



## January 2021 CMS Quarterly OASIS Q&As

### Category 4b

#### M1311

**Question 1:** Is a pressure ulcer that was present when the first skin assessment was completed, then healed during the quality episode and reopened at the same stage during the same episode, considered “present at the most recent Start of Care/ Resumption of Care (SOC/ROC)” when completing the discharge OASIS?

**Answer 1:** For M1311 - Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage, if the patient has a pressure ulcer that was documented at SOC/ROC and at discharge is documented at the same stage, it would be considered as “present at the most recent SOC/ROC.” This guidance is true even if during the episode the original pressure ulcer healed and reopened.

In addition to coding the pressure ulcer as “present at the most recent SOC/ROC,” a previously closed pressure ulcer that opens again should be reported at its worst stage.

#### M1810/M1820

**Question 2:** Is it safe to say that if a patient requires minimal assist or higher for M1810 - Ability to Dress Upper Body and M1820 - Ability to Dress Lower Body, response “3” can be chosen? The guidance states that a patient requiring standby assist (a “spotter”) would be coded “2,” and a patient requiring minimal assist is more dependent than a patient requiring standby assist.

**Answer 2:** For M1810 and M1820, response 3 - Patient depends entirely upon another person to dress the upper body/lower body is selected only when the patient is dependent, relying entirely on another person to complete the majority of dressing tasks.

#### M2001

**Question 3:** We have educated clinicians that it is a requirement that medication reconciliation be done. With this in mind, is it acceptable to electronically restrict clinicians from using a dash (–) as a response to M2001 by eliminating it as a response option in the Electronic Medical Record (EMR), understanding that there still may be scenarios where the dash is the only correct response to this item?

*This document is intended to provide guidance on OASIS questions that were received by CMS help desks. Responses contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.*

**Answer 3:** A dash (–) is a valid response for M2001 - Drug Regimen Review. CMS expects dash use to be a rare occurrence. If elements of the drug regimen review were skipped, (for example drug-to-drug interactions were not completed), a dash should be reported, indicating the drug regimen review was not completed. A dash is also a valid response for this item and indicates no information is available.

To be compliant, a dash must be available for clinician use where the dash is a valid response option for the OASIS item.

#### **GG0110**

**Question 4: Should a transport chair be considered a “wheelchair” for GG0110 - Prior Device Use?**

**Answer 4:** The intent of GG0110 - Prior Device Use is to indicate which devices and aids were used by the patient prior to the current illness, exacerbation, or injury. The assessing clinician must consider each patient’s unique circumstances and use clinical judgment to determine how prior device use applies for each individual patient.

CMS does not provide an exhaustive list of assistive devices that may be used when coding prior device use.

#### **GG0130A**

**Question 5: How would the following scenario for GG0130A - Eating be coded? A patient was admitted and at Start of Care (SOC) required only set up assistance for eating. The following day, the patient went to the Emergency Department and returned within 24 hours with an overall decline in status and an order for no oral intake due to dysphagia. Would we code 05 - Setup or clean-up assistance based on initial ability or code 88 - Not attempted due to medical conditions or safety concerns because this is the new baseline following the decline?**

**Answer 5:** The intent of GG0130A - Eating is to assess the patient’s 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.

At SOC/ROC, the self-care or mobility performance code is to reflect the patient’s baseline ability to complete the activity, prior to the benefit of services provided by your agency staff.

In the scenario provided, use Code 05 -Setup or clean-up assistance for GG0130A - Eating if this represents the patient’s baseline status.

Use of an “activity not attempted” code should only be used if the patient was not able to complete the activity prior to the benefit of services and the performance code cannot be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities.

*This document is intended to provide guidance on OASIS questions that were received by CMS help desks. Responses contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.*

## **GG0170**

**Question 6: If a patient is dependent for all GG0170 bed mobility activities would it be acceptable to code the patient as dependent for all other GG0170 mobility activities even if those activities were not specifically assessed?**

**Answer 6:** At SOC/ROC, the mobility performance code is to reflect the patient's baseline ability to complete the activity, and is based on observation of activities, to the extent possible. Clinicians may assess the patient's performance based on direct observation (preferred) as well as reports from the patient and/or family, assessment of similar activities, collaboration with other agency staff, and other relevant strategies to complete all GG items.

