



# OASIS-C1 IS HERE

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Speaker: **Jennifer Gibson**, RN, HCS-D ICD-9, HCS-D ICD-10, COS-C

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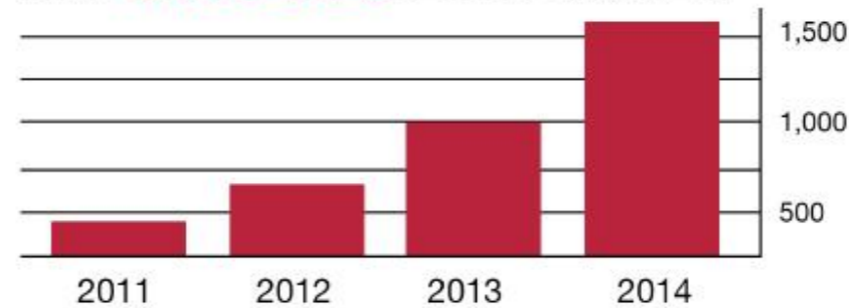
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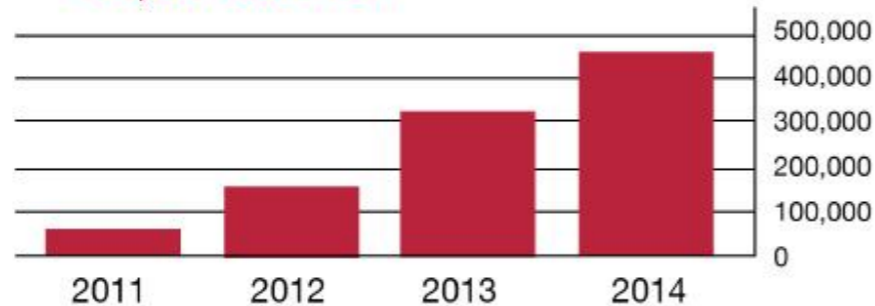
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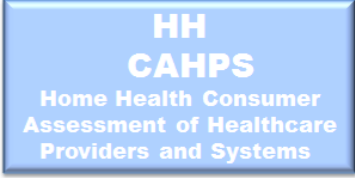
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# Your Certified and Experienced Presenter

**Jennifer Gibson**, RN, HCS-D ICD-9, HCS-D ICD-10, COS-C



Jennifer Gibson is a Registered Nurse with over 20 years of home health industry experience. She is a certified OASIS and Coding Specialist. She regularly trains on ICD-9 and ICD-10 coding. She has held several leadership roles in the administration of home health agencies and as a Director of Nursing. Jennifer consults widely for home health agencies nationwide and is a sought after contributor to industry blogs and publications.

Jennifer is committed to the success of the home care industry and currently serves on several committees for the National Alliance for Home Health Quality and Innovation (AHHQI) as well as the Texas Association for Home Care and Hospice. Jennifer has the heart of a teacher, and her passion is to support others in the home care industry.

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# History of OASIS

- The **OASIS** (Outcome and Assessment Information Set)
  - Implemented in the late 1990's
- Department of Health and Human Services (**DHS**) required by law to monitor the quality of home health care using a ***“standardized, reproducible assessment instrument”***
- 1999: Use of the **OASIS** is a Condition of Participation (**COP**)
  - Medicare and Medicaid programs



# OASIS Goals

## Goals

1. Help determine the patient's needs
2. Develop correct plan of care
3. Assess care over the course of treatment
4. Learn how to improve quality of care
5. Help fight fraud and abuse



# OASIS Data

- OASIS incorporates key patient information
  - Health status
  - Functional status
  - Health service use
  - Living conditions
  - Social support



# OASIS and Payment

- OASIS is essential for accurate payment under PPS (Prospective Payment System)
  - October 1, 2000
- Patient diagnoses predict less than 10% of the Home Health patient's need for services
- HHPPS (Home Health Prospective Payment System) is based on OASIS responses



# OASIS and PPS

*“While PPS creates an incentive to ‘upcode’ and say patients are sicker in order to receive higher payment, doing so with OASIS would result in poor quality indicators. That could trigger an investigation, as well as result in a competitive disadvantage when home health agency profiles based on OASIS are...shared with the public.”*

