



Welcome to the Centers for Medicare & Medicaid Services' OASIS-C Online Training. This module provides foundational education on the Patient History and Diagnoses Domain of the OASIS data set, covering OASIS items M1000 through M1055.

Introduction

This program provides an introduction to OASIS-C items found in the Patient History & Diagnoses domain.

Discussion includes relevant guidance found in Chapter 3 of the December 2012 OASIS-C Guidance Manual.

The following information is provided in this lesson:

- Specific OASIS conventions that apply to the domain
- Item intent for each specific item
- Time points for item completion
- Response-specific item instructions
- Data sources and resources



The image shows the cover of the OASIS-C Guidance Manual. The cover is white with a blue header and footer. The title 'OASIS-C Guidance Manual' is prominently displayed in the center. Below the title, it says 'Revised December 2012' and 'Volume 1: Overview & Section 1-10'. The CMS logo is visible in the bottom right corner of the cover.

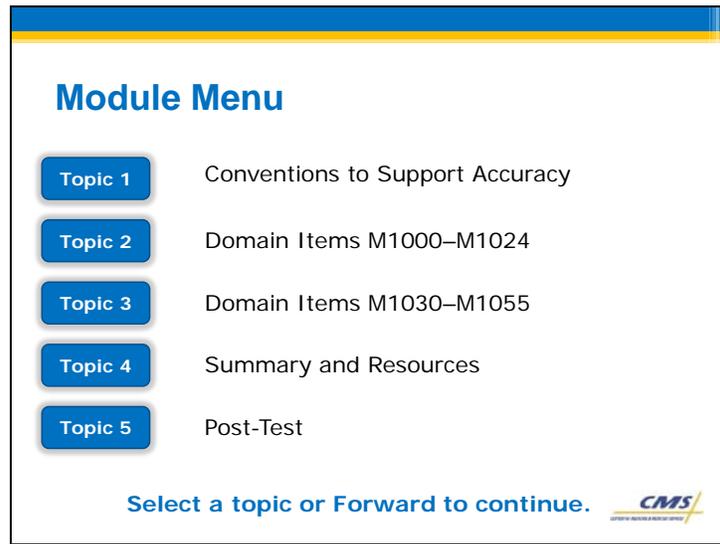
This program provides an introduction to OASIS-C items related to the Patient History and Diagnoses Domain. Discussion includes relevant guidance found in the December 2012 version of the OASIS-C Guidance Manual, specifically from Chapter 3, which contains OASIS item-specific guidance. Specific topics covered in this module include OASIS conventions that apply to the domain, item intent or clarification about what each item is intended to report, time points when each item should be completed, response-specific item instructions that clarify the differences between the various responses, and data sources and resources related to the Patient History and Diagnoses items.

Module Objectives

- Identify five conventions that support accuracy in completing items in the Patient History & Diagnoses domain.
- Identify the intent of each item.
- Specify the data collection time points for each item.
- Identify response-specific guidelines for completing each item.
- Identify data sources and resources for each item.



Following the presentation of this module on the Patient History and Diagnoses Domain, you will be able to identify five conventions that support data collection accuracy, identify the intent of each item, specify the data collection time points for each item, identify response-specific guidelines for completing each item, and identify data sources and resources for each item in the domain.

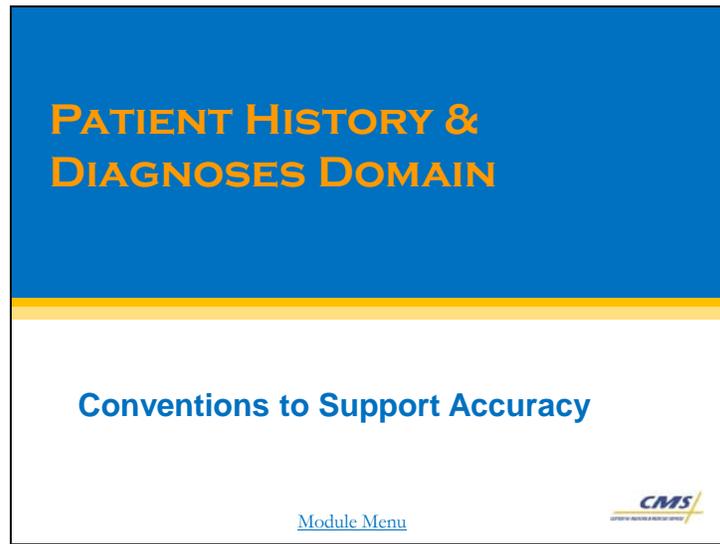


The screenshot shows a 'Module Menu' with five topics listed. Each topic is preceded by a blue button with white text. The topics are: Topic 1 (Conventions to Support Accuracy), Topic 2 (Domain Items M1000–M1024), Topic 3 (Domain Items M1030–M1055), Topic 4 (Summary and Resources), and Topic 5 (Post-Test). At the bottom, there is a blue instruction: 'Select a topic or Forward to continue.' and the CMS logo.

Topic	Description
Topic 1	Conventions to Support Accuracy
Topic 2	Domain Items M1000–M1024
Topic 3	Domain Items M1030–M1055
Topic 4	Summary and Resources
Topic 5	Post-Test

Select a topic or Forward to continue. 

Select the Forward button to review the entire module, or you may select a topic from the Module Menu to review a specific topic of interest.



This topic addresses conventions to support OASIS-C data accuracy.

OASIS Conventions to Support Accuracy

- Understand the time period under consideration for each item.
- Use multiple strategies as needed to complete OASIS items.
- Score each item based only on what is included in that item.
- Minimize the use of NA and Unknown.
- Understand the definitions of words used in the OASIS.



There are specific conventions or general rules that you should follow when completing OASIS-C items. Although all the conventions are important to observe and apply when appropriate, five conventions are especially important to remember when reporting OASIS-C items in the Patient History and Diagnoses Domain. These conventions, which we will describe in detail, are as follows: understand the time period under consideration, use multiple strategies as needed to complete OASIS items, score each item based only on what is included in that item, minimize the use of the NA and Unknown responses, and understand the definitions of words used in the OASIS.

Time Period Under Consideration

- Refers to how far back into the past you should consider when assessing items in this domain.
- Example: M1000 Inpatient Facility Discharges during **the past 14 days?**
- Example: M1040 Influenza Vaccine – did the patient receive the influenza vaccine during **this episode of care?**



Inpatient Facility Discharges **Flu Vaccine**



The first convention, “Understand the time period under consideration,” refers to how far back into the past you should consider when assessing items in the Patient History and Diagnoses Domain. For example, M1000 Inpatient Facility Discharges asks you to identify whether the patient has been discharged from an inpatient facility in the past 14 days. Another item, M1040 Influenza Vaccine, requires you to review the medical record and determine if the patient received the flu vaccine from the agency during the current quality episode. Each item in this OASIS domain sets a time period to consider when collecting data and selecting a response. Pay careful attention to the specific time period for each item to ensure the accuracy of data collection.

Time Period Under Consideration, cont'd

- Report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance.
- The day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent for the home visit.



This convention guides the clinician to report what is true on the day of assessment unless a different time period has been indicated in the item or related guidance. The day of assessment is defined as the 24 hours immediately preceding the home visit and the time spent by the clinician in the home. For example, when completing M1020 Primary Diagnosis and M1022 Secondary Diagnoses, you are to report what is true on the day of assessment.

Use Multiple Strategies

- Combine relevant strategies as needed:
 - Physical assessment
 - Interviews with patient, caregivers, discharge planners, or physicians
 - Physician's orders
 - Referral information
- Recognize opportunities to gather data from multiple sources.



The second convention that is important to remember for the Patient History and Diagnoses Domain is to combine relevant strategies as needed. For some items, such as M1030 Therapies at home, the clinician may need to utilize physical assessment, patient and/or caregiver interview, physician orders, and referral information to complete the item accurately. Other items, such as M1005 Inpatient Discharge Date, do not require physical assessment, only interview and referencing medical records.

Consider Only Included Tasks, Risk Factors, and Therapies

- Understand what is included and excluded in each item.
- Ensure accurate responses based only on what is expected to be included.
- Pay attention to tasks and symptoms specifically included in each item.

(M1030) Therapies the patient receives at home: (Mark all that apply.)

- 1 - Intravenous or infusion therapy (excludes TPN)
- 2 - Parenteral nutrition (TPN or lipids)
- 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- 4 - None of the above



The third convention that is important to remember for this domain is to understand what tasks, risk factors, and therapies are included and excluded in each item. This will help ensure you select an accurate response based only on what is expected to be included for that item. In other words, pay careful attention to what is specifically included in domain items. For example, when scoring M1030 Therapies at home, the clinician must know that therapies administered in outpatient facilities or by any provider outside the home setting are specifically excluded from consideration.

Minimize NA and Unknown

- Minimize the use of Not Applicable (NA) and Unknown (UK) responses.
- Use only when appropriate.
- NA and UK do not support capture of outcome information.

(M1036) Risk Factors, either present or past, likely to affect current health status and/or outcome: **(Mark all that apply.)**

- 1 - Smoking
- 2 - Obesity
- 3 - Alcohol dependency
- 4 - Drug dependency
- 5 - None of the above
- UK - Unknown



The next convention directs us to minimize the use of the Not Applicable and Unknown responses. These responses should be limited to when the clinician is unable to collect the information or when NA is the appropriate response based on the patient assessment. Generally, it is important to minimize the use of Not Applicable and Unknown because these responses do not allow outcome or risk adjustment information to be generated. Let's consider M1036 Risk Factors. Response 5 - None of the above, should only be selected if truly none of the listed risk factors were applicable. The scoring should be based on careful review of the health history, combined with patient/caregiver interview and physical assessment.

OASIS Definitions

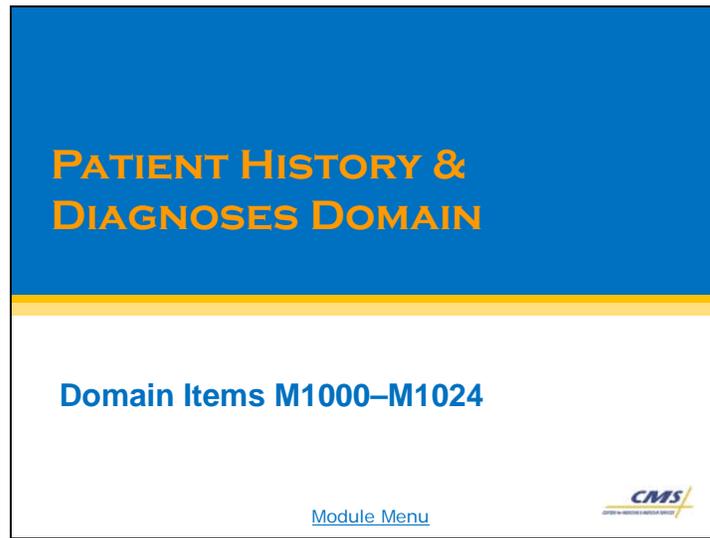
- Certain words have specific definitions for use in the OASIS-C instrument.
- Example: M1032 Risk for Hospitalization
 - “Recent decline in mental, emotional, or behavioral status” refers to significant changes occurring over the past year that may impact the patient’s ability to remain safely in the home and increase the likelihood of hospitalization.



[Module Menu](#)



The final convention to utilize when collecting data for this domain is to understand how words or terms are defined in the OASIS data set. Let’s consider item M1032 Risk for Hospitalization. The term “Recent decline in mental, emotional, or behavioral status” refers to significant changes occurring over the past year that may impact the patient’s ability to remain safely in the home and increase the likelihood of hospitalization. It is important that each clinician completing the OASIS understands the terms so that the items can be scored correctly and consistently.



This topic addresses OASIS-C items M1000 through M1024 in the Patient History and Diagnoses Domain.

Summary of M- Items

- M1000 From which of the following Inpatient Facilities was the patient discharged during the past 14 days?
- M1005 Inpatient Discharge Date
- M1010 Inpatient Diagnosis
- M1012 Inpatient Procedure
- M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days
- M1018 Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days
- M1020 Primary Diagnosis / M1022 Other Diagnoses / M1024 Payment Diagnoses



There are 17 items in the Patient History and Diagnoses Domain that we will discuss individually during this program. In this topic, we will discuss the following nine items:

- M1000 From Which of the following Inpatient Facilities was the patient discharged during the past 14 days
- M1005 Inpatient Discharge Date
- M1010 Inpatient Diagnosis
- M1012 Inpatient Procedure
- M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days
- M1018 Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days
- M1020 Primary Diagnosis, M1022 Other Diagnoses, and M1024 Payment Diagnoses

Summary of M- Items, cont'd

- M1030 Therapies the patient receives at home
- M1032 Risk for Hospitalization
- M1034 Overall Status
- M1036 Risk Factors
- M1040 Influenza Vaccine
- M1045 Reason Influenza Vaccine not received
- M1050 Pneumococcal Vaccine
- M1055 Reason PPV not received



We will discuss the remaining eight items in this domain in Topic 3.

