 Data)
MMTA – Surgical Aftercare	Low	0-37
	Medium	38-50
	High	51+
MMTA – Cardiac and Circulatory	Low	0-36
	Medium	37-52
	High	53+
MMTA - Endocrine	Low	0-34
	Medium	35-52
	High	53+
MMTA – Gastrointestinal tract and Genitourinary system	Low	0-41
	Medium	42-54
	High	55+
MMTA – Infectious Disease, Neoplasms, and Blood-Forming Diseases	Low	0-36
	Medium	37-52
	High	53+
MMTA - Respiratory	Low	0-37
	Medium	38-52
	High	53+

Source: CY 2018 home health claims and OASIS data (as of July 31, 2019)



## OASIS D-1 Effective January 1, 2020

# OASIS D-1

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## OASIS-D1 Updates

### Effective January 1, 2020

- Based on proposals finalized in the Calendar Year (CY) 2019 Home Health (HH) Final Rule, CMS 1689-FC.
- The changes to the OASIS data set and data collection guidance are effective for OASIS assessments with an M0090 Date Assessment Completed of January 1, 2020 or later.



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# OASIS-D-1

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- › Two existing items are added to the Follow-Up time point for data collection.
- › These items are included in the PDGM Functional Section, with other M1800 items:
  - › M1033 Risk for Hospitalization
  - › M1800 Grooming



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## OASIS-D-1 Optional Items

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- › Data collection at certain time points for 23 existing OASIS D1 items is optional.
- › HHAs may enter an equal sign (=) for these items, at the specified time points only.
- › This is a new valid response for these items, at these time points; the items themselves are unchanged.



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## OASIS-D-1 Optional Items

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- › **Start of Care/Resumption of Care (SOC/ROC)**
  - M1910 Fall risk Assessment
- › **Transfer (TRN) and Discharge (DC)**
  - M2401a Intervention Synopsis: Diabetic Foot Care
  - M1051 Pneumococcal Vaccine
  - M1056 Reason Pneumococcal Vaccine not received



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## OASIS-D-1 Optional Items

- › Follow-Up (FU)
  - M1021 Primary Diagnosis
  - M1023 Other Diagnoses
  - M1030 Therapies
  - M1200 Vision
  - M1242 Frequency of Pain Interfering with Activity
  - M1311 Current Number of Unhealed Pressure Ulcers at Each Stage
  - M1322 Current Number of Stage 1 Pressure Injuries
  - M1324 Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable
  - M1330 Does this patient have a Stasis Ulcer
  - M1332 Current Number of Stasis Ulcers that are Observable
  - M1334 Status of Most Problematic Stasis Ulcer that is Observable
  - M1340 Does this patient have a Surgical Wound
  - M1342 Status of the Most Problematic Surgical Wound that is Observable
  - M1400 Short of Breath
  - M1610 Urinary Incontinence or Urinary Catheter Presence
  - M1620 Bowel Incontinence Frequency
  - M1630 Ostomy for Bowel Elimination
  - M2030 Management of Injectable Medications
  - M2200 Therapy Need



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## OASIS D-1 & The CoP's

- › The CoPs [484.55] continue to require that each patient receive, and the HHA must provide, a patient specific comprehensive assessment. Which must include:
  1. The patient's current health psychosocial, functional, & cognitive status
  2. The patient's strengths, goals, & care preferences, including the patient's progress toward achievement of the goals identified by the patient and the measurable outcomes identified by the HHA
  3. The patient's continuing need for home care
  4. The patient's medical, nursing, rehabilitative, social, and discharge planning needs



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## OASIS D-1 & The CoP's

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- › The CoPs [484.55] continue to require that each patient receive, and the HHA must provide, a patient specific comprehensive assessment. Which must include: (continued)
  5. A review of all medications the patient is currently using in order to identify any potential adverse effects
  6. The patient's primary caregiver(s), if any, and other available supports, including their:
    - (i) Willingness and ability to provide care, and
    - (ii) Availability and schedules
  7. The patient's representative (if any)
  8. Incorporation of the current version of the Outcome and Assessment Information Set (OASIS) items



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## OASIS D-1

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- › *Although OASIS D-1 will make responses to the 23 items optional, the information will still need to be assessed!*



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## OASIS D-1 Transition

- › Transition to the Patient-Driven Groupings Model (PDGM)
  - Changes also apply to RFA 4 Recertification assessments with an **M0090 Date Assessment Completed date on or after December 27, 2019**, where that assessment must provide the Health Insurance Prospective Payment System (HIPPS) code for a PDGM payment episode that begins January 1, 2020 or later.



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## OASIS D-1 Transition

**Table 1: Summary of Instructions for RFA 4 Recertification Assessments**

Transition Recertifications:	HHA Action:
Recertification (RFA 4) with M0090 date of 12/27/19 – 12/31/19 for an episode where that assessment must provide the HIPPS code for a PDGM payment episode that begins January 1, 2020 or later	Assess using the OASIS-D1 Follow-up Assessment instrument, and submit the RFA 4 Recertification assessment with the artificial M0090 date of 1/1/2020. Submit this assessment no earlier than 1/1/2020.



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## Conclusion

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- › IMPACT Act felt with OASIS D as post-acute entities are affected
  - Ensuring good continuum of care
  - Standardizations
  - Identifying “On Whose Watch” did this occur
- › OASIS – Ensure:
  - All OASIS Clinicians understand the assessment responsibilities
  - Consistency among clinicians
  - Understanding of M1800-M1033, GG, and J items
- › PDGM Functional Impairment Level
  - Low, Medium, High
  - From OASIS item responses – OASIS ACCURACY IMPERATIVE!



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## Conclusion

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- › OASIS D-1 – Changes primarily due to PDGM
  - Effective January 1, 2020
  - M1033 and M1800 added to the Follow-Up time point for data collection
  - Data collection at certain time points for 23 existing OASIS items is optional.
  - Assessment needs to continue to be in compliance with CoPs



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# Any Questions?



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## *Thank You!*

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