**-Kathy Buto**

Director, Center for Health Plans & Providers

Health Care Financing Administration

U.S. Department of Health and Human Services

Before the Senate Permanent Subcommittee on Investigations

June 10, 1999





# OASIS Versions and Effective Dates

Version	Effective Date
OASIS	1999
OASIS C	January 1, 2010
OASIS C1 (I-9)	January 1, 2015
OASIS C1 (I-10)	October 1, 2015



# OASIS C1

- **OASIS C1**: Designed with **ICD-10-CM** in mind
- ICD-10-CM implementation **delayed** on April 1, 2014
- OASIS C1 also **delayed** with the ICD-10-CM delay
- **New ICD-10-CM Implementation**
  - October 1, 2015
- **CMS** (Centers for Medicare and Medicaid Services)
  - Implemented an **ICD-9-CM** version of **OASIS C1**
- **OASIS C1 ICD-9** version **launches January 1, 2015**
  - 12:00 midnight Eastern Time
- **OASIS C** will no longer be used as of December 31, 2014
  - 11:59pm Eastern Time



# OASIS C1 ICD-9 Version

- Five of the *original* OASIS C1 items required the use of ICD-10-CM codes
  - These five items were deleted
- Replaced with items from OASIS C that accommodate ICD-9-CM Coding
  1. **M1010** (Inpatient Diagnosis)
  2. **M1016** (Diagnoses Requiring Medical or Treatment Change)
  3. **M1020** (Primary Diagnosis)
  4. **M1022** (Other Diagnoses)
  5. **M1024** (Payment Diagnoses-Optional)



# Overview of OASIS C1 Changes-Both Versions

- Deleted & Replaced Items:
  - M1012 Inpatient Procedures Deleted
  - M1032 Risk for Hospitalization Replaced
  - M1040 Influenza Vaccine Replaced
  - M1045 Reason No Flu Rec'd Replaced
  - M1050 Pneumonia Vaccine Replaced
  - M1055 Reason PPV Not Rec'd Replaced



# Overview of OASIS C1 Changes-Both Versions

- Deleted & Replaced Items:
  - M1310 Pressure Ulcer Length Deleted
  - M1312 Pressure Ulcer Width Deleted
  - M1314 Pressure Ulcer Depth Deleted
  - M2100 Types/Sources of Assist Replaced
  - M2440 Reason Admitted to NH Deleted



# M1012 Deleted Completely

C1  
Update

(M1012) List each Inpatient Procedure and the associated ICD-9-CM procedure code relevant to the plan of care.

	<u>Inpatient Procedure</u>	<u>Procedure Code</u>
a.	_____	____.____
b.	_____	____.____
c.	_____	____.____
d.	_____	____.____

NA - Not applicable  
 UK - Unknown

- M1012 is no longer used for risk adjustment in OASIS C
- M1012 currently has to be answered, but we can answer “N/A” or “Unknown”
- We will not have this item at all in OASIS C1 (either version)



# M1032 REPLACED By M1033

**(M1032) Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)

- 1 - Recent decline in mental, emotional, or behavioral status
- 2 - Multiple hospitalizations (2 or more) in the past 12 months
- 3 - History of falls (2 or more falls - or any fall with an injury - in the past year)
- 4 - Taking five or more medications
- 5 - Frailty indicators, e.g., weight loss, self-reported exhaustion
- 6 - Other
- 7 - None of the above



# M1032 Replaced By M1033

C1  
Update

(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 ← New
- 3 - Multiple hospitalizations (2 or more) in the past 6 months
- 4 - Multiple emergency department visits (2 or more) in the past 6 months ← New
- 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 ← New
- 7 - Currently taking 5 or more medications
- 8 - Currently reports exhaustion
- 9 - Other risk(s) not listed in 1 - 8 ← New
- 10 - None of the above





# Item M1033 Guidance

(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

**C1  
Update**

- **# 1** includes witnessed and reported/unwitnessed falls
- **#5** includes changes that may impact the patient's ability to remain safely in the home and those that increase the likelihood of hospitalization
- **# 7** includes OTC medications
- **# 9** may be selected if the clinician finds characteristics other than those in items 1-8 that may indicate risk for hospitalization (ex: slower moving from sit→stand→walking)



# M1040 REPLACED with M1041

**(M1040) Influenza Vaccine:** Did the patient receive the influenza vaccine from your agency for this year's influenza season (October 1 through March 31) during this episode of care?