M1000 Inpatient Facility Discharge Item Intent & Time Points

(M1000) From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? **(Mark all that apply.)**

- 1 - Long-term nursing facility (NF)
- 2 - Skilled nursing facility (SNF / TCU)
- 3 - Short-stay acute hospital
- 4 - Long-term care hospital (LTCH)
- 5 - Inpatient rehabilitation hospital or unit (IRF)
- 6 - Psychiatric hospital or unit
- 7 - Other (specify) _____
- NA - Patient was not discharged from an inpatient facility [*Go to M1016*]

- Identifies whether the patient has been discharged from an inpatient facility within the 14 days (two-week period) immediately preceding the Start of Care/Resumption of Care date.
- Purpose of item is to establish the patient's recent health care history before formulating the plan of care.

Collected at SOC & ROC

Item Intent _____
Time Points _____
Response-Specific Instructions _____
Data Sources/
Resources _____

The first item in the Patient History and Diagnoses Domain is M1000 From which of the following Inpatient Facilities was the patient discharged during the past 14 days. The intent of this item is to identify whether the patient has been discharged from an inpatient facility within the 14-day or two-week period immediately preceding the Start of Care or Resumption of Care date. The purpose of this item is to establish the patient's recent health care history before formulating the plan of care. This determination must be made with sufficient accuracy to allow appropriate care planning. For example, the amount and types of rehabilitation treatment the patient has received and the type of institution that delivered the treatment are important to know when developing the home health plan of care. This item is collected at the Start of Care and the Resumption of Care assessment time points.

M1000 Inpatient Facility Discharge Response-Specific Instructions

(M1000) From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? **(Mark all that apply.)**

- Example: A patient is discharged from both a hospital and a rehabilitation facility within the past 14 days. Mark both responses.

(M1000) From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? (Mark all that apply.)

- The date of admission is Day 0 and the day immediately prior to the date of admission is Day 1.
- Discharges on Day 0 should be included.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/ Resources 

Response-specific instructions provide guidance for entering the correct response for M1000 Inpatient Facility Discharge. The guidance states this is a Mark All That Apply item, and all appropriate responses should be selected. For example, if a patient is discharged from both a hospital and a rehabilitation facility within the past 14 days, mark both responses. The guidance also provides direction in how to determine the past 14 days. We are to consider the two-week period immediately preceding the Start of Care or Resumption of Care date. The date of admission is Day 0 and the day immediately prior to the date of admission is Day 1. Discharges on Day 0 should be included.

M1000 Inpatient Facility Discharge Response-Specific Instructions, cont'd

(M1000) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.)

- 1 - Long-term nursing facility (NF)
- 2 - Skilled nursing facility (SNF / TCU)
- 3 - Short-stay acute hospital
- 4 - Long-term care hospital (LTCH)
- 5 - Inpatient rehabilitation hospital or unit (IRF)
- 6 - Psychiatric hospital or unit
- 7 - Other (specify) _____
- NA - Patient was not discharged from an inpatient facility [*Go to M1016*]

- Facility type is determined by the facility license.
- Select Response 1 - Long-term nursing facility (NF) if the patient was discharged from a Medicare-certified skilled nursing facility but did not receive care under the Medicare Part A benefit in the 14 days prior to home health care.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



When selecting the appropriate response(s) for M1000, the response-specific instructions direct us that the facility type is determined by the facility’s license. You would select Response 1 - Long-term nursing facility if the patient was discharged from a Medicare-certified skilled nursing facility, but did not receive care under the Medicare Part A benefit in the 14 days prior to the Start of Care or Resumption of Care date. Note the abbreviation for Long-term nursing facility is NF, which is often pronounced “niff.”

M1000 Inpatient Facility Discharge Response-Specific Instructions, cont'd

(M1000) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.)

- 1 - Long-term nursing facility (NF)
- 2 - Skilled nursing facility (SNF / TCU)
- 3 - Short-stay acute hospital
- 4 - Long-term care hospital (LTCH)
- 5 - Inpatient rehabilitation hospital or unit (IRF)
- 6 - Psychiatric hospital or unit
- 7 - Other (specify) _____
- NA - Patient was not discharged from an inpatient facility [*Go to M1016*]

Response 2 – Skilled nursing facility means a:

- Medicare-certified nursing facility where the patient received a skilled level of care under the Medicare Part A benefit, OR
- Transitional care unit (TCU) within a Medicare-certified nursing facility.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



The response-specific instructions provide definitions for each of the facility types. Response 2 - Skilled nursing facility describes a Medicare-certified nursing facility where the patient received a skilled level of care under the Medicare Part A benefit or a transitional care unit within a Medicare-certified nursing facility. Again note the abbreviations. SNF, often pronounced “sniff,” is used when referring to a skilled nursing facility, and TCU refers to a transitional care unit.

M1000 Inpatient Facility Discharge Response-Specific Instructions, cont'd

- To determine if Response 2 is the correct response, ask the following questions:
 - Was the patient discharged from a Medicare-certified skilled nursing facility? If so, then:
 - While in the skilled nursing facility was the patient receiving skilled care under the Medicare Part A benefit? If so, then:
 - Was the patient receiving skilled care under the Medicare Part A benefit during the 14 days prior to admission to home health care?
- If all three criteria apply (if the answer to all three questions is “yes”), select Response 2.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/ Resources 

To determine if Response 2 is the correct response, ask the following questions: Was the patient discharged from a Medicare-certified skilled nursing facility? If so, then ask: While in the skilled nursing facility, was the patient receiving skilled care under the Medicare Part A benefit? If so, then ask: Was the patient receiving skilled care under the Medicare Part A benefit during the 14 days prior to admission to home health care? If the answer to all three question is “yes,” select Response 2.

M1000 Inpatient Facility Discharge Response-Specific Instructions, cont'd

(M1000) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.)

- 1 - Long-term nursing facility (NF)
- 2 - Skilled nursing facility (SNF / TCU)
- 3 - Short-stay acute hospital
- 4 - Long-term care hospital (LTCH)
- 5 - Inpatient rehabilitation hospital or unit (IRF)
- 6 - Psychiatric hospital or unit
- 7 - Other (specify) _____
- NA - Patient was not discharged from an inpatient facility [[Go to M1016](#)]

- Response 3 - Short-stay acute hospital applies to most hospitalizations.
- Response 4 - Long-term care hospital applies to a hospital that has an average inpatient length of stay of greater than 25 days.
- Response 5 - Inpatient rehabilitation hospital or unit (IRF) means a freestanding rehab hospital or a rehabilitation bed in a rehabilitation-distinct part or unit of a general acute care hospital.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

Response 3 - Short-stay acute hospital refers to most of our patients' hospitalizations. Response 4 - Long-term care hospital applies to a hospital with an average inpatient length of stay of greater than 25 days. Response 5 - Inpatient rehabilitation hospital or unit refers to a freestanding rehab hospital or a rehabilitation bed in a rehabilitation-distinct part or unit of a general acute care hospital. Note the abbreviation for this type of facility is IRF, often pronounced "erff."

M1000 Inpatient Facility Discharge Response-Specific Instructions, cont'd

(M1000) From which of the following Inpatient Facilities was the patient discharged during the past 14 days? (Mark all that apply.)

- 1 - Long-term nursing facility (NF)
- 2 - Skilled nursing facility (SNF / TCU)
- 3 - Short-stay acute hospital
- 4 - Long-term care hospital (LTCH)
- 5 - Inpatient rehabilitation hospital or unit (IRF)
- 6 - Psychiatric hospital or unit
- 7 - Other (specify) _____
- NA - Patient was not discharged from an inpatient facility [*Go to M1010*]

- Intermediate care facilities for the mentally retarded (ICF/MR) should be scored Response 7 - Other.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

If the patient was discharged from an intermediate care facility for the mentally retarded, or ICF/MR, select Response 7 - Other.

M1000 Inpatient Facility Discharge Response-Specific Instructions, cont'd

- For swing-bed discharges, determine if the patient was occupying a bed designated as a:
 - Hospital bed – Select **Response 3**.
 - Skilled nursing bed under Medicare Part A – Select **Response 2**.
 - Nursing bed at a lower level of care – Select **Response 1**.
- The referring hospital can answer questions regarding the bed status.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

If the patient has been discharged from a swing-bed hospital, determine if the patient was occupying a bed designated as a hospital bed, which would be scored Response 3; a skilled nursing bed under Medicare Part A, which would be scored Response 2; or a nursing bed at a lower level of care, in which case you would select Response 1. It may be necessary to query the referring hospital regarding the bed status to answer this item accurately. Don't forget, M1000 is a mark all that apply item.

M1000 Scenario

At the Start of Care comprehensive assessment, you assess that your patient had a right total hip replacement 12 days ago. He was discharged from the hospital after five days to a rehabilitation facility where he stayed until his discharge yesterday.



Let's practice using the guidance we just covered. At the Start of Care comprehensive assessment, you assess that your patient had a right total hip replacement 12 days ago. He was discharged from the hospital after five days to a rehabilitation facility where he stayed until his discharge yesterday.

M1000 Scenario Question

How would you score M1000 From which of the following Inpatient Facilities was the patient discharged during the past 14 days?

(M1000) From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? **(Mark all that apply.)**

- 1 - Long-term nursing facility (NF)
- 2 - Skilled nursing facility (SNF / TCU)
- 3 - Short-stay acute hospital
- 4 - Long-term care hospital (LTCH)
- 5 - Inpatient rehabilitation hospital or unit (IRF)
- 6 - Psychiatric hospital or unit
- 7 - Other (specify) _____
- NA - Patient was not discharged from an inpatient facility [Go to M1016]

[Review Scenario](#) **Select the correct response for this scenario.** 

How would you score M1000 From which of the following Inpatient Facilities was the patient discharged during the past 14 days?

M1000 Scenario Answer

How would you score M1000 From which of the following Inpatient Facilities was the patient discharged during the past 14 days?

(M1000) From which of the following **Inpatient Facilities** was the patient discharged during the past 14 days? **(Mark all that apply.)**

- 1 - Long-term nursing facility (NF)
- 2 - Skilled nursing facility (SNF / TCU)
- 3 - **Short-stay acute hospital**
- 4 - Long-term care hospital (LTCH)
- 5 - **Inpatient rehabilitation hospital or unit (IRF)**
- 6 - Psychiatric hospital or unit
- 7 - Other (specify) _____
- NA - Patient was not discharged from an inpatient facility [*Go to M1016*]

That is correct! Since this is a “Mark all that apply” item, the correct answer is Response 3 – Short stay acute hospital and Response 5 – Inpatient rehabilitation hospital or unit. Both responses apply because the patient was discharged from both facilities during the past 14 days.



Since this is a “Mark all that apply” item, the correct answer is Response 3 - Short stay acute hospital and Response 5 - Inpatient rehabilitation hospital or unit. Both responses apply because the patient was discharged from both facilities during the past 14 days. Remember for counting purposes, we are to consider the two-week period immediately preceding the Start of Care or Resumption of Care date. Note that the date of admission is Day 0 and the day immediately prior to the date of admission is counted as Day 1.

**M1005 Inpatient Discharge Date
Item Intent & Time Points**

(M1005) Inpatient Discharge Date (most recent):

___/___/____
month/day/year

UK - Unknown

Identifies the date of the most recent discharge from an inpatient facility (within the last 14 days).

Collected at SOC & ROC

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The next OASIS item in the Patient History and Diagnoses Domain is M1005 Inpatient Discharge Date. The intent of this item is to identify the date of the most recent discharge from an inpatient facility within the last 14 days. This item is collected at the Start of Care and Resumption of Care assessment time points.

**M1005 Inpatient Discharge Date
Response-Specific Instructions**

(M1005) Inpatient Discharge Date (most recent):
--/--/-----
month/day/year

UK - Unknown

- Use the most recent date of discharge from any inpatient facility if multiple discharges in the past 14 days.
- If the date or month is only one digit, precede that digit with a "0".
- Enter all four digits for the year.
 - Example: May 4, 2013 = 05/04/2013

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources



The response-specific instructions for M1005 provide us with the following guidance: Even though the patient may have been discharged from more than one facility in the past 14 days, use the most recent date of discharge from any inpatient facility. If the date or month is only one digit, that digit is preceded by a zero. Enter all four digits for the year. For example, May 4, 2013 equals 05/04/2013.

M1000 Inpatient Facility Discharge
M1005 Inpatient Discharge Date
Data Sources / Resources

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Physician
 - Referral information
 - Medicare Common Working File



Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



When scoring both M1000 Inpatient Facility Discharge and M1005 Inpatient Discharge Date, gather information from various sources. Interview the patient and caregiver regarding recent discharges from an inpatient setting. You may consider calling the physician’s office for information. Usually, the referral provides the relevant information. For Medicare patients, Medicare’s Common Working File can be accessed to assist in determining the type of inpatient services received and the date of inpatient facility discharge if the claim for inpatient services has been received by Medicare.

M1010 Inpatient Diagnosis Item Intent & Time Points

(M1010) List each **Inpatient Diagnosis** and ICD-9-CM code at the highest level of specificity for only those conditions treated during an inpatient stay within the last 14 days (no E-codes, or V-codes):

<u>Inpatient Facility Diagnosis</u>	<u>ICD-9-CM Code</u>
a. _____	_____ . ____
b. _____	_____ . ____
c. _____	_____ . ____
d. _____	_____ . ____
e. _____	_____ . ____
f. _____	_____ . ____

Identifies the diagnosis(es) for which the patient was actively receiving treatment in an inpatient facility within the past 14 days.