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

It is important to determine whether the appropriate code for each activity is a performance code (including code 01 - Dependent) vs. an "activity not attempted" code.

It is also important to note that a helper cannot complete the walking activities for a patient. The walking activities cannot be considered completed without some level of patient participation that allows patient ambulation to occur the entire stated distance. For instance, if even with assistance a patient was not able to participate in walking a distance of 10 feet, an "activity not attempted" code (rather than 01 - Dependent) would be selected.

**Question 7: How would you code the following scenario for the GG activities: Two people are present when a patient is performing an activity; one person is assisting a patient and the second person is standing by for safety/assist as needed but when the activity is completed the 2<sup>nd</sup> person is not needed. Would you code the activity as Code 01 - Dependent due to having the second person present just in case or a code based on the type and amount of assistance provided by the one person only?**

**Answer 7:** For the GG self-care and mobility activities, Code 01 - Dependent is when a helper is required to do all the effort and the patient does none of the effort to complete the activity; or the assistance of two or more helpers is required for the patient to complete the activity.

If the role of the second helper is to provide standby assistance, then the presence of two helpers meets the definition of Code 01 - Dependent. This would be true even if the 2<sup>nd</sup> helper was there for supervision/stand by assist and did not end up needing to provide hands on assistance.

*This document is intended to provide guidance on OASIS questions that were received by CMS help desks. Responses contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.*

### **GG0170F**

**Question 8: A patient completes a toilet transfer with supervision only. As he was ambulating with contact guard assistance back to his bed, he lost his balance and required assistance to steady himself. Would the contact guard assist and assistance to steady himself be considered when determining the performance code for GG0170F - Toilet transfer?**

**Answer 8:** The intent of GG0170F - Toilet transfer is to assess the patient's ability to get on and off a toilet (with or without a raised toilet seat) or commode once the patient is at the toilet or commode.

In the scenario described, the assistance provided while ambulating to the bed should not be considered when coding the GG0170F - Toilet transfer activity.

**Question 9: If my patient does not need to void during my assessment, does this mean an "activity not attempted" code must be used for GG0170F - Toilet transfer?**

**Answer 9:** The intent of GG0170F - Toilet transfer is to assess the patient's ability to get on and off a toilet or commode. The Toilet transfer activity can be assessed and coded regardless of the patient's need to void or have a bowel movement in conjunction with the toilet transfer assessment.

Use the appropriate "activity not attempted" code, only if the patient was not able to transfer on/off the toilet or commode and the performance code cannot be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities.

### **GG0170G**

**Question 10: When coding GG0170G - Car transfer based on a simulation, what equipment or environmental setup would we need to have in order to make the activity similar enough to the car transfer?**

**Answer:** The intent of GG0170G - Car transfer is to assess the patient's ability to transfer in and out of a car or van seat on the passenger side.

The performance code is to reflect the patient's baseline ability to complete the activity, and is based on observation of activities, to the extent possible. The assessing clinician may, as needed, combine general observation, assessment of similar activities, patient/caregiver report, collaboration with other agency staff, and other relevant strategies to complete all GG items.

In situations where specific equipment may not be available (e.g., 12 steps, a vehicle), the assessing clinician may determine that assessment of a similar activity adequately represents the patient's ability to complete the activity. This practice will serve to minimize the use of an "activity not attempted" code in favor of a performance code determined to represent the patient's status in the given self-care or mobility activity. While CMS does not provide specific parameters or a complete list of what is and is not an acceptable proxy activity, providers are expected to use clinical judgment in determining if the

*This document is intended to provide guidance on OASIS questions that were received by CMS help desks. Responses contained in this document may be time-limited and may be superseded by guidance published by CMS at a later date.*

"similar activity" meets the intent of the target activity to make it a reasonable substitute when making a coding determination.

Use of an "activity not attempted" code should occur only after determining that the activity is not completed, and that the performance code cannot be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities, in conjunction with all current assessment findings.

If, using clinical judgment, simulating the car transfer adequately represents the patient's ability to transfer in and out of a car, code GG0170G - Car transfer based on the type and amount of assistance required to complete the activity.