- 0 - No
- 1 - Yes [ *Go to M1050* ]
- NA - Does not apply because entire episode of care (SOC/ROC to Transfer/Discharge) is outside this influenza season. [ *Go to M1050* ]



# M1045 REPLACED with M1046

**(M1045) Reason Influenza Vaccine not received:** If the patient did not receive the influenza vaccine from your agency during this episode of care, state reason:

- 1 - Received from another health care provider (e.g., physician)
- 2 - Received from your agency previously during this year's flu season
- 3 - Offered and declined
- 4 - Assessed and determined to have medical contraindication(s)
- 5 - Not indicated; patient does not meet age/condition guidelines for influenza vaccine
- 6 - Inability to obtain vaccine due to declared shortage
- 7 - None of the above



# M1040 REPLACED with M1041

C1  
Update

(M1041) Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?

- 0 - No [Go to M1051]
- 1 - Yes

## Guidance

- A “Care Episode” includes both a SOC/ROC and Transfer/Discharge
- Go back to the most recent SOC or ROC to determine if the patient received care between October 1 and March 31
- If no part of the current “Care Episode” occurred between October 1-March 31, then answer “NO”



# M1045 REPLACED with M1046

C1  
Update

**(M1046) Influenza Vaccine Received:** Did the patient receive the influenza vaccine for this year's flu season?

- 1 - Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
- 2 - Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
- 3 - Yes; received from another health care provider (for example, physician, pharmacist)
- 4 - No; patient offered and declined
- 5 - No; patient assessed and determined to have medical contraindication(s)
- 6 - No; not indicated - patient does not meet age/condition guidelines for influenza vaccine
- 7 - No; inability to obtain vaccine due to declared shortage
- 8 - No; patient did not receive the vaccine due to reasons other than those listed in responses 4 – 7.

## Guidance

Answered only if M1041 is "yes"

Answer using the "Care Episode" guidelines-current SOC/ROC to Transfer/DC

#1 is if YOUR AGENCY gave flu vaccine during THIS care episode

#2 if your agency gave flu shot PRIOR to this care episode (includes roster billing situations)

#3 if Patient or C/G reports receiving flu shot for this flu season from another provider



# M1046- Guidance

**(M1046) Influenza Vaccine Received:** Did the patient receive the influenza vaccine for this year's flu season?

- 1 - Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
- 2 - Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
- 3 - Yes; received from another health care provider (for example, physician, pharmacist)
- 4 - No; patient offered and declined
- 5 - No; patient assessed and determined to have medical contraindication(s)
- 6 - No; not indicated - patient does not meet age/condition guidelines for influenza vaccine
- 7 - No; inability to obtain vaccine due to declared shortage
- 8 - No; patient did not receive the vaccine due to reasons other than those listed in responses 4 – 7.

## Guidance

For **#3**, the provider can be the patient's physician, a clinic, or health fair

If flu vaccine is made available early for the **flu season** (Before October 1) you will still select "yes" as appropriate

**#4** If patient or patient's **MPOA** (Medical Power of Attny) refused the vaccine

It is **NOT** required that your agency offer flu vaccines for patients



# M1050 was REPLACED with M1051

**(M1050) Pneumococcal Vaccine:** Did the patient receive pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge)?

- 0 - No
- 1 - Yes [ *Go to M1500 at TRN, Go to M1230 at DC* ]



# M1055 was REPLACED with M1056

(M1055) Reason PPV not received: If patient did not receive the pneumococcal polysaccharide vaccine (PPV) from your agency during this episode of care (SOC/ROC to Transfer/Discharge), state reason:

- 1 - Patient has received PPV in the past
- 2 - Offered and declined
- 3 - Assessed and determined to have medical contraindication(s)
- 4 - Not indicated; patient does not meet age/condition guidelines for PPV
- 5 - None of the above





# M1050 was REPLACED with M1051

## C1 Update

(M1051) Pneumococcal Vaccine: Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?

- 0 - No
- 1 - Yes [*Go to M1500 at TRN; Go to M1230 at DC*]



# M1055 was REPLACED with M1056

## C1 Update

**(M1056) Reason Pneumococcal Vaccine not received:** If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:

- 1 - Offered and declined
- 2 - Assessed and determined to have medical contraindication(s)
- 3 - Not indicated; patient does not meet age/condition guidelines for Pneumococcal Vaccine
- 4 - None of the above



# M1306 Changed-OASIS C Version

(M1306) Does this patient have at least one **Unhealed Pressure Ulcer at Stage II or Higher** or designated as "unstageable"?