Collected at SOC & ROC

Item Intent _____
Time Points _____
Response-Specific Instructions _____
Data Sources/
Resources _____

The next item is M1010 Inpatient Diagnosis. The intent of this item is for the assessing clinician to identify the diagnosis or diagnoses for which the patient was actively receiving treatment in an inpatient facility within the past 14 days. This list of diagnoses is intended to include only those diagnoses that required treatment during the inpatient stay and may or may not correspond with the hospital admitting diagnosis. This expanded list allows for a more comprehensive picture of the patient’s condition prior to the initiation or resumption of care. This item is collected at the Start of Care and Resumption of Care assessment time points.

**M1010 Inpatient Diagnosis
Response-Specific Instructions**

- **Actively treated** is defined as receiving something more than regularly scheduled medications and treatments necessary to maintain or treat an existing condition.
- If a diagnosis was not treated during an inpatient admission, it should not be listed
 - Example: Patient has a long-standing diagnosis of osteoarthritis, but was treated during hospitalization only for peptic ulcer disease. Do not list “osteoarthritis” as an inpatient diagnosis.

Item Intent Time Points **Response-Specific Instructions** Data Sources/ Resources 

The response-specific instructions provide the following guidance for answering M1010. The term “actively treated” is defined in the data set as receiving something more than regularly scheduled medications and treatments necessary to maintain or treat an existing condition. If a diagnosis was not treated during an inpatient admission, it should not be listed. An example of this would be a patient who had a long standing diagnosis of osteoarthritis, but was only treated for peptic ulcer disease during the hospitalization. In this case, you would not list osteoarthritis as an inpatient diagnosis.

M1010 Inpatient Diagnosis Response-Specific Instructions, cont'd

(M1010) List each Inpatient Diagnosis and ICD-9-CM code at the highest level of specificity for only those conditions treated during an inpatient stay within the last 14 days (no E-codes, or V-codes):

Inpatient Facility Diagnosis	ICD-9-CM Code	
a. _____	_____	<div style="border-left: 1px solid blue; border-right: 1px solid blue; height: 100px; margin: 0 auto;"></div> <p style="margin: 0; color: red; font-weight: bold;">No Surgical Codes No E- Codes No V-Codes</p>
b. _____	_____	
c. _____	_____	
d. _____	_____	
e. _____	_____	
f. _____	_____	

Last 14 days = two-week period immediately preceding the Start of Care or Resumption of Care date.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

When completing this item, do not enter surgical codes. List the underlying diagnosis that was surgically treated. If osteoarthritis was surgically treated with a joint replacement, list the disease, not the procedure. Do not enter V-codes or E-codes in this item. List the underlying diagnosis. It is not necessary to fill in every line, “a” through “f,” if the patient had fewer than six inpatient diagnoses. Use the definition provided earlier in this module for the term “past 14 days.”

**M1010 Inpatient Diagnosis
Data Sources / Resources**

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Referral information
 - Physician
 - Current ICD-9-CM code book



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



When completing M1010 Inpatient Diagnosis, the clinician may gather data from multiple sources. Patient and caregiver interview is a good starting point, but it is not always the most reliable source. The best sources of this type of information include the referral information, which may include the inpatient facility discharge summary, physician history and physical, progress notes, etc., and the physician. The current ICD-9-CM code book should be the source for coding the diagnoses.

M1012 Inpatient Procedure
Item Intent & Time Points

(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

Collected at SOC & ROC

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



Item M1012 identifies medical procedures that a patient received during an inpatient facility stay during the past 14 days that are relevant to the home health plan of care. This item is intended to allow for a more comprehensive picture of the patient’s condition prior to the initiation of home care. M1012 is collected at the Start of Care and Resumption of Care assessment time points.

M1012 Inpatient Procedure Response-Specific Instructions

(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

It is no longer necessary to enter Inpatient Procedures because M1012 is not used for quality or payment functions. The item may **not** be left blank. Any response of NA, UK, or procedure codes represents an acceptable response.



Item Intent Time Points **Response-Specific Instructions** Data Sources/ Resources

The response-specific instructions for this item inform us that it is no longer necessary to enter Inpatient Procedures because M1012 is not used for quality or payment functions. The item may not be left blank. Any response of NA, UK, or procedure codes represents an acceptable response.

M1016 Diagnoses Requiring Regimen Change Item Intent & Time Points

(M1016) Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days: List the patient's Medical Diagnoses and ICD-9-CM codes at the highest level of specificity for those conditions requiring changed medical or treatment regimen within the past 14 days (No surgical, E-codes, or V-codes):

Changed Medical Regimen Diagnosis	ICD-9-CM Code
a. _____	_____ . _____
b. _____	_____ . _____
c. _____	_____ . _____
d. _____	_____ . _____
e. _____	_____ . _____
f. _____	_____ . _____

NA – Not applicable (no medical or treatment regimen changes within the past 14 days)

Identifies if any change has occurred to the patient's treatment regimen, health care services, or medications within the past 14 days.

Collected at SOC & ROC

Item Intent
Time Points
Response-Specific Instructions
Data Sources/ Resources

M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days is the next item we will discuss. The intent of this item is for the assessing clinician to identify if any change has occurred to the patient's treatment regimen, health care services, or medications within the past 14 days. The purpose of this question is to help identify the patient's recent history by identifying a new diagnosis or diagnoses that have exacerbated over the past two weeks. This information helps you to develop an appropriate plan of care, since patients who had recent changes in treatment plans have a higher risk of becoming unstable. This item is collected at the Start of Care and Resumption of Care assessment time points.

**M1016 Diagnoses Requiring Regimen Change
Response-Specific Instructions**

- No surgical codes
- No V-codes or E-codes
- Mark “NA” if changes in the medical or treatment regimen were made because a diagnosis improved.
 - Example: Patient admitted to hospital with pneumonia that was treated and resolved prior to Discharge. If pneumonia was the only diagnosis requiring a change, select “NA” response.
- May include same diagnoses as M1010 if the condition was treated during an inpatient stay and caused changes in the treatment regimen.

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources 

The following response-specific instructions provide guidance in selecting the most appropriate response for M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days: For this item, do not enter surgical codes; instead, list the underlying diagnosis or reason for the surgical procedure. Do not enter V or E-codes; list the appropriate underlying diagnosis. Mark “NA” if changes in the medical or treatment regimen were made because a diagnosis improved. For example, a patient is admitted to the hospital with a diagnosis of pneumonia that was treated and resolved prior to discharge. If this is the only diagnosis requiring medical or treatment regimen change in the past 14 days, the appropriate response would be NA because the condition improved and would not be reported. You may include the same diagnoses reported in M1010 Inpatient Diagnosis if the condition was treated during an inpatient stay and caused changes in the medical or treatment regimen. Use the definition provided earlier in this module for the term “past 14 days.”

**M1016 Diagnoses Requiring Regimen Change
Data Sources / Resources**

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Referral information
 - Physician
 - Physician's orders
 - Current ICD-9-CM code book



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



When completing M1016 Diagnoses Requiring Medical or Treatment Regimen Change, the clinician may gather information from multiple sources. As with item M1010 Inpatient Diagnoses, the clinician may begin by interviewing the patient and caregiver. They may provide some general ideas of what problems caused changes in the patient's medical or treatment regimen in the past 14 days but can't be considered a definitive source. The best sources of this type of information are the physician, the physician's orders, and the referral information. The current ICD-9-CM coding manual should be the source for coding the diagnoses.

M1018 Conditions Prior to Regimen Change Item Intent & Time Points

(M1018) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions that existed prior to the inpatient stay or change in medical or treatment regimen. **(Mark all that apply.)**

- 1 - Urinary incontinence
- 2 - Indwelling/suprapubic catheter
- 3 - Intractable pain
- 4 - Impaired decision-making
- 5 - Disruptive or socially inappropriate behavior
- 6 - Memory loss to the extent that supervision required
- 7 - None of the above
- NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
- UK - Unknown

Identifies the existence of conditions prior to medical regimen change or inpatient stay within the past 14 days.

Collected at SOC & ROC



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____

M1018 Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay within Past 14 Days is the next item in this domain. The intent of the item is for the assessing clinician to identify the existence of conditions prior to medical regimen change or inpatient stay within the past 14 days. This information is important for care planning and setting goals. This item is collected at the Start of Care and Resumption of Care assessment time points.

**M1018 Conditions Prior to Regimen Change
Response-Specific Instructions**

(M1018) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions that existed prior to the inpatient stay or change in medical or treatment regimen. **(Mark all that apply.)**

- 1 - Urinary incontinence
- 2 - Indwelling/suprapubic catheter
- 3 - Intractable pain
- 4 - Impaired decision-making
- 5 - Disruptive or socially inappropriate behavior
- 6 - Memory loss to the extent that supervision required
- 7 - **None of the above**
- NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
- UK - Unknown

Select Response 7- None of the above if none of the indicated conditions existed prior to the inpatient stay or change in medical or treatment regimen.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

The response-specific instructions provide guidance in selecting the most appropriate response for M1018 Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay within Past 14 Days and include the following: Select Response 7 - None of the above if the patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days and none of the indicated conditions existed prior to the inpatient stay or change in medical or treatment regimen.

**M1018 Conditions Prior to Regimen Change
Response-Specific Instructions, cont'd**

(M1018) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions that existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.)

- 1 - Urinary incontinence
- 2 - Indwelling/suprapubic catheter
- 3 - Intractable pain
- 4 - Impaired decision-making
- 5 - Disruptive or socially inappropriate behavior
- 6 - Memory loss to the extent that supervision required
- 7 - None of the above
- NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
- UK - Unknown

Select "NA" if no inpatient facility discharge and no change in medical or treatment regimen within the past 14 days.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/Resources _____ 

Select "NA" if there was no inpatient facility discharge within the past 14 days AND no change in medical or treatment regimen in the past 14 days.

**M1018 Conditions Prior to Regimen Change
Response-Specific Instructions, cont'd**

(M1018) Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions that existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.)

- 1 - Urinary incontinence
- 2 - Indwelling/suprapubic catheter
- 3 - Intractable pain
- 4 - Impaired decision-making
- 5 - Disruptive or socially inappropriate behavior
- 6 - Memory loss to the extent that supervision required
- 7 - None of the above
- NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
- UK - Unknown

- Select “UK” if it is unknown whether the indicated conditions existed prior to the inpatient stay or change in medical or treatment regimen.
- Use the definition provided earlier in this module for the term “past 14 days.”

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

Select “UK” if the patient experienced an inpatient facility discharge or change in their medical or treatment regimen within the past 14 days and it is unknown whether the indicated conditions existed prior to the inpatient stay or change in medical or treatment regimen. Use the definition provided earlier in this module for the term “past 14 days.”

**M1018 Conditions Prior to Regimen Change
Data Sources / Resources**

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Referral information
 - Physician



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

As with the previous items in this domain, the assessing clinician may gather information from multiple sources. When determining whether the specific conditions included in M1018 existed prior to the medical or treatment regimen change or inpatient stay that occurred in the past 14 days, the clinician may utilize patient and caregiver interview, referral information, and consultation with the physician.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent & Time Points

(M1020) Primary Diagnosis & (M1022) Other Diagnoses	(M1022) Other Diagnoses	(M1024) Payment Diagnoses (OPTIONAL)	
Column 1	Column 2	Column 3	Column 4
Assigning or Coding Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.)	ICD-9-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses	Complete if a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis**.	Complete only if the V-code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situation (e.g. a manifestation code).
Description	ICD-9-CM / Symptom Control Rating	Description/ ICD-9-CM	Description/ ICD-9-CM
(M1020) Primary Diagnosis	(V-codes are allowed)	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
a. _____	a. (____ . ____) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	a. _____ (____ . ____)	a. _____ (____ . ____)
(M1022) Other Diagnoses	(V- or E-codes are allowed)	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
b. _____	b. (____ . ____) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	b. _____ (____ . ____)	b. _____ (____ . ____)

Item continued on next page.

Collected at SOC, ROC & FU

Item Intent _____
Time Points _____
Response-Specific Instructions _____
Data Sources/ Resources _____

Items M1020, M1022, and M1024 report the patient’s primary diagnosis, other diagnoses, symptom control ratings, and the payment diagnoses. This data is collected at the Start of Care, Resumption of Care, and Follow-up assessment time points. This slide shows the instructions for each column and rows a and b of the items.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent & Time Points, cont'd

(M1020) Primary Diagnosis & (M1022) Other Diagnoses		(M1024) Payment Diagnoses (OPTIONAL)	
Description	ICD-9-CM / Symptom Control Rating	Description / ICD-9-CM	Description / ICD-9-CM
c. _____	c. (_____) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	c. _____ (_____)	c. _____ (_____)
d. _____	d. (_____) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	d. _____ (_____)	d. _____ (_____)
e. _____	e. (_____) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	e. _____ (_____)	e. _____ (_____)
f. _____	f. (_____) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	f. _____ (_____)	f. _____ (_____)

Collected at SOC, ROC & FU

Item Intent Time Points Response-Specific Instructions Data Sources/Resources


Additional other diagnoses and payment diagnoses may be entered in rows c - f, if applicable.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent

(M1020/1022/1024) Diagnoses, Symptom Control, and Payment Diagnoses: List each diagnosis for which the patient is receiving home care (Column 1) and enter its ICD-9-CM code at the level of highest specificity (no surgical/procedure codes) (Column 2). Diagnoses are listed in the order that best reflect the seriousness of each condition and support the disciplines and services provided. Rate the degree of symptom control for each condition (Column 2). Choose one value that represents the degree of symptom control appropriate for each diagnosis: V-codes (for M1020 or M1022) or E-codes (for M1022 only) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V-code is reported in place of a case mix diagnosis, then optional item M1024 Payment Diagnoses (Columns 3 and 4) may be completed. A case mix diagnosis is a diagnosis that determines the Medicare PPS case mix group. Do not assign symptom control ratings for V- or E-codes.

