

CHAPTER 8 06/06 and 09/06 REVIEW WITH FINAL CHANGES

Page Number	M0 Item	Problem/Resolution:
		All references to CMS-485 have been changed to plan of care.
8.7		Clarification of Appropriate Agency Action to second situation.
8.8		Corrected URL in question #1.
8.16	M0016	Updated definition. Clarified response specific instructions.
8.18	M0030	Updated definition. Clarified response specific instructions related to delivery of skilled service to define start of care date and the orders needed for PT/SLP to perform initial visit.
8.22	M0060	Added reference to zip code use for <i>Home Health Compare</i> .
8.23	M0063	Added reference to Medicare Advantage plans.
8.25	M0065	Added reference to State assignment of Medicaid number.
8.29	M0080	In definition, emphasis on who cannot complete Comprehensive Assessment. In response specific instructions, clarification of SOC and Discharge assessment.
8.31	M0100	Clarification of response specific instructions for response 1 for one-visit-only patients.
8.34 & 8.35	M0150	Changed definition to specify payers of services provided by the HHA. Clarification of response specific instructions for responses 2, 6 and 7.
8.36	M0175	Added reference to CWF in assessment strategies. Added clarification in assessment strategies regarding day of assessment. Reinstated 10/03 language removed in error: <ul style="list-style-type: none"> If a patient was discharged from a long term care hospital, the correct response is 1.
8.37	M0180	Added reference to CWF in assessment strategies.
8.38	M0190	Reinstated 10/03 language removed in error: "List each inpatient Diagnosis and ICD-9-CM code at the level of highest specificity for only those conditions treated during an inpatient facility stay within the last 14 days (no surgical, E codes, or V codes): Changed the footer back to 10/03.
8.39	M0200	Revision to definition. Added clarification to assessment strategies.
8.42	M0230/M0240	Revised definition of case mix diagnosis. Added definition of secondary diagnosis. Corrected URL.
8.44	M0245	Revised definition of case mix diagnosis. Revised response specific instructions. Corrected URL. Removed severity codes.
8.45	M0250	Added clarification to definition that the HHA does not have to be administering the therapy.
8.51	M0340	The response-specific instructions were reformatted, creating 3 bullets out of the previous 2. Footer changed to 06/06.

Page Number	M0 Item	Problem/Resolution:
8.58	M0410	Two new bullets were added to the response-specific instructions. Footer changed to 06/06
8.59	M0420	Added clarification to response specific instructions on how pain interferes with activity.
8.60	M0430	Added clarification to definition of intractable pain meeting all three criteria in the item.
8.61	M0440	Added clarification to response specific instructions about cataract and gynecological surgeries.
8.62	M0445	Added clarification to response specific instructions and assessment strategies about healed pressure ulcers and communication with the physician.
8.63 & 8.64	M0450	Added clarification to assessment strategies to reference NPUAP web site for new guidance on staging; and clarification in assessment strategies of healed stage 1 and stage 2 ulcers.
8.65	M0460	Added reference to WOCN guidance. Changed footer.
8.66	M0464	M0464 Status of Pressure Ulcers, Response Specific Instructions. The fourth bullet was revised. Added reference to WOCN Guidance.
8.67	M0468	Added clarification to assessment strategies about communication with the physician.
8.70	M0476	Added reference to WOCN guidance.
8.71	M0482	New language has been added to the response specific instructions to clarify the status of a take-down procedure for an ostomy (last bullet point). New language has been added to clarify the assessment strategies for inspecting surgical sites (first paragraph).
8.72	M0484	<p>Revised response specific instructions:</p> <ul style="list-style-type: none"> • Divide the single bullet point #2 into two bullets. The first one reads: When a single surgical wound heals in a manner that results in one (or more) areas of complete epithelialization with other area(s) of partial healing, each non-epithelialized opening is counted as a separate wound. For example, a vertical laparotomy incision which is epithelialized in some areas, but has an opening at the mid-point and another at the distal point would count as two wounds. • Insert a new third bullet: Each orthopedic pin site is considered a separate wound. • Fourth bullet would be current #3. <p>Footer changed to 06/06.</p>
8.74	M0488	Added reference to WOCN guidance. Added new 5 th bullet about healing ridge.

Page Number	M0 Item	Problem/Resolution:
8.75	M0490	Added clarification to assessment strategies about chairfast and bedbound patients. Footer changed to 06/06.
8.76	M0500	Added clarification to response specific instructions. Footer changed to 06/06.
8.86	M0590	Changed Assessment Strategies reference to correct page 8.82. Footer changed to 06/06.
8.94	M0670	Added bullet under response specific instructions regarding transfer assistance.
8.95	M0680	Added clarification to response specific instructions and assessment strategies.
8.96	M0690	Added clarification to assessment strategies.
8.97	M0700	Added clarification to response specific instructions relating to medical restrictions. Added clarification to assessment strategies.
8.98	M0710	Added clarification to response specific instructions about meal "set-up". Added clarification to assessment strategies.
8.99	M0720	Added clarification to assessment strategies.
8.105	M0780	Added two new bullets in response specific instructions.
8.106	M0790	Added clarification to response specific instructions about oxygen as a medication.
8.108	M0810	Added clarification to assessment strategies.
8.109	M0820	Added clarification to assessment strategies.
8.110	M0825	Added clarification to assessment strategies related to non-Medicare PPS-like patients and the need for an HIPPS code.
8.111	M0830	Response Specific Instructions, new language added to the first bullet, Bullet #1 edited to read: If a patient went to the ER, was "held" at the hospital for observation, then released, the patient did receive emergent care. The time period that a patient can be "held" without admission can vary. "Holds" can be longer than 23 hours, but emergent care should be reported regardless of the length of the observation "hold." It should be verified that the patient was not actually admitted to the inpatient facility; if such an admission occurred, then a transfer assessment is required in addition to the emergent care. Bullet #3 edited by adding a second sentence that reads: A patient who goes to the ER, then is admitted to the hospital, should be noted as having received emergent care. Bullet #4 added clarification to definitions and response specific instructions relating to "on-hold" and death in the ER.
8.125 & 8.126	Attach C	Two scenarios deleted. Other scenarios renumbered.
8.130	M0790 in Scenario 5	Change response to "Insufficient Information to Answer" -- update footer to 6/06.
8.140	M0488 in	Change response to "Insufficient Information to Answer" --

Page Number	M0 Item	Problem/Resolution:
	Scenario 10	update footer to 6/06.
8.145	Attach D	Corrected URL. The header is Attachment C- Case Examples and should be Attachment D – Diagnostic Coding.
8.146	Attach D	Corrected URL.
8.147	Attach D	New info was added to the 1st bullet. Change footer to 06/06.