0 - No [ *Go to M1322* ]

1 - Yes



# M1306 Changed-OASIS C1 Version

C1  
Update

(M1306) Does this patient have at least one **Unhealed Pressure Ulcer at Stage II or Higher** or designated as **Unstageable**? (Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)

- 0 - No [*Go to M1322*]
- 1 - Yes



# M1307 Changed-OASIS C Version

**(M1307) The Oldest Non-epithelialized Stage II Pressure Ulcer** that is present at discharge

- 1 - Was present at the most recent SOC/ROC assessment
- 2 - Developed since the most recent SOC/ROC assessment: record date pressure ulcer first identified:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year
- NA - No non-epithelialized Stage II pressure ulcers are present at discharge



# M1307 Changed-OASIS C1 Version

## C1 Update

(M1307) The **Oldest Stage II Pressure Ulcer** that is present at discharge: (Excludes healed Stage II Pressure Ulcers)

- 1 - Was present at the most recent SOC/ROC assessment
- 2 - Developed since the most recent SOC/ROC assessment. Record date pressure ulcer first identified:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year
- NA - No Stage II pressure ulcers are present at discharge



# M1308 Changed: OASIS C Version

**(M1308) Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage:**  
(Enter "0" if none; excludes Stage I pressure ulcers)

	Column 1 Complete at SOC/ROC/FU & D/C	Column 2 Complete at FU & D/C
Stage description – unhealed pressure ulcers	<u>Number Currently Present</u>	<u>Number of those listed in Column 1 that were present on admission (most recent SOC / ROC)</u>
a. <b>Stage II:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.	—	—
b. <b>Stage III:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	—	—
c. <b>Stage IV:</b> Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	—	—
d.1 Unstageable: Known or likely but unstageable due to non-removable dressing or device	—	—
d.2 Unstageable: Known or likely but unstageable due to coverage of wound bed by slough and/or eschar.	—	—
d.3 Unstageable: Suspected deep tissue injury in evolution.	—	—



# M1308-OASIS C1 Version

**C1  
Update**

**(M1308) Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable:**  
(Enter "0" if none; Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)

Stage Descriptions—unhealed pressure ulcers	Number Currently Present
a. <b>Stage II:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.	—
b. <b>Stage III:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	—
c. <b>Stage IV:</b> Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	—
d.1 Unstageable: Known or likely but Unstageable due to non-removable dressing or device	—
d.2 Unstageable: Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar.	—
d.3 Unstageable: Suspected deep tissue injury in evolution.	—





# M1309- NEW Item



**(M1309) Worsening in Pressure Ulcer Status since SOC/ROC:**

**Instructions for a – c:** For Stage II, III and IV pressure ulcers, report the number that are new or have increased in numerical stage since the most recent SOC/ROC

	Enter Number (Enter "0" if there are no current Stage II, III or IV pressure ulcers OR if all current Stage II, III or IV pressure ulcers existed at the same numerical stage at most recent SOC/ROC)
a. Stage II	_____
b. Stage III	_____
c. Stage IV	_____

**Instructions for d:** For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.

	Enter Number (Enter "0" if there are no Unstageable pressure ulcers at discharge OR if all current Unstageable pressure ulcers were Stage III or IV or were Unstageable at most recent SOC/ROC)
d. Unstageable due to coverage of wound bed by slough or eschar	_____



# M1310, M1312, and M1314 Deleted

**Directions for M1310, M1312, and M1314:** If the patient has one or more unhealed (non-epithelialized) Stage III or IV pressure ulcers, identify the **Stage III or IV pressure ulcer with the largest surface dimension (length x width)** and record in centimeters. If no Stage III or Stage IV pressure ulcers, go to M1320.