Instructions continued on next page.

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources 

There are detailed instructions to guide the clinician when completing items M1020, M1022, and M1024. Take a moment to read these associated instructions, which appear on this screen and the following two screens.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent, cont'd

Code each row according to the following directions for each column:

Column 1: Enter the description of the diagnosis.
Column 2: Enter the ICD-9-CM code for the diagnosis described in Column 1;

Rate the degree of symptom control for the condition listed in Column 1 using the following scale:

- 0 – Asymptomatic, no treatment needed at this time
- 1 – Symptoms well controlled with current therapy
- 2 – Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
- 3 – Symptoms poorly controlled; patient needs frequent adjustment in treatment and dose monitoring
- 4 – Symptoms poorly controlled; history of re-hospitalizations

Note that in Column 2 the rating for symptom control of each diagnosis should not be used to determine the sequencing of the diagnoses listed in Column 1. These are separate items and sequencing may not coincide. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.

Instructions continued on next page.

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



This slide shows the instructions for completing Columns 1 and 2 for items M1020 and M1022.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent, cont'd

Column 3: (OPTIONAL) If a V-code is assigned to any row in Column 2, in place of a case mix diagnosis, it may be necessary to complete optional item M1024 Payment Diagnoses (Columns 3 and 4). Refer to Appendix D for additional instruction related to the coding of M1024.

Column 4: (OPTIONAL) If a V-code in Column 2 is reported in place of a case mix diagnosis that requires multiple diagnosis codes under ICD-9-CM coding guidelines, enter the diagnosis descriptions and the ICD-9-CM codes in the same row in Columns 3 and 4. For example, if the case mix diagnosis is a manifestation code, record the diagnosis description and ICD-9-CM code for the underlying condition in Column 3 of that row and the diagnosis description and ICD-9-CM code for the manifestation in Column 4 of that row. Otherwise, leave Column 4 blank in that row.

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



This slide depicts the instructions for completing Columns 3 and 4 for item M1024. As you can see, there is much guidance to discuss regarding items M1020, M1022, and M1024. We will spend the next several slides discussing the intent of these items and the relevant response-specific instructions.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent, cont'd

- Accurately code each diagnosis in compliance with Medicare’s rules and regulations for coverage and payment.
- Understand each patient’s specific clinical status before selecting and assigning each diagnosis.
 - Comprehensively assess the patient **PRIOR** to identifying and assigning the diagnoses for which the patient is receiving home care.
- Do not report resolved conditions that have no impact on the patient’s current plan of care.

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The intent of this item is for the assessing clinician to accurately code each diagnosis in compliance with Medicare’s rules and regulations for coverage and payment. CMS expects home health agencies to understand each patient’s specific clinical status before selecting and assigning each diagnosis. Each patient’s overall medical condition and care needs must be comprehensively assessed **BEFORE** the home health agency identifies and assigns each diagnosis for which the patient is receiving home care. Each diagnosis, other than E-codes, must comply with the “Criteria for OASIS Diagnosis Reporting” found in Appendix D of the OASIS-C Guidance Manual. If a patient has a resolved condition that has no impact on the patient’s current plan of care, then the condition does not meet the criteria for a home health diagnosis and should not be coded.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent, cont'd

- **(M1020) Primary Diagnosis**
 - Should be the diagnosis most related to the patient's current plan of care, the most acute diagnosis and, therefore, the chief reason for providing home care.
 - Enter diagnosis at the highest level of specificity.
 - No surgical codes. May use V-codes when a patient with a resolving disease or injury requires specific aftercare of that disease or injury (i.e. surgical aftercare or aftercare for rehabilitation).
 - No E-codes – External causes of injury or poisoning.

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources 

The primary diagnosis is entered in M1020 and should be the diagnosis most related to the patient's current plan of care, the most acute diagnosis, and, therefore, the chief reason for providing home care. You should obtain sufficient information in order to be able to enter the diagnosis at the highest level of specificity. Obtaining very specific information regarding a diagnosis will assist you in identifying the most specific ICD-9-CM code associated with the condition. Surgical codes are not allowed as a primary diagnosis, but you may use V-codes when a patient with a resolving disease or injury requires specific related aftercare, such as in the case of surgical aftercare or aftercare for rehabilitation. E-codes are used to report external causes of injury or poisoning and are also not allowed as a primary diagnosis.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent, cont'd

- **(M1022) Secondary or Other Diagnoses**
 - Defined as “all conditions that coexisted at the time the plan of care was established, or which developed subsequently, or affect the treatment or care.”
 - Include not only conditions actively addressed in the patient’s plan of care but also any co-morbidity affecting the patient’s responsiveness to treatment and rehabilitative prognosis, even if the condition is not the focus of any home health treatment itself.

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources 

Secondary diagnoses in M1022 are defined as “all conditions that coexisted at the time the plan of care was established, or which developed subsequently, or affect the treatment or care.” In general, M1022 should include not only conditions actively addressed in the patient’s plan of care but also any co-morbidity affecting the patient’s responsiveness to treatment and rehabilitative prognosis, even if the condition is not the focus of any home health treatment itself.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent, cont'd

- **(M1022) Secondary or Other Diagnoses, cont'd**
 - List diagnoses in order to best reflect the seriousness of the patient's condition and justify the disciplines and services provided.
 - Avoid listing diagnoses of mere historical interest.
 - Diagnoses may or may not be related to the most recent hospital stay but must relate to the HHA services.
 - Skilled services are used to judge the relevancy of the diagnosis to the plan of care and to the OASIS.

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



You must ensure that the secondary diagnoses assigned to M1022 are listed in the order that best reflects the seriousness of the patient's condition and justifies the disciplines and services provided. Agencies should avoid listing diagnoses that are of mere historical interest and without impact on patient progress or outcome. For example, if your patient had a history of gastro esophageal reflux disease but it is currently well controlled and poses no impact to the patient's progress or outcome, then it would not be listed as a secondary diagnosis. The secondary diagnosis may or may not be related to a patient's recent hospital stay but must relate to the services rendered by the home health agency. Skilled services such as skilled nursing, physical therapy, occupational therapy, and speech language pathology are used in judging the relevancy of a diagnosis to the plan of care and to the OASIS.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent, cont'd

Sequencing Secondary or Other Diagnoses

- Determined by the degree that the diagnosis impacts the patient's health and need for home health care.
- Not sequenced by the symptom control rating.

Rate the degree of symptom control for the condition listed in Column 1 using the following scale:

- 0 – Asymptomatic, no treatment needed at this time
- 1 – Symptoms well controlled with current therapy
- 2 – Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
- 3 – Symptoms poorly controlled; patient needs frequent adjustment in treatment and dose monitoring
- 4 – Symptoms poorly controlled; history of re-hospitalizations

Note that in Column 2 the rating for symptom control of each diagnosis should not be used to determine the sequencing of the diagnoses listed in Column 1. These are separate items and sequencing may not coincide. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The order in which secondary diagnoses are entered into M1022 should be determined by the degree that they impact the patient's health and need for home health care, rather than the degree of symptom control. The definition for each level of the symptom control scale is included in the M item itself: "0" describes a diagnosis that is asymptomatic and requires no treatment at this time. "1" describes a diagnosis with symptoms that are well controlled with the current therapy. "2" describes a diagnosis with symptoms that are controlled with difficulty and affect the patient's daily functioning; the patient needs ongoing monitoring related to the diagnosis. "3" describes a diagnosis with poorly controlled symptoms. The patient needs frequent adjustment in treatment and dose monitoring for this diagnosis. "4" describes a diagnosis that is poorly controlled. The patient has a history of re-hospitalization for exacerbation of this condition.

M1020/1022/1024 Diagnoses, Symptom Control and Payment Diagnoses: Item Intent, cont'd

Example:

A patient is admitted to home health with a diagnosis of Type II diabetes and a fungal infection of a toenail. Assessment reveals that the diabetes symptoms are controlled with difficulty and the patient will require frequent assessment and extensive disease management teaching. The fungal infection is assessed to be poorly controlled, but requires assessment only.

(M1020) Primary Diagnosis	(V-codes are allowed)	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
a. Type II DM	a. () <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	a. ()	a. ()
(M1022) Other Diagnoses	(V- or E-codes are allowed)	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
b. Fungal infection	b. () <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4	b. ()	b. ()

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



Let’s look at this example that demonstrates how diagnoses are sequenced based on the seriousness of the illness and to justify the disciplines and services, not by the symptom control rating. A patient is admitted to home health with a diagnosis of Type II diabetes and a fungal infection of a toenail. Assessment reveals that the diabetes symptoms are controlled with difficulty and the patient will require frequent assessment and extensive disease management teaching. The fungal infection is assessed to be poorly controlled, but requires assessment only. Based on our guidance, we would sequence the Type II diabetes mellitus as the primary diagnosis since it requires much more intense home health services, even though the diabetes symptom control is better than the fungal infection.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Item Intent, cont'd

- **(M1024) Case Mix Diagnosis (also referred to as Payment Diagnosis)**
 - A diagnosis that gives a patient a score for Medicare Home Health PPS case-mix group assignment
 - The list of case mix diagnosis codes is included in the Home Health PPS Grouper Software.
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/CaseMixGrouperSoftware.html>

Item Intent Time Points Response-Specific Instructions Data Sources/Resources 

Let's move next to M1024 Payment Diagnoses. You will notice that a payment diagnosis is also referred to as a case mix diagnosis in the item intent and response-specific instructions. A case mix diagnosis gives a patient a score that is used for assignment to a Medicare Home Health PPS case-mix group. It could be a primary diagnosis, other diagnosis, or a manifestation associated with a primary or other diagnosis. Documentation in the patient's medical record should support the primary and each secondary diagnosis. To find a list of case mix diagnosis codes, click on the link shown on the screen to see case mix diagnoses included in the Home Health PPS Grouper Software.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Response-Specific Instructions

- **(M1024) Case Mix Diagnosis (also referred to as Payment Diagnosis)**
 - A V-code is reported in M1020 or M1022 **AND**
 - The V-code is replacing a case mix diagnosis that is inappropriate to report as a secondary diagnosis.
 - Fractures are the only diagnoses which can impact payment in M1024; others may impact risk adjustment.
- **Not a Case Mix Diagnosis**
 - Current conditions that should be primary/secondary
 - V-codes & E-codes

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html>

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources



The following response-specific instructions provide guidance in selecting the most appropriate response for the primary, secondary, and payment diagnoses. V-codes may be entered in row a of Column 2 for M1020 Primary Diagnosis. V-codes and E-codes may be entered in the other rows of Column 2 for item M1022 Secondary or Other Diagnoses. V-codes and E-codes may not be assigned to M1024, Columns 3 and 4, as these columns pertain to the Medicare PPS case mix diagnosis only. As of January 2013, fractures are the only diagnoses which can impact payment in M1024; others may impact risk adjustment. You would complete optional Columns 3 and 4 only if a V- code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis. Refer to the OASIS-C Guidance Manual, Appendix D, Section D4 for a more detailed explanation of this guidance. Use the hyperlink provided to access Appendix D.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Response-Specific Instructions, cont'd

- Acute fracture codes are not appropriate to code as primary or secondary diagnoses. These may be coded in M1024.

(M1020) Primary Diagnosis	(V-codes are allowed)	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
a. A/C joint replacement	a. (V54.81)	Open fx head a. femur	a. _____
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(820.09)	(. . . .)

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



ICD-9-CM guidelines stipulate that the acute fracture code is only to be used for the initial, acute episode of care, which is why the acute fracture code is no longer appropriate once the patient has been discharged from the hospital to home health care. Because the reason for surgery, the fracture, is a resolved condition, it cannot be reported in M1020 or M1022. It must be reported in M1024 because of the guidance that states if a V-code replaces the fracture code in either M1020 or M1022, the home health agency can code the acute fracture code in the corresponding occurrence of M1024.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Response-Specific Instructions, cont'd

(M1020) Primary Diagnosis & (M1022) Other Diagnoses		(M1024) Payment Diagnoses (OPTIONAL)	
Column 1	Column 2	Column 3	Column 4
Assigning or Coding Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.)	ICD-9-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses	Complete if a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis**.	Complete only if the V-code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situation (e.g. a manifestation code).
Description	ICD-9-CM / Symptom Control Rating	Description/ ICD-9-CM	Description/ ICD-9-CM
(M1020) Primary Diagnosis	(V-codes are allowed)	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
a. _____	a. (____ . ____) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	a. _____ (____ . ____)	a. _____ (____ . ____)
(M1022) Other Diagnoses	(V- or E-codes are allowed)	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
b. _____	b. (____ . ____) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	b. _____ (____ . ____)	b. _____ (____ . ____)

Complete Columns 1 and 2 from top to bottom.

