



April 2019 CMS Quarterly OASIS Q&As

Category 4b

M1306, M1311, M1324

QUESTION 1: A patient is admitted with two distinct areas caused by pressure. A wound on the left buttock presents with purple localized discolored skin, tenderness with blistering and superficial open areas in the wound center. A second wound on the right buttock presents with boggy, purple/maroon localized discolored skin with a full-thickness stage 3 pressure ulcer in the wound center.

Both appear as evolving deep tissue injuries (DTIs) but since DTIs are described as intact skin, and neither of these are intact, we do not know how to code these at SOC. Please advise?

ANSWER 1: A pressure wound presenting with characteristics of a DTI is reported as a DTI unless full thickness tissue loss is present. The pressure wound on the left buttock presents with characteristics of a DTI (purple localized discoloration with tenderness caused by pressure), but *without* full thickness tissue loss. This wound would be coded as a DTI, even though the wound is not completely intact. The pressure wound on the right buttock presents with characteristics of a DTI (bogginess, purple/maroon localized discoloration caused by pressure), *and with* full thickness tissue loss. This wound would be coded as a stage 3 pressure ulcer.

GG0110D

QUESTION 2: When responding to GG items, would a knee scooter/walker be considered a walker or a scooter? The product is sold under and referenced by both titles.

ANSWER 2: For GG0110D Prior Device Use- Walker: “Walker” refers to all types of walkers (*for example*, pickup walkers, hemi-walkers, rolling walkers, and platform walkers), and would include a knee walker.

A knee walker/scooter would not be considered as a wheelchair/scooter for GG0170Q - Does the patient use a wheelchair and/or scooter.

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GG0130B

QUESTION 3: Regarding GG0130B, the item is called Oral Hygiene, but the description specifically states “ability to... clean teeth. Dentures if applicable.” We have a patient who has no teeth and no dentures. To answer this question, can we answer based on patient’s ability to complete performance of similar activities (i.e. oral hygiene such as mouth/gum care/swabs and not just cleaning teeth) or would we use an *activity not performed* code for a patient with no teeth and no dentures?

ANSWER 3: GG0130B - Oral Hygiene includes 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.

Oral hygiene may be applicable to an edentulous patient (a patient without teeth) and could be coded using one of the six performance codes.

GG0130C

QUESTION 4: Does GG0130C – Toileting Hygiene include use of a commode, bedpan and urinal? How would you code GG0130C if a patient has an indwelling catheter? Does the guidance on ostomies apply?

ANSWER 4: The intent of GG0130C - Toileting Hygiene is to assess and code the level of assistance needed to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement, regardless of where toileting occurs. Toileting hygiene includes wiping the opening of the ostomy but not managing the ostomy equipment; and includes perineal hygiene to an indwelling urinary catheter site, but not managing the catheter equipment.

GG0130E

QUESTION 5: For GG0130E: Can a shower/bath take place at the bedside or at a sink?

ANSWER 5: For GG0130E – Shower/bathe self, code the item based on the patient’s ability to bathe regardless of where the bathing takes place.

GG0170I

QUESTION 6: How would you code GG0170I Mobility - Walk 10 Feet at the SOC for a patient who is a hoarder and there is clutter in the 10-foot pathway? Do we code as a 9 - Not Attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury or code as 10 - Not Attempted due to environmental limitations?

ANSWER 6: For GG0170I: If a patient does not attempt the activity and a helper does not complete the activity for the patient, and the patient’s usual status cannot be determined based on patient or caregiver report, and walking 10 feet is not assessed using a similar activity, then code the reason the activity was not attempted:

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- Code 10 if the activity was not attempted due to environmental limitations
- Code 09 if the patient could not perform an activity at the time of assessment, and also could not perform the activity prior to the current illness, exacerbation or injury
- Code 88 if the patient could not perform an activity at the time of the assessment, but could perform the activity prior to the current illness, exacerbation or injury.