**(M1310) Pressure Ulcer Length:** Longest length “head-to-toe” | \_\_\_ | \_\_\_ | . | \_\_\_ | (cm)

**(M1312) Pressure Ulcer Width:** Width of the same pressure ulcer; greatest width perpendicular to the length  
| \_\_\_ | \_\_\_ | . | \_\_\_ | (cm)

**(M1314) Pressure Ulcer Depth:** Depth of the same pressure ulcer; from visible surface to the deepest area  
| \_\_\_ | \_\_\_ | . | \_\_\_ | (cm)



# M1324 Changed-OASIS C Version

## **(M1324) Stage of Most Problematic Unhealed (Observable) Pressure Ulcer:**

- 1 - Stage I
- 2 - Stage II
- 3 - Stage III
- 4 - Stage IV
- NA - No observable pressure ulcer or unhealed pressure ulcer



# M1334 Changed-OASIS C Version

## **(M1334) Status of Most Problematic (Observable) Stasis Ulcer:**

- 0 - Newly epithelialized
- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing



# M1334 Changed-OASIS C1 Version

C1  
Update

## **(M1334) Status of Most Problematic Stasis Ulcer that is Observable:**

- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing



# M1900 Changed-OASIS C Version

(M1900) **Prior Functioning ADL/IADL:** Indicate the patient's usual ability with everyday activities prior to this current illness, exacerbation, or injury. Check only one box in each row.

Functional Area	Independent	Needed Some Help	Dependent
a. Self-Care (e.g., grooming, dressing, and bathing)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Ambulation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Transfer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Household tasks (e.g., light meal preparation, laundry, shopping )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2



# M1900 Changed-OASIS C1 Version

C1  
Update

(M1900) **Prior Functioning ADL/IADL:** Indicate the patient's usual ability with everyday activities prior to his/her most recent illness, exacerbation, or injury. Check only one box in each row.

Functional Area	Independent	Needed Some Help	Dependent
a. Self-Care (specifically: grooming, dressing, bathing, and toileting hygiene)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Ambulation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Transfer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Household tasks (specifically: light meal preparation, laundry, shopping, and phone use )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2



# M1910 Changed-OASIS C Version

**(M1910)** Has this patient had a multi-factor **Fall Risk Assessment** (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?

- 0 - No multi-factor falls risk assessment conducted.
- 1 - Yes, and it does not indicate a risk for falls.
- 2 - Yes, and it indicates a risk for falls.





# M1910 Changed-OASIS C1 Version

## C1 Update

**(M1910)** Has this patient had a multi-factor **Falls Risk Assessment** using a standardized, validated assessment tool?

- 0 - No.
- 1 - Yes, and it does not indicate a risk for falls.
- 2 - Yes, and it does indicate a risk for falls.



# M2000 Changed-OASIS C Version

**(M2000) Drug Regimen Review:** Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?

- 0 - Not assessed/reviewed [ *Go to M2010* ]
- 1 - No problems found during review [ *Go to M2010* ]
- 2 - Problems found during review
- NA - Patient is not taking any medications [ *Go to M2040* ]



# M2000 Changed-OASIS C1 Version

## C1 Update

**(M2000) Drug Regimen Review:** Does a complete drug regimen review indicate potential clinically significant medication issues (for example, adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?

- 0 - Not assessed/reviewed [*Go to M2010*]
- 1 - No problems found during review [*Go to M2010*]
- 2 - Problems found during review
- NA - Patient is not taking any medications [*Go to M2040*]



# M2004 Changed-OASIS C

**(M2004) Medication Intervention:** If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?

- 0 - No
- 1 - Yes
- NA - No clinically significant medication issues identified at the time of or at any time since the previous OASIS assessment



# M2004 Changed-OASIS C1 Version

## C1 Update

**(M2004) Medication Intervention:** If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?

- 0 - No
- 1 - Yes
- NA - No clinically significant medication issues identified at the time of or at any time since the previous OASIS assessment



# M2015 Changed-OASIS C1 Version

Oasis C

(M2015) **Patient/Caregiver Drug Education Intervention:** Since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur?

- 0 - No
- 1 - Yes
- NA - Patient not taking any drugs

C1  
Update

(M2015) **Patient/Caregiver Drug Education Intervention:** At the time of, or at any time since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, **adverse** drug reactions, and **significant** side effects, and how and when to report problems that may occur?

- 0 - No
- 1 - Yes
- NA - Patient not taking any drugs



# M2040 Changed-OASIS C Version

**(M2040) Prior Medication Management:** Indicate the patient's usual ability with managing oral and injectable medications prior to this current illness, exacerbation, or injury. Check only one box in each row.