Columns 3 and 4 may have blank entries in any row

Complete Columns 1 and 2 from top to bottom, leaving any blank entries at the bottom. In Columns 3 and 4, which are optional, there may be blank entries in any row. When codes are entered in optional Columns 3 and 4, ensure that they are placed in the row that shows the corresponding V-code.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Response-Specific Instructions, cont'd

- **Assessment Strategies for M1024 Case Mix Diagnoses (Optional)**
 - If the case mix diagnosis requires multiple diagnoses under ICD-9-CM coding guidelines, enter these codes in Columns 3 and 4.
 - Example: If a case mix diagnosis is coded as a combination of an etiology and a manifestation code, the etiology code should be entered in Column 3 and the manifestation code should be entered in Column 4.
 - For additional information about the history of the case mix diagnosis as well as more detailed assessment strategies, refer to [Appendix D of the OASIS-C Guidance Manual](#).

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/Resources 

If the case mix diagnosis requires multiple diagnoses under ICD-9-CM coding guidelines, you will enter these codes in Columns 3 and 4. This happens when a case mix diagnosis is coded as a combination of an etiology and a manifestation code. The etiology code should be entered in Column 3, and the manifestation code should be entered in Column 4.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Data Sources / Resources

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Referral information
 - Current medication list
 - Physician
 - Physician's orders
 - Current ICD-9-CM code book
 - For degree of symptom control, data sources may include patient/caregiver interview, physician, physical assessment, and review of past medical history.
 - See [Appendix D of the OASIS-C Guidance Manual](#) for more information.



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



In order to complete M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses, the assessing clinician will utilize multiple sources. The assessing clinician may gather information through patient and caregiver interview and by reviewing the referral information and current list of medications. It is important to remember, though, that all diagnoses come from the physician and the physician's orders. It will be necessary to consult a current ICD-9-CM code book to assign the codes. For degree of symptom control, data sources may include patient/caregiver interview, the physician, physical assessment, and review of past medical history. If you would like more information on assigning and coding diagnoses in M1020 and M1022, you may reference Appendix D of the OASIS-C Guidance manual.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Review Question #1

Which of the following statements is true regarding M1020 Primary Diagnosis?

- A) You may enter any one of the conditions that coexisted at the time the plan of care was established.
- B) It should be the diagnosis most related to the patient's current plan of care, the most acute diagnosis and, therefore, the chief reason for providing home care.
- C) It can be an E-code or surgical code.

Select the correct response.



Let's practice applying the guidance we just covered. Which of the following statements is true regarding M1020 Primary Diagnosis?

- A) You may enter anyone of the conditions that coexisted at the time the plan of care was established.
- B) It should be the diagnosis most related to the patient's current plan of care, the most acute diagnosis and, therefore the chief reason for providing home care.
- C) It can be an E-code or surgical code.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Review Question #1

Which of the following statements is true regarding M1020 Primary Diagnosis?

- A) You may enter any one of the conditions that coexisted at the time the plan of care was established.
- B) **It should be the diagnosis most related to the patient's current plan of care, the most acute diagnosis and, therefore, the chief reason for providing home care.**
- C) It can be an E-code or surgical code.

That is correct! The item intent informs us that the primary diagnosis reported in M1020 should be the diagnosis most related to the patient's current plan of care, the most acute diagnosis and, therefore, the chief reason for providing home care.



That is correct! The item intent informs us that the primary diagnosis reported in M1020 should be the diagnosis most related to the patient's current plan of care, the most acute diagnosis and, therefore, the chief reason for providing home care.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Review Question #2

Which of the following statements is true regarding a case mix diagnosis?

- A) It is a diagnosis that gives a patient a score for Medicare Home Health PPS case mix group assignment.
- B) It will always be a V-code.
- C) It may be an E-code.

Select the correct response.



Let's try another question. Which of the following statements is true regarding a case mix diagnosis?

- A) It's a diagnosis that gives a patient a score for Medicare Home Health PPS case-mix group assignment.
- B) It will always be a V-code.
- C) It may be an E-code.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Review Question #2

Which of the following statements is true regarding a case mix diagnosis?

- A) **It is a diagnosis that gives a patient a score for Medicare Home Health PPS case mix group assignment.**
- B) It will always be a V-code.
- C) It may be an E-code.

That is correct! A case mix diagnosis is a diagnosis that gives a patient a score for the Medicare Home Health PPS case mix group assignment. V- or E-codes are not reported in M1024.



That is correct! A case mix diagnosis is a diagnosis that gives a patient a score for the Medicare Home Health PPS case mix group assignment. V- or E- codes are not reported in M1024.

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Review Question #3

When is it appropriate to enter an ICD-9-CM code into optional space M1024?

- A) Any time you want to further describe a condition.
- B) When the condition is part of an etiology manifestation pair and the etiology is placed in M1020 row a.
- C) When a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis.

Select the correct response.



Apply the guidance we covered as you answer this last question. When is it appropriate to enter an ICD-9-C M code into optional space M1024?

- A) Any time you want to further describe a condition
- B) When the condition is part of an etiology manifestation pair and the etiology is placed in M1020 row a.
- C) When a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis

M1020/1022/1024 Diagnoses, Symptom Control, and Payment Diagnoses: Review Question #3

When is it appropriate to enter an ICD-9-CM code into optional space M1024?

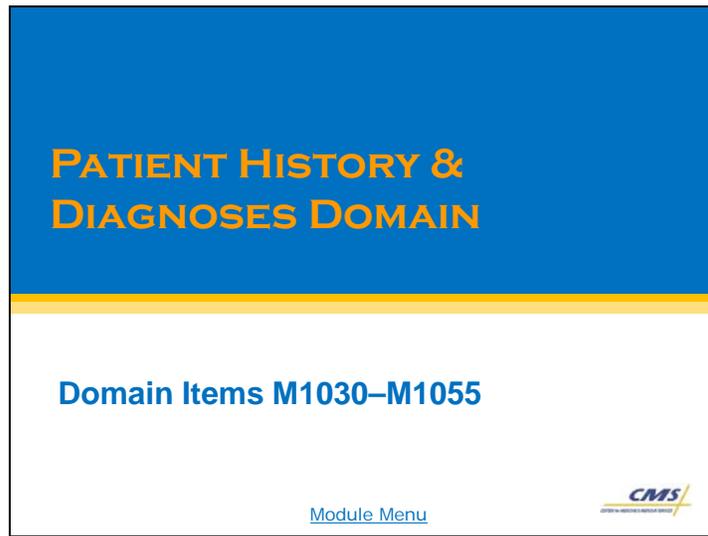
- A) Any time you want to further describe a condition.
- B) When the condition is part of an etiology manifestation pair and the etiology is placed in M1020 row a.
- C) **When a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis.**

That is correct! When a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis, it is appropriate to enter an ICD-9-CM code into optional space M1024.

[Module Menu](#)



That is correct! When a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis, it is appropriate to enter an ICD-9-CM code into optional space M1024.



This topic addresses OASIS-C items M1030 through M1055 in the Patient History and Diagnoses Domain.

Summary of M- Items

- M1000 From which of the following Inpatient Facilities was the patient discharged during the past 14 days?
- M1005 Inpatient Discharge Date
- M1010 Inpatient Diagnosis
- M1012 Inpatient Procedure
- M1016 Diagnoses Requiring Medical or Treatment Regimen Change Within Past 14 Days
- M1018 Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay Within Past 14 days
- M1020 Primary Diagnosis / M1022 Other Diagnoses / M1024 Payment Diagnoses



There are 17 items in the Patient History and Diagnoses Domain that we will discuss individually during this program.

Summary of M- Items

- M1030 Therapies the patient receives at home
- M1032 Risk for Hospitalization
- M1034 Overall Status
- M1036 Risk Factors
- M1040 Influenza Vaccine
- M1045 Reason Influenza Vaccine not received
- M1050 Pneumococcal Vaccine
- M1055 Reason PPV not received



In this topic, we will cover the following eight items:

- M1030 Therapies the patient receives at home
- M1032 Risk for Hospitalization
- M1034 Overall Status
- M1036 Risk Factors
- M1040 Influenza Vaccine
- M1045 Reason Influenza Vaccine not received
- M1050 Pneumococcal Vaccine; and
- M1055 Reason PPV not received

M1030 Therapies at Home
Item Intent & Time Points

(M1030) Therapies the patient receives at home: (Mark all that apply.)

- 1 - Intravenous or infusion therapy (excludes TPN)
- 2 - Parenteral nutrition (TPN or lipids)
- 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- 4 - None of the above

• Identifies whether the patient is receiving intravenous, parenteral nutrition, or enteral nutrition **at home**, whether or not the home health agency is administering the therapy.

Collected at SOC, ROC & FU

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources



M1030 Therapies the patient receives at home identifies whether the patient is receiving intravenous or infusion therapy, parenteral nutrition, or enteral nutrition at home, whether or not the home health agency is administering the therapy. This data is collected at the Start of Care, Resumption of Care, and Follow-up assessment time points.

M1030 Therapies at Home Response-Specific Instructions

INCLUDES	EXCLUDES
Only therapies administered in the home, defined by the patient's place of residence	Therapies administered in outpatient facilities or by any provider outside the home setting
	

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources


Response-specific instructions provide further direction regarding which therapies are included or excluded for this item. You should only include therapies administered in the home, defined as the patient's place of residence. This means the patient is receiving one of the included therapies, such as IV therapy, enteral or parenteral nutrition, in their place of residence. Therapies administered in settings other than the place of residence, such as a physician's office or outpatient center, are excluded.

M1030 Therapies at Home Response-Specific Instructions, cont'd

- Select Response 1- Intravenous or infusion therapy if:
 - Patient receives intermittent medications or fluids via an IV line (includes flushes).
 - Ongoing infusion therapy is being administered at home via a central line, subcutaneous, epidural, intrathecal infusion, or insulin pump.
 - Patient receives hemodialysis or peritoneal dialysis in the home.

- Do **NOT** select Response 1- Intravenous or infusion therapy if:
 - IV catheter present but not active.
 - Parameters for PRN IV administration not met on day of assessment.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



First, let's discuss when you would select Response 1, Intravenous or infusion therapy. If a patient receives intermittent medications or fluids through an IV line, including heparin or saline flushes, or if ongoing infusion therapy is administered at home through a central line, subcutaneous infusion, epidural infusion, intrathecal infusion, or insulin pump, select Response 1. You would also select this response if the patient receives hemodialysis or peritoneal dialysis in the home. Next, let's discuss situations when you would **NOT** select Response 1. If there is an IV catheter present but it is not used for active treatment or flushes in the home, do not select Response 1. An example of this would be a patient who had an IV catheter present but it only required site assessment and dressing changes from the home health agency. You would also **NOT** select Response 1 when there are orders for an IV infusion to be given only when specific parameters are present, but those parameters were not met on the day of assessment. For example, IV orders were present on admission for hydration to be administered if the patient continued to vomit for a period of six hours. On the day of assessment, the patient was not vomiting and was adequately hydrated. In this scenario, Response 1 would **NOT** be selected since on the day of assessment, the patient did not require the IV hydration.

**M1030 Therapies at Home
Response-Specific Instructions, cont'd**

- If patient will receive included therapy as a result of the SOC/ROC or Follow-up assessment, mark the applicable therapy.
- An irrigation or infusion of the bladder is not included.
- Select Response 3 - Enteral nutrition if any enteral nutrition is provided.
- Do **NOT** select Response 3 - Enteral nutrition if a feeding tube is in place but is not currently used for nutrition.
 - A flush of a feeding tube is not considered nutrition and is not reported in M1030.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

If the patient will receive one of the included therapies as a result of the Start of Care, Resumption of Care, or Follow-up assessment, mark the applicable therapy. For example, the assessment reveals the patient is significantly dehydrated. The clinician notifies the physician and receives orders to start IV hydration at the assessment visit or a specified subsequent visit. In this situation Response 1 would be marked. An irrigation or infusion of the bladder is not included when completing M1030 Therapies at home. Select Response 3 if any enteral nutrition is provided. Do not select Response 3 if a feeding tube is in place but is not currently used for nutrition. A flush of a feeding tube does not provide nutrition and thus would not be reported here.

**M1030 Therapies at Home
Data Sources / Resources**

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Review of past health history
 - Physical assessment
 - Referral information
 - Physician's orders



Item Intent _____ Time Points _____ Response-Specific Instructions _____ **Data Sources/ Resources** 

When completing M1030 Therapies at home, the assessing clinician may gather information from multiple sources. Patient and caregiver interviews, a review of past health history, and the referral information are good starting points. These sources, however, should be combined with a physical assessment of the patient. The clinician may discover an implanted pump that was forgotten during the interview and left off the referral documentation. While all these sources provide valuable information, ultimately, it is the physician's orders that will provide the information needed to score this item accurately.

M1030 Review Question

At the Start of Care assessment, you identify that the patient has both an implanted port-a-cath and a G-tube. All chemotherapy and flushes occur at the oncology clinic, and the G-tube is only used for nutritional support PRN following chemotherapy. The patient has not required any G-tube feedings for one week. How would you score M1030 Therapies at home?