GG0170P

QUESTION 7: We have a patient who prior to her injury was able to pick an object up from the floor from standing but is currently no longer safe to do so. The assessing clinician determines that the patient will not be safe performing this activity ever again. Going forward, the safest option is for the patient to have their caregiver pick up objects for the patient. Would the best discharge goal in this scenario be a “09-Not Applicable” or “01-Dependent?”

ANSWER 7: 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. Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.

If the assessing clinician determines that the activity of picking up an object from the floor from a standing position will not ever be appropriate for the patient to complete again, even with assistance and/or an assistance device, the discharge goal would be code 09 – Not applicable.

GG0170Q, GG0170R

QUESTION 8: If a patient uses both a manual wheelchair and a motorized wheelchair or scooter how should clinicians code GG0170Q and GG0170R?

ANSWER 8: If a patient uses both a manual and a motorized wheelchair or scooter at the time of assessment, code each activity based on the type of wheelchair/scooter with which the patient needs the most assistance.

M1800s, GG0130, GG0170

QUESTION 9: Should we expect to see consistency between a patient’s OASIS “M” and “GG” function codes?

ANSWER 9: Not necessarily. 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

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

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QUESTION 10: Our EMR software is “kicking out” our responses to M1850 – Transfers and GG0170A – Roll right and left, GG0170B- sit to lying, GG0170C – lying to sit, GG0170D – sit to stand and GG0170E – bed to chair if they do not all have corresponding codes.

We had a patient who was independent with rolling left and right and transferring supine to sit so we answered the corresponding GG activities as 06 - independent, but they required assistance for the bed to chair transfer due to decreased balance so GG0170D and E were coded 04 - supervision and M1850 was coded 1. Should M1850 and the corresponding GG item codes always correlate or is it okay that there are discrepancies?

ANSWER 10: Each OASIS item should be considered individually and coded based on the guidance provided for that item.

CMS cannot provide guidance on software vendors’ products.

There is no language in the CMS OASIS guidance manual or OASIS data submission specifications that require that the coding for one or more GG item must correlate with coding for one or more M function items.

GG0130, GG0170

Note: This is an expanded version of Question #30 in January 2019 Quarterly Q&As.

QUESTION 11: The response-specific instructions in the OASIS Guidance Manual for GG0130 and GG0170 state that the QRP only requires coding a minimum of one self-care or mobility discharge goal. If an agency decides to establish a discharge goal for just one functional activity, how would the other remaining activities be coded?

ANSWER 11: Effective January 1, 2019, select activities from GG0130 and GG0170 are used to calculate the quality measure Application of Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631).

The activities utilized in the measure are:

GG0130. Self-care items (GG0130A. Eating, GG0130B. Oral hygiene, GG0130C. Toileting hygiene).
GG0170. Mobility Items (GG0170B. Sit to lying, GG0170C. Lying to sitting on side of bed, GG0170D. Sit to stand, GG0170E. Chair/bed-to-chair transfer, GG0170F. Toilet transfer, GG0170J. Walk 50 feet with two turns, GG0170K. Walk 150 feet, GG0170R. Wheel 50 feet with two turns, GG0170S. Wheel 150 feet).

Submission Specifications: For the assessment to be accepted into the QIES ASAP system at least one of the following Discharge Goal items (GG0130A2, GG0130B2, GG0130C2, GG0170B2, GG0170C_MOBILITY_DSCHG_GOAL, GG0170D2, GG0170E2, GG0170F2, GG0170J2, GG0170K2, GG0170R2, GG0170S2) should be equal to [01, 02, 03, 04, 05, 06, 07, 09, 10, or 88]. Per the Data Submission Specifications, failing to code at least one of these 12 discharge goals with either 01, 02, 03, 04, 05, 06, 07, 09, 10, or 88 is a fatal edit at OASIS submission and will result in the rejection of the OASIS submission file.

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Measure Specifications: Per the function process measure specifications, the numerator is met when, for a home health quality episode, valid numeric scores [01, 02, 03, 04, 05, or 06], or valid codes indicating an activity was not attempted [07, 09, 10, or 88] are reported for the SOC/ROC performance AND for the Discharge performance for all the listed functional activities AND, at SOC/ROC, a valid numeric score [01, 02, 03, 04, 05, or 06], or a valid code indicating an activity was not attempted [07, 09, 10, or 88] is reported for a discharge goal for at least one of the listed self-care or mobility activities.