Functional Area	Independent	Needed Some Help	Dependent	Not Applicable
a. Oral medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> na
b. Injectable medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> na



# M2040 Changed-OASIS C1 Version

C1  
Update

**(M2040) Prior Medication Management:** Indicate the patient's usual ability with managing oral and injectable medications prior to his/her most recent illness, exacerbation or injury. Check only one box in each row.

Functional Area	Independent	Needed Some Help	Dependent	Not Applicable
a. Oral medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA
b. Injectable medications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA





# M2100 was REPLACED by M2102

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only one box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provide assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) <u>not likely</u> to provide assistance	Unclear if Caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
<b>a. ADL assistance</b> (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	
<b>b. IADL assistance</b> (e.g., meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	

**(M2100) Types and Sources of Assistance:** Determine the level of caregiver ability and willingness to provide assistance for the following activities, if assistance is needed. (Check only one box in each row.)

Type of Assistance	No assistance needed in this area	Caregiver(s) currently provide assistance	Caregiver(s) need training/ supportive services to provide assistance	Caregiver(s) <u>not likely</u> to provide assistance	Unclear if Caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available
<b>a. ADL assistance</b> (e.g., transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>b. IADL assistance</b> (e.g., meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>c. Medication administration</b> (e.g., oral, inhaled or injectable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>d. Medical procedures/ treatments</b> (e.g., changing wound dressing)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>e. Management of Equipment</b> (includes oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>f. Supervision and safety</b> (e.g., due to cognitive impairment)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>g. Advocacy or facilitation of patient's participation</b> in appropriate medical care (includes transportation to or from appointments)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



# M2100 was replaced by M2102

**C1  
Update**

**(M2102) Types and Sources of Assistance:** Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.)

Type of Assistance	No assistance needed – patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/ supportive services to provide assistance	Non-agency caregiver(s) are <u>not likely to provide assistance</u> OR it is <u>unclear</u> if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
<b>a. ADL assistance</b> (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2		
<b>b. IADL assistance</b> (for example, meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2		

**(M2102) Types and Sources of Assistance:** Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.)

Type of Assistance	No assistance needed – patient is independent or does not have needs in this area	Non-agency caregiver(s) currently provide assistance	Non-agency caregiver(s) need training/ supportive services to provide assistance	Non-agency caregiver(s) are <u>not likely to provide assistance</u> OR it is <u>unclear</u> if they will provide assistance	Assistance needed, but no non-agency caregiver(s) available
a. ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. IADL assistance (for example, meals, housekeeping, laundry, telephone, shopping, finances)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Medication administration (for example, oral, inhaled or injectable)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Medical procedures/ treatments (for example, changing wound dressing, home exercise program)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Management of Equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Supervision and safety (for example, due to cognitive impairment)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Advocacy or facilitation of patient's participation in appropriate medical care (for example, transportation to or from appointments)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



# M2250 Items B-G Changed-OASIS C Version

**(M2250) Plan of Care Synopsis:** (Check only one box in each row.) Does the physician-ordered plan of care include the following:

Plan / Intervention	No	Yes	Not Applicable	
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not diabetic or is bilateral amputee
c. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not assessed to be at risk for falls
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient has no diagnosis or symptoms of depression
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	No pain identified
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient is not assessed to be at risk for pressure ulcers
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na	Patient has no pressure ulcers with need for moist wound healing



# M2250 OASIS C1 Version

**C1  
Update**

**(M2250) Plan of Care Synopsis:** (Check only one box in each row.) Does the physician-ordered plan of care include the following:

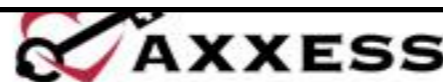
Plan / Intervention	No	Yes	Not Applicable
a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Physician has chosen not to establish patient-specific parameters for this patient. Agency will use standardized clinical guidelines accessible for all care providers to reference.
b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
c. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Falls risk assessment indicates patient has no risk for falls.
d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment and/or physician notified that patient screened positive for depression	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no diagnosis of depression AND depression screening indicates patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
e. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Pain assessment indicates patient has no pain.
f. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Pressure ulcer risk assessment (clinical or formal) indicates patient is not at risk of developing pressure ulcers.
g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.