(M1030) Therapies the patient receives at home: **(Mark all that apply.)**

- 1 - Intravenous or infusion therapy (excludes TPN)
- 2 - Parenteral nutrition (TPN or lipids)
- 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- 4 - None of the above

Select the correct response.



Let’s practice applying the guidance we just covered for this item. At the Start of Care assessment, you identify that the patient has both an implanted port-a-cath and a G-tube. All chemotherapy and flushes occur at the oncology clinic, and the G-tube is only used for nutritional support PRN following chemotherapy. The patient has not required any G-tube feedings for one week. How would you score M1030 Therapies at home?

M1030 Review Question

At the Start of Care assessment, you identify that the patient has both an implanted port-a-cath and a G-tube. All chemotherapy and flushes occur at the oncology clinic, and the G-tube is only used for nutritional support PRN following chemotherapy. The patient has not required any G-tube feedings for one week. How would you score M1030 Therapies at home?

(M1030) Therapies the patient receives at home: (Mark all that apply.)

- 1 - Intravenous or infusion therapy (excludes TPN)
- 2 - Parenteral nutrition (TPN or lipids)
- 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- 4 - None of the above

That is correct! The response-specific instructions for M1030 direct us to exclude therapies administered outside of the home setting. On the day of assessment, the patient did not require any G-tube feedings.



That is correct! The response-specific instructions for M1030 direct us to exclude therapies administered outside of the home setting. On the day of assessment, the patient did not require any G-tube feedings.

**M1032 Risk for Hospitalization
Item Intent & Time Points**

(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

• Identifies patient characteristics that may indicate the patient is at risk for hospitalization in the care provider’s professional judgment.

Collected at SOC & ROC

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources



The intent of M1032 Risk for Hospitalization is for the assessing clinician to identify patient characteristics that may indicate the patient is at risk for hospitalization in the care provider’s professional judgment. This data is collected at the Start of Care and Resumption of Care assessment time points.

**M1032 Risk for Hospitalization
Response-Specific Instructions**

(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

- Select **all** responses 1–6 that apply.
- Response 1 – Recent decline in mental, emotional, or behavioral status refers to significant changes occurring over the past year that may impact the patient's ability to remain safely in the home and increase the likelihood of hospitalization.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources



The response-specific instructions provide further guidance for accurate data collection. The directions for this item state to mark all that apply. This means you are to consider your patient's characteristics and select all responses, one through six, that would indicate that your patient is at risk for hospitalization. Response 1, recent decline in mental, emotional, or behavioral status, refers to significant changes occurring over the past year that may impact the patient's ability to remain safely in the home and increase the likelihood of hospitalization.

**M1032 Risk for Hospitalization
Response-Specific Instructions, cont'd**

(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

- Response 3 – History of falls includes both witnessed and unwitnessed falls.
- Response 4 – Taking five or more medications includes OTC medications.
- Response 5 – Frailty indicators includes weight loss in the last year, self-reported exhaustion, and slower movements (sit to stand and while walking).



Item Intent Time Points Response-Specific Instructions Data Sources/ Resources

When considering Response 3 - History of falls, note that the response option provides an OASIS definition. This option should be selected if the patient has had two or more falls in the past year or the patient suffered an injury as a result of a fall in the past year. Both witnessed and unwitnessed falls are considered here. Response 4 - Taking five or more medications, includes all medications, even those purchased over-the-counter. Response 5 - Frailty indicators, includes weight loss over the last year, self-reported exhaustion, and slower movements when moving from sit to stand and while walking.

M1032 Risk for Hospitalization
Data Sources / Resources

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Referral information
 - Review of past health history
 - Physical assessment
 - Physician



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

When scoring M1032 Risk for Hospitalization, the assessing clinician will need to use multiple sources. A combination of patient and caregiver interview, review of the referral information and past health history, physical assessment, and, finally, communication with the physician will provide the most accurate picture of your patient’s risk for hospitalization.

M1034 Overall Status
Item Intent & Time Points

(M1034) Overall Status: Which description best fits the patient's overall status? **(Check one)**

- 0 - The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age).
- 1 - The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) of serious complications and death (beyond those typical of the patient's age).
- 2 - The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death.
- 3 - The patient has serious progressive conditions that could lead to death within a year.
- UK - The patient's situation is unknown or unclear.

• Identifies the general potential for health status stabilization, decline, or death in the care provider's professional judgment.

Collected at SOC & ROC

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources



The intent of M1034 Overall Status is for the assessing clinician to identify the general potential for health status stabilization, decline, or death in the care provider's professional judgment. This data is collected at the Start of Care and Resumption of Care assessment time points.

M1034 Overall Status
Response-Specific Instructions

- Use information from other providers and your clinical judgment to select the response that best identifies the patient’s status.
- Consider current health status, medical diagnoses, and information from the physician and patient/family on expectations for recovery or life expectancy.
- A “Do Not Resuscitate” order does **not** need to be in place for Response 2 or 3 to apply.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/ Resources 

The response-specific instructions provide further guidance for accurate data collection. The instructions for this item direct us to use information from other providers and our clinical judgment to select the response that best identifies the patient’s status. Consider current health status, medical diagnoses, and information from the physician, the patient, and his or her family on expectations for recovery or life expectancy. A “Do Not Resuscitate” order does not need to be in place in order to select Response 2 or 3.

M1034 Overall Status
Data Sources / Resources

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Physician
 - Review of health history
 - Referral information
 - Physical assessment
 - Advance Directive



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The item-specific guidance for M1034 Overall Status states the clinician should use clinical judgment to select the response that best identifies the patient’s status based on the information gathered from patient/caregiver interview, the physician, a review of health history and referral information, a physical assessment and the Advance Directive. Remember though, a “Do Not Resuscitate” order is not required in order to select the responses that indicate the patient may die within a year.

M1036 Risk Factors
Item Intent & Time Points

(M1036) Risk Factors, either present or past, likely to affect current health status and/or outcome: **(Mark all that apply.)**

- 1 - Smoking
- 2 - Obesity
- 3 - Alcohol dependency
- 4 - Drug dependency
- 5 - None of the above
- UK - Unknown

- Identifies specific factors that may exert a substantial impact on the patient’s health status, response to medical treatment, and ability to recover from current illnesses.

Collected at SOC & ROC

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The intent of M1036 Risk Factors is for the assessing clinician to identify specific factors that, in their professional judgment, may exert a substantial impact on the patient’s health status, response to medical treatment, and ability to recover from current illnesses. This data is collected at the Start of Care and Resumption of Care assessment time points.

M1036 Risk Factors
Response-Specific Instructions

(M1036) Risk Factors, either present or past, likely to affect current health status and/or outcome: (Mark all that apply.)

- 1 - Smoking
- 2 - Obesity
- 3 - Alcohol dependency
- 4 - Drug dependency
- 5 - None of the above
- UK - Unknown

- Select all responses 1–4 that apply.
- If Response 5 – None of the above is selected, none of the other responses should be selected.
- CMS does not provide a specific definition for each of these factors.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

The response-specific instructions provide further guidance for accurate data collection. For Responses 1-4 of this item, we are directed to select all that apply. If Response 5 – None of the above is selected, none of the other responses should be marked. When determining patient risk factors, use your professional judgment. CMS does not provide a specific definition for each of these risk factors.

M1036 Risk Factors
Response-Specific Instructions, cont'd

(M1036) Risk Factors, either present or past, likely to affect current health status and/or outcome: **(Mark all that apply.)**

- 1 - Smoking
- 2 - Obesity
- 3 - Alcohol dependency
- 4 - Drug dependency
- 5 - None of the above
- UK - Unknown

- Amount and length of exposure should be considered when selecting a response.
- Care providers should use judgment in evaluating risks to current health conditions from behaviors that were stopped in the past.
- For determination of obesity, consider using Body Mass Index guidelines.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

The amount and length of exposure should be considered when selecting appropriate responses. For example, smoking may not be considered a risk factor if a patient only smokes one cigarette a month. When assessing this item, you should use judgment when evaluating risks to current health conditions from behaviors that were stopped in the past. For determination of obesity, consider using Body Mass Index guidelines.

M1036 Risk Factors Data Sources / Resources

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Physician
 - Review of past health history
 - Physical assessment
 - Links to Body Mass Index guidelines for obesity can be found in [Chapter 5 of the OASIS-C Guidance Manual](#).



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



When scoring M1036 Risk Factors, the assessing clinician may gather information from multiple sources, including patient and caregiver interview, the physician, a review of past health history, and the physical assessment. There are links to Body Mass Index guidelines in Chapter 5 of the OASIS-C Guidance manual.

M1040 Influenza Vaccine Item Intent & Time Points

(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*]

- Identifies whether the patient received an influenza vaccine for the current influenza season from the home health agency during this episode of care.

Collected at Transfer & Discharge

Item Intent
Time Points
Response-Specific Instructions
Data Sources/ Resources



The intent of M1040 Influenza Vaccine is for the assessing clinician to identify whether the patient received an influenza vaccine for the current influenza season from the home health agency during this episode of care. This item does not assess flu vaccines given by another care provider or provision of the vaccine by your agency prior to the most recent Start of Care or Resumption of Care, because that information will be reported in M1045. The responses to M1040 and M1045 are combined to document in your agency's process measure report the percentage of eligible patients who received the influenza immunization for the current flu season. This data is collected at the Transfer to Inpatient Facility and Discharge from Agency not to an Inpatient Facility time points.

M1040 Influenza Vaccine Response-Specific Instructions

(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?

- A **care episode** is one that includes both an SOC/ROC and a Transfer/Discharge.
- When completing this item at Transfer or Discharge, only go back to the **most recent** SOC or ROC to determine if the patient received the flu vaccine from your agency.

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources 

The response-specific instructions provide us with several definitions for terms found in this item. A care episode is one that includes both a Start of Care or Resumption of Care and a Transfer or Discharge. When completing this item at Transfer or Discharge, only go back to the most recent Start of Care or Resumption of Care to determine if the patient received the flu vaccine from your agency.

**M1040 Influenza Vaccine
Response-Specific Instructions, cont'd**

(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?

- This year's influenza season means the current flu season as established by the Centers for Disease Control and Prevention (CDC).
- Each year, flu vaccine manufacturers only release the vaccine per CDC recommendations.
- If the flu vaccine is available for administration, it is flu season.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

This year's influenza season means the current flu season as established by the Centers for Disease Control and Prevention (CDC). Each year, flu vaccine manufacturers only release the vaccine per CDC recommendations. If the flu vaccine is available for administration, that means it is flu season.

**M1040 Influenza Vaccine
Response-Specific Instructions, cont'd**

(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?

- October 1 through March 31 means the time period utilized in the computation of the process measures and for the purpose of identifying if the episode of care (SOC/ROC to Transfer/Discharge) is outside of the flu season.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources



The time frame included in the wording of the item, October 1 through March 31, represents the time period utilized in the computation of the process measures and for the purpose of identifying if the episode of care is outside of the flu season. Remember that the care episode begins with a Start of Care or Resumption of Care and ends with the Transfer or Discharge.

**M1040 Influenza Vaccine
Response-Specific Instructions, cont'd**

(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*]

- Select "NA" if no part of the episode of care (from the most recent SOC/ROC to Transfer or Discharge) occurs during the time period from October 1 through March 31.

Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/
Resources 

Mark "NA" if no part of the episode of care, meaning from the most recent Start of Care or Resumption of Care assessment to Transfer or Discharge, occurs during the time period from October 1 through March 31.

M1040 Influenza Vaccine Response-Specific Instructions, cont'd

(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*]

- Only select Response 0 or 1 if **any** portion of the home health episode (from SOC/ROC to Transfer or Discharge) occurs during the current influenza season.
- Only select Response 1 if the patient received the flu vaccine from your agency during this episode of care

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

Only select Response 0 or 1 if any portion of the home health episode, meaning from Start of Care or Resumption of Care to Transfer or Discharge, occurs during the current influenza season. Only select Response 1 if the patient received the flu vaccine from your agency during this episode of care. This item meets the National Quality Forum's requirements for harmonization of influenza measures across care settings.

M1040 Influenza Vaccine Data Sources / Resources

- Gather data from multiple sources:
 - Clinical record
 - Patient/caregiver interview
 - For each influenza season, identify the period of time for which the Centers for Disease Control and Prevention recommends influenza vaccines be administered. See [Chapter 5 of the OASIS-C Guidance Manual](#) for links to CDC resources.



Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



Because M1040 Influenza Vaccine is completed at the time of the Transfer or Discharge, the assessing clinician may gather information from two sources – a review of the clinical record in the case of a Transfer or through both patient/caregiver interview and record review at the time of the Discharge. The clinician should remember that for each influenza season, the flu season is determined by the Centers for Disease Control and Prevention when it recommends when the influenza vaccines be administered. See Chapter 5 of the OASIS-C Guidance manual for links to CDC resources.

M1040 Review Question #1

The CDC designates the influenza season as beginning on October 1st and ending on March 31st every year.

True
 False

That is correct! October 1 through March 31 is the time period utilized for the computation of the process measures and for the purpose of identifying if the care episode is outside of the flu season. Each year, flu vaccine manufacturers only release the vaccine per CDC recommendations; therefore, when the vaccine is available, it is the flu season.

Select the correct answer.



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Let’s take a moment to review the guidance for M1040. The CDC designates the influenza season as beginning on October 1st and ending on March 31st every year. True or false?

