ICD 10 has been postponed until at least 10-2015. This will affect OASIS C-1. So at this time the implementation of OASIS C-1 is being evaluated.

C-1 Changes

M011
Added actively treated during inpatient stay and having a discharge date in the last 14 days
Changes
MO 1012
Procedures during inpatient stay deleted

Changes
M 1020, 1022, 1024 deleted
Replaced with 1021, 1023, and 1025—Diagnosis and ICD 10 codes will have to be revised

Changes
1032 is replaced with 1033 what puts patient at risk for hospitalization? added more to list
Changes
M1040 replaced with 1041 and
1045 with 1046
Influenza vaccine
wording made more clear

Changes
1050 replaced with 1051 made
more clear and modified PPV—
just whether patient had one
1055 replaced with 1056
reason patient never had one

Changes
1240 (pain assessment) and
1306 (unhealed pressure ulcer
stage II or higher)
Wording changed
Changes

1307, 1308, 1320, 1324
Wording modified/clearer

1309 added
Worsening PU since SOC/ROC
1310, 1312, 1314
deleted (measurements)

Changes

1332, 1334
Stasis ulcers reworded

1342 Surgical wound reworded

Changes

M 1730
Depression screening reworded
Changes

1880
Plan and prepare light meals
Gives examples of light meals

Changes

1900
Prior functioning ADL/IADL
Added - prior to his/her most recent illness

Changes

1919 (fall risk assessment) and 2000 (drug regimen review)
Reworded
Changes

M2015 (Pt/Cgr drug education)
Reworded
2102 (Types and sources of assistance)
Changed to non-agency caregivers

Changes

2250 Row D
Plan of care synopsis
Depression screening
Reworded and clarified

Changes

2300 (emergent care) and 2400 (Intervention synopsis)
Reworded and clarified

2440 Reasons admitted to Nursing home - deleted
Surgical Wounds for OASIS
Don’t try to apply clinical logic!

General Rules
Only involves integumentary system

**NOT** a surgical wound if:
- Mucous membranes surgery
- Cataract surgery
- GYN surgery by vaginal approach

Ostomies are **NOT** surgical wounds, with or without drain

Also chest tube site
- ostomy closing on its own
- surgical line around a fresh ostomy
- an incision to insert a drain
- needle puncture site without drain
**Surgical Wounds**

- Reversal of ostomy
- Wounds with drains even after drain removed
- Paracentesis site
- Central line sites, Implanted infusion devisces, Implanted venous access devices

**NOT surgical wounds**

- Needle puncture sites
- PICC lines
- VP shunt
- Implanted pacemakers
- External infusion device

**Surgical Incisions**

- Arthroscopy
- Incision to insert Mammosite balloon catheter
- “Cut down”
- Muscle flap (replace pressure ulcer)
- Skin graft donor site
Surgical Incisions
- shave/punch/excisional biopsy
- Electrodessication and curettage site
- Left ventricular assist device
- Orthopedic pin sites
- Peritoneal dialysis catheter exit site

NOT surgical wound
- Enterocutaneous fistula
- Callus removal site
- Skin graft recipient site
- Pressure ulcer closed with sutures

NOT surgical wound
- Debridement of wound
  **Simple I & D**
- Trauma wounds (unless beyond simple)
- Removal /simple excision of toenail
Newly Epithelialized
Wound bed completely covered with new epithelium
No exudate
No avascular tissue
No infection

Fully Granulating
Wound bed filled with granulation tissue to level of surrounding skin
No dead space
No avascular tissue
No infection
Wound edges open

Early/partial granulation
> 25% of wound bed is covered with granulation tissue
< 25% of wound bed covered with avascular tissue
No infection
Wound edges open
Not healing

> 25% avascular tissue OR
Signs/ symptoms infection OR
Clean but non granulating wound bed OR
Closed/hyperkeratotic wound edges OR
Persistent failure to improve

Comprehensive Assessment of Patients and OASIS

All patients must have:

Initial assessment visit

Comprehensive assessment

Drug regimen review

SOC
Who requires the OASIS items?

- Skilled care
- Medicare or Medicaid payer
- Over 18
- Not related to pregnancy

Medicaid PA/Waiver

If the patient is skilled care and has Medicaid PA or Medicaid waiver, this patient will require the OASIS items to be collected and transmitted to the state. If M 150 is 1, 2, 3, or 4, these all require OASIS and be transmitted.

The SOC assessment must be completed after the start of care.

Start of care is defined as first billable visit.
Medicaid PA

You must complete an assessment for Medicaid PA. If you do not provide care, you must complete another assessment when you start care. The comprehensive assessment cannot be completed until after the start of care. The start of care is the first billable visit.

Home Health Aide Only

All patients require a comprehensive assessment, including HHA only. However, they do not require the OASIS items to be collected and are not transmitted to the state.

Patients who were HHA only and now have skilled care

If the patient is Medicare/Medicaid payer source, the agency must complete a new Start of Care assessment. This does not change the original start of care date with the agency.
Patient no longer receives skilled care

The agency should complete a discharge. The patient is discharged from skilled care.

Patient in Hospital when cert period ends

When patient returns, do new start of care assessment.

Patient dies in Hospital

You should have completed a transfer when the patient was admitted to the hospital. If so, then do nothing. The transfer will act as the end of episode.
Transfers
Admitted to hospital or NF
Greater than 24 hours
Other than for Diagnostic Tests
If Patient dies In ER

Patient turns 18
When a patient turns 18, complete and transmit the first assessment that comes due after the 18th birthday.
Yes, you will get warnings.

Missed recert
Complete the recert as soon as you can and document what happened in the record. Yes, you will get warnings.
Patient was discharged from agency and comes back after a short time.

**Do new Start of Care.**

Change in payer source to Medicare

Any time the payer source changes to Medicare, or goes to another Medicare payer, like Advantage, the agency will need to complete a new Start of Care to set up a 60 day episode.

In this case, CMS recommends, but does not require, that the agency complete a discharge (from the old payer source).
When patient switches from Medicaid to Medicare, the agency will need to get a face to face.

Agency did not transmit

Person who had the only password quit (is in the hospital).
CMS recommends 2 people have user ID and password.

M 63 Medicare Number

This is ONLY the Medicare Number or the RRB Number
Chapter 3 is your friend.

ISDH—The ISDH has a clinical help desk—that’s me—and a technical help desk—that’s not me.

Phone 317-233-7485 (me)  
317-233-7206 (technical)

Email address:  
jelder@isdh.in.gov  
MDS-OASIS@isdh.in.gov

Questions
THE END