# M2400 Changed-OASIS C Version

**(M2400) Intervention Synopsis:** (Check only **one** box in each row.) Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?

Plan / Intervention	No	Yes	Not Applicable
a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na Patient is not diabetic or is bilateral amputee
b. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na Formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment
c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na Formal assessment indicates patient did not meet criteria for depression AND patient did not have diagnosis of depression since the last OASIS assessment
d. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na Formal assessment did not indicate pain since the last OASIS assessment
e. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na Formal assessment indicates the patient was not at risk of pressure ulcers since the last OASIS assessment
f. Pressure ulcer treatment based on principles of moist wound healing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> na Dressings that support the principles of moist wound healing not indicated for this patient's pressure ulcers <u>OR</u> patient has no pressure ulcers with need for moist wound healing



# M2400 Changed-OASIS C1 Version

**C1  
Update**

**(M2400) Intervention Synopsis:** (Check only one box in each row.) At the time of or at any time since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?

Plan / Intervention	No	Yes	Not Applicable
a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
b. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Every standardized, validated multi-factor fall risk assessment conducted at or since the last OASIS assessment indicates the patient has no risk for falls.
c. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the last OASIS assessment indicates the patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
d. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Every standardized, validated pain assessment conducted at or since the last OASIS assessment indicates the patient has no pain.
e. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Every standardized, validated pressure ulcer risk assessment conducted at or since the last OASIS assessment indicates the patient is not at risk of developing pressure ulcers.
f. Pressure ulcer treatment based on principles of moist wound healing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.



# M2430 Changed-OASIS C Version

**(M2430) Reason for Hospitalization:** For what reason(s) did the patient require hospitalization? (Mark all that apply.)

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3 - Respiratory infection (e.g., pneumonia, bronchitis)
- 4 - Other respiratory problem
- 5 - Heart failure (e.g., fluid overload)
- 6 - Cardiac dysrhythmia (irregular heartbeat)
- 7 - Myocardial infarction or chest pain
- 8 - Other heart disease
- 9 - Stroke (CVA) or TIA
- 10 - Hypo/Hyperglycemia, diabetes out of control
- 11 - GI bleeding, obstruction, constipation, impaction
- 12 - Dehydration, malnutrition
- 13 - Urinary tract infection
- 14 - IV catheter-related infection or complication
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Scheduled treatment or procedure
- 20 - Other than above reasons
- UK - Reason unknown

[ Go to M0903 ]



# M2430 Changed-OASIS C1 Version

**(M2430) Reason for Hospitalization:** For what reason(s) did the patient require hospitalization? **(Mark all that apply.)**

- 1 - Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall
- 3 - Respiratory infection (for example, pneumonia, bronchitis)
- 4 - Other respiratory problem
- 5 - Heart failure (for example, fluid overload)
- 6 - Cardiac dysrhythmia (irregular heartbeat)
- 7 - Myocardial infarction or chest pain
- 8 - Other heart disease
- 9 - Stroke (CVA) or TIA
- 10 - Hypo/Hyperglycemia, diabetes out of control
- 11 - GI bleeding, obstruction, constipation, impaction
- 12 - Dehydration, malnutrition
- 13 - Urinary tract infection
- 14 - IV catheter-related infection or complication
- 15 - Wound infection or deterioration
- 16 - Uncontrolled pain
- 17 - Acute mental/behavioral health problem
- 18 - Deep vein thrombosis, pulmonary embolus
- 19 - Scheduled treatment or procedure
- 20 - Other than above reasons
- UK - Reason unknown





# M2440 Deleted

(M2440) For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.)

- 1 - Therapy services
- 2 - Respite care
- 3 - Hospice care
- 4 - Permanent placement
- 5 - Unsafe for care at home
- 6 - Other
- UK - Unknown

[ Go to M0903 ]



# OASIS C1 ICD-10-Version

- These items will all be in both OASIS C1 versions
- When OASIS C1-ICD-10 is implemented October 1, 2015
- M1011, M1017, M1021, M1023, and M1025 will **replace** M1010, M1016, M1022, and M1024
- M1011, M1017, M1021, M1023, and M1025 to accommodate the ICD-10-CM Code Lengths



# Questions & Answers



# Empowering You with the Knowledge to Grow Your Business

*Thank You for Attending*



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