The answer is False. October 1st through March 31st is the time period utilized for the computation of the process measures and for the purpose of identifying if the care episode is outside of the flu season. Each year, flu vaccine manufacturers only release the vaccine per CDC recommendations; therefore, when the vaccine is available, it is the flu season.

M1040 Review Question #2

It is September 25th, and you are performing a Discharge for a patient who was admitted to home care on July 5th. He received the influenza vaccine from your agency on September 3rd. What is the correct response for M1040 Influenza Vaccine?

(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*]

Select the correct response.



It is September 25th, and you are performing a Discharge for a patient who was admitted to home care on July 5th. He received the influenza vaccine from your agency on September 3rd. What is the correct response for M1040 Influenza Vaccine?

M1040 Review Question #2

It is September 25th, and you are performing a Discharge for a patient who was admitted to home care on July 5th. He received the influenza vaccine from your agency on September 3rd. What is the correct response for M1040 Influenza Vaccine?

(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*]

That is correct! Even though the patient received this year's influenza vaccine during the influenza season, there were no days in the care episode that occurred during the October 1 – March 31 time frame. The response-specific instructions direct us to select Response NA if no part of the care episode occurred between October 1 and March 31.



That is correct! Even though the patient received this year's influenza vaccine during the influenza season, there were no days in the care episode that occurred during the October 1 - March 31 time frame. The response-specific instructions direct us to mark Response NA if no part of the care episode occurred between October 1 and March 31.

M1045 Reason Influenza Vaccine Not Received Item Intent & Time Points

(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

- Specifies the reason that a patient did not receive an influenza vaccine from your agency during this home health episode of care (from SOC/ROC to Transfer or Discharge).

Collected at Transfer & Discharge

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



The intent of item M1045 Reason Influenza Vaccine not received is for the assessing clinician to specify the reason that a patient did not receive an influenza vaccine from your agency during this home health episode of care. Remember from prior slides that a care episode begins with the Start of Care or Resumption of Care assessment and ends with a Transfer or Discharge. Also remember that for each influenza season, the CDC recommends the time frame for administration of the influenza vaccine. Responses to M1040 and M1045 are combined to report the percentage of eligible patients who received the influenza immunization for the current flu season. This item is collected at the Transfer and Discharge from agency time points.

M1045 Reason Influenza Vaccine Not Received Response-Specific Instructions

Complete item M1045 if Response 0 - No is selected for M1040 Influenza Vaccine.

(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) 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

Select only one response.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

The response-specific instructions provide the following guidance to support accuracy of data collection. This item is completed only if Response 0 - No is selected for M1040 Influenza Vaccine. Otherwise, skip to M1050 Pneumococcal Vaccine. This is not a mark all that apply item. Select only one response that states why the patient did not receive the influenza vaccine.

**M1045 Reason Influenza Vaccine Not Received
Response-Specific Instructions, cont'd**

(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

Select Response 1 if there is documentation in the medical record that the patient received the influenza vaccine for the current flu season from another provider, such as the patient's physician, a clinic, or a health fair providing influenza vaccines.



Item Intent _____ Time Points _____ **Response-Specific Instructions** _____ Data Sources/ Resources

You would select Response 1 - Received from another health care provider if there is documentation in the medical record that the patient received the influenza vaccine for the current flu season from another provider. Examples include the physician, a clinic, or a health fair providing influenza vaccines.

M1045 Reason Influenza Vaccine Not Received Response-Specific Instructions, cont'd

(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

- Select Response 2 if your agency provided the flu vaccine for this year's flu season prior to this home health episode.
 - Example: SOC/ROC for this episode was in winter, but your agency provided the vaccine for the current flu season during a previous home health episode in the fall when the vaccine for the current flu season became available
- Select Response 2 if a current patient was given a flu vaccine by your agency during a previous roster billing situation during this year's flu season.
- Responses 1 & 2 may be selected even if the flu vaccine was provided prior to October.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



You would select Response 2 if your agency provided the flu vaccine for this year's flu season prior to this home health episode. For example, the Start of Care or Resumption of Care for this episode was in winter, but your agency provided the vaccine for the current flu season during a previous home health episode in the fall, when the vaccine for the current flu season first became available. You would also select Response 2 if a current patient was given a flu vaccine by your agency during a previous roster billing situation during this year's flu season. For example, in September, your agency provided a flu clinic at an assisted living facility and charged clients via roster billing. In December, one of the clients who received a vaccine became a home care patient. You then discharge the patient in February. You would mark M1040 Response 0 - No, because your agency did not give the flu vaccine during this episode of care, and M1045 Response 2 - Received from your agency previously, since your agency provided the vaccine previously in a roster billing situation. Responses 1 and 2 may be selected even if the flu vaccine was provided prior to October. Remember, the flu season is determined by the CDC each year and opens when the vaccine becomes available for administration. October 1 through March 31 is the time period utilized in the computation of the process measures.

**M1045 Reason Influenza Vaccine Not Received
Response-Specific Instructions, cont'd**

(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

Select Response 3 if the patient and/or healthcare proxy refuses the vaccine.

- It is not required that the agency offer the vaccine, only that the patient was offered the vaccine and he/she refused.
- Example: You offer to set up transportation to take your patient to a local drug store for the administration of the influenza vaccine, and the patient refuses the vaccine. Select Response 3 – Offered and declined.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

You would select Response 3 if the patient and/or healthcare proxy refuses the vaccine. It is not required that the agency offer the vaccine, only that the patient was offered the vaccine and he or she refused. Let's look at an example: You offer to set up transportation to take your patient to a local drug store for the administration of the influenza vaccine. The patient refuses the vaccine. Select Response 3 - Offered and declined.

**M1045 Reason Influenza Vaccine Not Received
Response-Specific Instructions, cont'd**

(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

Select Response 4 – Assessed and determined to have medical contraindication(s) if the vaccine is contraindicated for medical reasons such as:

- Anaphylactic hypersensitivity to eggs or other components of the vaccine
- History of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccine
- Bone marrow transplant within 6 months



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

You would select Response 4 - Assessed and determined to have medical contraindications if the vaccine is contraindicated for medical reasons such as anaphylactic hypersensitivity to eggs or other components of the vaccine, a history of Guillain-Barre Syndrome within six weeks after a previous influenza vaccine, or a bone marrow transplant within the past six months.

**M1045 Reason Influenza Vaccine Not Received
Response-Specific Instructions, cont'd**

(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

- Select Response 5 if age/condition guidelines indicate that the influenza vaccine is not appropriate for this patient.
- Age/condition guidelines are updated as needed by the CDC.
 - Detailed information regarding current influenza age/condition guidelines is posted to the CDC website (see link in [Chapter 5 of the OASIS-C Guidance Manual](#)).
 - It is the agency's responsibility to make current guidelines available to clinicians.

Item Intent Time Points **Response-Specific Instructions** Data Sources/ Resources



If age and condition guidelines indicate that the influenza vaccine is not appropriate for this patient, select Response 5. Age and condition guidelines are updated as needed by the CDC. Detailed information regarding current influenza age and condition guidelines is posted to the CDC website. You can find a link to their website in Chapter 5 of the OASIS-C Guidance Manual. The response-specific instructions direct us that it is the agency's responsibility to make current guidelines available to their clinicians.

**M1045 Reason Influenza Vaccine Not Received
Response-Specific Instructions, cont'd**

(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

- Select Response 6 only if the vaccine is unavailable due to a CDC-declared shortage.
- Select Response 7 only if the home health agency did not provide the vaccine due to a reason other than Responses 1-6.
- Select Response 7 - None of the above if the agency has elected not to administer vaccines to their patients and the reasons listed in Responses 1-6 do not apply.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

If the CDC declares a vaccine shortage and the vaccine is unavailable for administration, select Response 6. Response 7 would only be selected if the home health agency did not provide the vaccine due to a reason other than those listed in Responses 1 through 6. Some agencies elect not to administer vaccines to their patients. If this is the case and the reasons listed in Responses 1 through 6 don't apply, then Response 7 - None of the above, should be selected.

**M1045 Reason Influenza Vaccine not Received
Data Sources / Resources**

- Gather data from multiple sources:
 - Clinical record
 - Patient/caregiver interview
 - Physician or other health care provider
 - For each influenza season, identify the period of time for which the Centers for Disease Control and Prevention recommends influenza vaccines be administered. See [Chapter 5 of the OASIS-C Guidance Manual](#) for links to CDC resources.



Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources 

In order to complete M1045 Reason Influenza Vaccine not received, the assessing clinician may gather information from multiple sources including patient/caregiver interview and a review of the medical record. In addition, the clinician may consult with the physician or other healthcare providers to determine if the patient received the flu vaccine from another provider or if there was a medical contraindication.

M1045 Scenario

The patient was admitted to your agency on August 12th and transferred to the hospital on September 30th. A Resumption of Care was performed on October 5th, and the patient was discharged on November 8th. The patient received this year's flu vaccine from your agency on September 15th.



Let's practice applying the guidance we just covered with the following scenario: The patient was admitted to your agency on August 12th and transferred to the hospital on September 30th. A Resumption of Care was performed on October 5th, and the patient was discharged on November 8th. The patient received this year's flu vaccine from your agency on September 15th.

M1045 Scenario Question

How would you score items M1040 and M1045 at Discharge?

(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) 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

[Review Scenario](#) **Select the correct responses.** 

How would you score items M1040 and M1045 at Discharge?

M1045 Scenario Answer

(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) 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

That is correct! The correct response for M1040 is Response 0 – No, since the agency did not provide the flu vaccine during the episode of care that ended at Discharge and began with the Resumption of Care. Since Response 0 is selected for M1040, we must answer M1045. In this scenario, the reason was because the patient received the vaccine from your agency previously during this year's flu season.



The correct response for M1040 Influenza Vaccine is Response 0 - No, since the agency did not provide the flu vaccine during the episode of care that ended at Discharge and began with the Resumption of Care. Since Response 0 is selected for M1040, we must answer M1045 to document the reason the vaccine was not given. In this scenario, the reason was because the patient received the vaccine from your agency previously during this year's flu season.

M1050 Pneumococcal Vaccine (PPV) Item Intent & Time Points

(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*]

- Identifies whether the patient received a PPV from the home health agency during this episode of care. This item does not assess PPVs given by another care provider or provision of the PPV by your agency prior to the most recent SOC/ROC.

Collected at Transfer & Discharge

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources



The intent of M1050 Pneumococcal Vaccine or PPV is for the clinician to identify whether the patient received a PPV from the home health agency during this episode of care, meaning from the Start of Care or Resumption of Care to a Transfer or Discharge. This item does not assess PPVs given by another care provider or provision of the PPV by your agency prior to the most recent Start of Care or Resumption of Care, because that information will be reported in the next item, M1055. Responses to M1050 and M1055 are combined to report the percentage of eligible patients who ever received the PPV. This data is collected at the Transfer to Inpatient Facility and Discharge time points.

**M1050 Pneumococcal Vaccine (PPV)
Response-Specific Instructions**

(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*]

- Select Response 1 - Yes only if the patient received the pneumococcal vaccine (PPV) from your agency during this episode of care.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

Select Response 1 – Yes only if the patient received the pneumococcal vaccine from your agency during this episode of care, meaning from the most recent Start of Care or Resumption of Care to Transfer or Discharge.

**M1050 Pneumococcal Vaccine (PPV)
Data Sources / Resources**

- Gather data from multiple sources:
 - Clinical record
 - Patient/caregiver interview



Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



As with the Influenza Vaccine OASIS item, M1050 Pneumococcal Vaccine is only completed at the time of the Transfer or Discharge, which means the assessing clinician may gather information from two sources – a review of the clinical record in the case of a Transfer, or through both patient/caregiver interview and record review at the time of the Discharge.

**M1055 Reason PPV Not Received
Item Intent & Time Points**

(M1055) Reason PPV not received: If the 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

- This item explains why the patient did not receive a PPV from the home health agency during this episode of care.

Collected at Transfer & Discharge

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The intent of item M1055 Reason PPV not received is for the clinician to explain why the patient did not receive a PPV from the home health agency during this episode of care. Responses reported in items M1050 and M1055 are combined to report the percentage of eligible patients who ever received the PPV. This data is collected at the Transfer and Discharge time points.

M1055 Reason PPV Not Received Response-Specific Instructions

(M1055) Reason PPV not received: If the 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

- Select Response 1 - Patient has received PPV in the past if the patient received the PPV from your agency or from another provider (physician, clinic, health fair, etc.) **AT ANY TIME IN THE PAST.**
- Note that the patient's PPV does not need to be up-to-date in order to select Response 1.
- Select Response 2 - Offered and declined if the patient or other healthcare proxy refused the vaccine.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

The response-specific instructions for this item provide additional guidance for accurate data collection. We are directed to select Response 1 - Patient has received PPV in the past if the patient received the PPV from your agency or from another provider such as a physician, outpatient clinic, or health fair **AT ANY TIME IN THE PAST.** You may select Response 1 even if the patient is overdue for their PPV booster. Select Response 2 - Offered and declined if the patient or other healthcare proxy refused the vaccine. The patient's healthcare proxy might be someone with power of attorney who makes decisions on behalf of the patient.