As outlined in the Guidance Manual, agencies may choose to complete more than one self-care or mobility discharge goal, including reporting a discharge goal for all collected GG0130 and GG0170 items. A dash is a valid response for any activity where a discharge goal is not established, including for an activity that is skipped due to the skip pattern.

For more details, refer to Data Submission Specifications for the OASIS Item Set available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/Downloads/OASIS-D-Data-Specs-V2301-FINAL-09-10-2018.zip>

QUESTION 12: With the new GG items (GG0130 and GG0170) does the patient need to have a caregiver available to assist? Can I be the helper on the day of assessment in lieu of a caregiver in order to determine which code 06-01 is correct instead of using an ‘activity not attempted’ code 07-88?

ANSWER 12: For the GG0130 and GG0170 items, the assessing clinician would code based on the level of assistance needed to complete the activity safely, not based on the availability of such assistance. The assessing clinician can be the helper on the day of assessment in order to determine which code 06-01 accurately reflects the needed assistance to complete the activity, rather than using a ‘not attempted’ code 07, 09, 10, or 88, solely because the patient does not have a caregiver.

From the OASIS-D Guidance Manual: “While the presence or absence of a caregiver may impact the way a patient carries out an activity, it does not impact the assessing clinician’s ability to assess the patient in order to determine and report the level of assistance that the patient requires to safely complete a task.”

QUESTION 13: Does the "day of assessment" convention apply to the GG130 and GG0170 items?

ANSWER 13: Yes, the day of assessment convention applies to GG0130 and GG0170. For most OASIS items, including the function items, the time period under consideration is the “day of assessment”, which is defined as the 24 hours immediately preceding the home visit and the time spent by the clinician in the home. For GG0130 and GG0170, code the patient’s functional status

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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. Other assessment strategies include coding patient functional status based on patient and/or caregiver report. When using patient or caregiver report, it is expected that the patient and caregiver are reporting on the patient's status within the time period under consideration, (e.g., reporting on the patient's ability to complete the car transfer within the past 24 hours).

QUESTION 14: We understand that as part of the function process measure, we must report a discharge goal on OASIS for at least one of the included GG0130 Self-Care or GG0170 Mobility activities. The process measure is assessing percent of patients with an admission and discharge functional assessment and a care plan that addresses function. How should this care planning for functional goals occur for a patient receiving only nursing services? Can nursing establish discharge goals for episodes not expected to include therapy? And if so, how should nursing formulate/write interventions and goals in their care plan that would cover the GG discharge goals? If the RN expects that planned pain management interventions will improve function related to one or more GG items, can med management interventions included in the plan of care meet the care planning expectation?

ANSWER 14: The cross-setting function process measure that is calculated using the GG0130 and GG0170 performance and discharge goals is the "Application of Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function" (NQF #2631). This quality measure reports the percent of episodes with a Start of Care (SOC) /Resumption of Care (ROC) and a discharge functional assessment **and a discharge goal that addresses function. Per the measure specifications for this quality measure, documentation of a goal for one of the function items reflects that the patient's care plan addresses function.**

Using this expectation outlined in the data collection guidance and measure specifications, use your agency policies, practices and clinical judgment to determine when and how discharge goals will be established, and how the goals and related interventions will be documented on the Plan of Care.

Specific questions related to documentation, and home health regulations and compliance related to the Plan of Care may be sent to the Home Health Survey Mailbox at hhasurveyprotocols@cms.hhs.gov.

J1800

QUESTION 15: Regarding J1800, if a patient's wheelchair or other sitting surface breaks while he/she is seated in it, and the patient falls to the floor, do we score this as a fall in J1800?

ANSWER 15: J1800 identifies if the patient had any witnessed or unwitnessed falls since the most recent SOC/ROC.

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From OASIS D Guidance Manual: Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (such as a bed or chair). In the situation that you describe, this would be coded as a fall.

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