**M1055 Reason PPV Not Received
Response-Specific Instructions, cont'd**

(M1055) Reason PPV not received: If the 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

- Select Response 3 - Assessed and determined to have medical contraindication(s) if:
 - Anaphylactic hypersensitivity to components of the vaccine
 - Acute febrile illness
 - Bone marrow transplant within past 12 months
 - Chemotherapy or radiation within past 2 weeks

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources 

You would select Response 3 - Assessed and determined to have medical contraindications if the patient has an anaphylactic hypersensitivity to components of the vaccine or an acute febrile illness. You would also select Response 3 if the patient had a bone marrow transplant within the past 12 months or had chemotherapy or radiation within the past 2 weeks.

**M1055 Reason PPV Not Received
Response-Specific Instructions, cont'd**

(M1055) Reason PPV not received: If the 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

- Response 4 - Not indicated; patient does not meet age/condition guidelines for PPV:
 - Age/condition guidelines updated as needed by CDC.
 - It is the agency's responsibility to make current guidelines available to clinicians.
 - <http://www.cdc.gov/vaccines/recs/vac-admin/default.htm#guide>
 - See CDC guidelines for administration in immunocompromised patients 65 and older.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

If the CDC's age and condition guidelines indicate that the PPV is not appropriate for your patient, you would select Response 4 - Not indicated; patient does not meet age and condition guidelines for PPV. These guidelines are updated as needed by the CDC, and it is the agency's responsibility to make current guidelines available to their clinicians. These guidelines can be found at the CDC website noted on this slide. You may also find information at the website regarding immunocompromised patients 65 and older and guidelines for PPV administration.

**M1055 Reason PPV Not Received
Response-Specific Instructions, cont'd**

(M1055) Reason PPV not received: If the 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

- Select Response 5 - None of the above only if the home health agency did not provide the vaccine due to a reason other than those listed in Responses 1-4.

Item Intent Time Points **Response-Specific Instructions** Data Sources/ Resources 

Response 5 - None of the above should only be selected if the home health agency did not provide the vaccine due to a reason other than those listed in Responses 1-4. If the agency has elected not to administer vaccines to their patients and the reasons listed in Responses 1-4, such as received from another health care provider, do not apply, then Response 5 - None of the above, would be the appropriate response.

M1055 Reason PPV not received
Data Sources / Resources

- Gather data from multiple sources:
 - Patient/caregiver interview
 - Physician
 - Resources for CDC guidelines for PPV administration can be found in [Chapter 5 of the OASIS-C Guidance Manual](#).



Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



When scoring M1055 Reason PPV not received, the assessing clinician will gather information from the patient and caregiver interview and the clinical record. It may be necessary to consult with the physician to determine why the PPV was not received. Additional resources for the CDC Guidelines for PPV administration can be found in Chapter 5 of the OASIS-C Guidance Manual.

M1055 Reason PPV Not Received Review Question

You are discharging the patient, and record review reveals that the PPV was not given by your agency. However, the patient had a PPV ten years ago. What is the correct response for M1055 Reason PPV not received?

(M1055) Reason PPV not received: If the 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

Select the correct response.



Let's practice applying the guidance we just covered. You are discharging the patient, and record review reveals that the PPV was not given by your agency. However, the patient had a PPV ten years ago. What is the correct response for M1055 Reason PPV not received?

M1055 Reason PPV Not Received Review Question

You are discharging the patient, and record review reveals that the PPV was not given by your agency. However, the patient had a PPV 10 years ago. What is the correct response for M1055 Reason PPV not received?

(M1055) Reason PPV not received: If the 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

That is correct! You should select Response 1 – Patient has received PPV in the past if the patient received the PPV from another provider at any time in the past.



That is correct! You should select Response 1 – Patient has received PPV in the past if the patient received the PPV from another provider at any time in the past.



This topic recaps some highlights of what we have learned and lists the resources and references used in this educational module.

Summary of Domain

- Understand each item and the individual responses.
- Use Chapter 3 of the OASIS-C Guidance Manual as your reference for the following concepts:
 - Item intent
 - Time points for completion
 - Response-specific instructions
 - Data sources and resources
- Additional guidance can be found in the CMS Q & As and the CMS Quarterly Q & As.



In summary, in order to collect the items in the Patient History and Diagnoses Domain accurately, it will be important for the assessing clinician to understand each item and its individual responses. Use Chapter 3 of the OASIS-C Guidance Manual as your reference to apply concepts and details related to the intent of each OASIS item, when each item should be completed, what the various response options mean, and what data sources and resources you can use to facilitate an accurate assessment. You can find additional guidance related to data collection in the CMS Q & As and the CMS Quarterly OASIS Q & As.

Resources / References

- OASIS-C Guidance Manual
 - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html
 - Chapter 3 provides guidance on OASIS-C questions.
 - Chapter 5 provides links to CDC vaccination guidelines.
- CHAMP Program
 - www.champ-program.org/
- Home Health Quality Improvement (HHQI) National Campaign
 - www.homehealthquality.org
- OASIS Answers, Inc.
 - www.oasisanswers.com

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You can access additional resources and references at the links listed here. Particularly important is the guidance in Chapter 3 of the OASIS-C Guidance Manual, which served as the foundational content for this educational module. Home care nurses and therapists responsible for collecting OASIS data should consider having a copy of the Chapter 3 guidance accessible while conducting comprehensive assessments to enhance data accuracy.

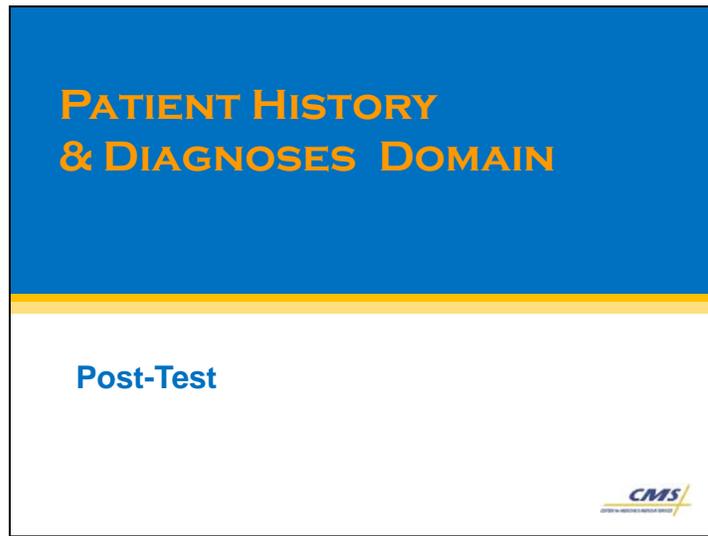
Questions

- Talk with your clinical managers.
- Email OASIS training feedback site.
 - oasisctrainingfeedback@cms.hhs.gov
- Check the CMS Q & As.
 - www.qtso.com/hhdownload.html
- Check the Quarterly Q & As.
 - www.oasisanswers.com
- Contact State OASIS Educational Coordinators.
 - www.cms.gov/OASIS/Downloads/OASISeducationalcoordinators.pdf
- Submit Q & As to CMS.
 - [Send email to: CMSOASISquestions@oasisanswers.com](mailto:CMSOASISquestions@oasisanswers.com)



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If you have questions, consider talking with your clinical managers. If you have comments related to this training module, consider providing feedback to the OASIS training feedback mailbox at oasisctrainingfeedback@cms.hhs.gov. For additional guidance, download and review the CMS Q & As and the Quarterly Q & A updates, available at the links provided here. If you still have an unanswered data collection question after consulting the guidance contained in Chapter 3 of the OASIS-C Guidance Manual and the OASIS Q & As, contact your State OASIS Educational Coordinator, who can provide free assistance in answering your OASIS data collection questions. If your question cannot be resolved with the help of your OEC, consider submitting your inquiry to the CMS OASIS mailbox at CMSOASISquestions@oasisanswers.com. Thank you for your commitment to OASIS accuracy.



This is the Patient History and Diagnoses Domain Module Post-Test. Read each question, select an answer, then select the submit button.

Post-Test Question #1

Mrs. Smith was admitted to the hospital on 12/2 and discharged on 12/6. Discharge documentation indicates she was treated for hyperglycemia. Her oral hypoglycemics were discontinued, and she is now prescribed insulin SQ. In addition to diabetes mellitus, the patient has a diagnosis of GERD, which remained stable throughout the hospitalization, and a candidiasis infection beneath her left breast for which she was prescribed an anti-fungal powder.

Which response below represents accurate completion of M1010 Inpatient Diagnosis?

- A) Diabetes mellitus
- B) Diabetes mellitus, GERD
- C) Diabetes mellitus, candidiasis
- D) GERD, candidiasis

The correct answer is C) Diabetes mellitus, candidiasis. Both the diabetes mellitus and the fungal infection were actively treated in the hospital within the last 14 days.



The correct answer is C) Diabetes mellitus, candidiasis. Both the diabetes mellitus and the fungal infection were actively treated in the hospital within the last 14 days.

Post-Test Question #2

Mrs. Stark did not have an order for infusion, parenteral, or enteral nutrition on the referral. The therapist noted the patient had a pump implanted in the abdomen that was infusing insulin. The patient reported her blood sugars have been stable for months, and the NP in the physician's office takes care of refilling the reservoir.

How would you score M1030 Therapies at Home?

- A) Response 1 – Intravenous or infusion therapy (excludes TPN)
- B) Response 2 – Parenteral nutrition (TPN or lipids)
- C) Response 3 – Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- D) Response 4 – None of the above

The correct answer is A) Response 1 – Intravenous or infusion therapy (excludes TPN). The response-specific instructions for M1030 state that insulin pumps are included in Response 1. The item intent explains that it does not matter whether or not the agency is administering the therapy, just that it must be administered in the home.



The correct answer is A) Response 1 – Intravenous or infusion therapy (excludes TPN). The response-specific instructions for M1030 state that insulin pumps are included in Response 1. The item intent explains that it does not matter whether or not the agency is administering the therapy, just that it must be administered in the home.

Post-Test Question #3

You are admitting Mrs. Washington for surgical aftercare following an abdominal aortic aneurysm repair four days ago. She has a large abdominal incision with two drains in place bilateral to the incision. Two months ago, Mrs. Washington developed shingles and has been suffering with postherpetic neuralgia ever since. She reports her physician has changed her medication and treatment many times without very much success. Mrs. Washington is now taking a new medication for the neuralgia that requires frequent dose monitoring.

Which of the following statements is true regarding M1020 Primary Diagnosis and M1022 Other Diagnoses?

- A) Surgical aftercare with a Symptom Control Rating of 1 should be sequenced before the postherpetic neuralgia with a Symptom Control Rating of 3 because it is the chief reason for home care and the most acute diagnosis.
- B) The postherpetic neuralgia must be sequenced before the surgical aftercare because its symptoms are poorly controlled and the patient's recovery from the surgery has been uneventful.

The correct answer is A). The item intent for M1022 states, "The order that secondary diagnoses are entered should be determined by the degree that they impact the patient's health and need for home health care, rather than the degree of symptom control."



The correct answer is A. The item intent for M1022 states, "The order that secondary diagnoses are entered should be determined by the degree that they impact the patient's health and need for home health care, rather than the degree of symptom control."

Post-Test Question #4

Mr. Hernandez was admitted to home care with a diagnosis of end-stage chronic obstructive pulmonary disease (COPD). His family states the physician spoke to him regarding hospice services, and he refused to consider it. When discussing Advance Directives, the patient stated, "If I take a turn for the worse, I want every life-saving measure possible. I am not ready to die."

When completing M1034 Overall Status, the admitting clinician may not select Response 3 - The patient has serious progressive conditions that could lead to death within a year, because there was no "Do Not Resuscitate" order.

A) True
B) False

The correct answer is B) False. The response-specific instructions for item M1034 inform us that a "Do Not Resuscitate" order does not need to be in place for Response 2 or 3 to apply.



The correct answer is False. The response-specific instructions for item M1034 inform us that a "Do Not Resuscitate" order does not need to be in place for Response 2 or 3 to apply.

Post-Test Questions #5 & #6 Scenario

Mr. Willis was admitted to your agency on December 1st. As the admitting clinician, you verified that he met the age and condition guidelines and had no contraindications, so you asked him if he had received the influenza vaccine this fall, and he replied, “No!” You explained the benefits of immunization and suggested you could arrange transportation to the local pharmacy where they administer the vaccine. Mr. Willis stated, “My sister caught the flu from getting that flu shot, and I am not going to make the same mistake.” Mr. Willis could not be convinced to be vaccinated before discharge from the agency on December 22nd.



Post-Test Question #5

What is the correct response for item M1040 at Discharge?

(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*]

The correct answer is Response 0 – No. The patient did not receive the influenza vaccine from the agency for this year's influenza season during the episode of care.



The correct answer is Response 0 – No. The patient did not receive the influenza vaccine from the agency for this year's influenza season during the episode of care.

Post-Test Question #6

What is the correct response for item M1045 at Discharge?

(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

The correct answer is Response 3 – Offered and declined. The response-specific instructions for item M1045 state that to select Response 3, it is not required that the agency offered the vaccine, only that the patient was offered the vaccine and he/she refused.



The correct answer is Response 3 – Offered and declined. The response-specific instructions for item M1045 state that to select Response 3, it is not required that the agency offered the vaccine, only that the patient was offered the vaccine and he/she refused.
