CMS Home Health Quality Reporting Program

OASIS-E Manual (effective 1/1/2023)

Changes from Draft (5/16/2022) to Final 12/2/2022

Key

SOC Start of care
ROC Resumption of care
FU Follow-Up
TRN Transfer to an Inpatient Facility
DC Discharge from Agency
DAH Death at Home
RSI Response-Specific Instructions

Row #	Chapter-Section	Item-Page	Text (Error in Italics) as it appears in draft OASIS-E Guidance Manual, May 16, 2022	Revision to Text (in italics)	Description of Revision(s)
1.	Chapter 1, Section 1.5.3: When is OASIS Completed? (Time Points)	Assessment timeframe table Page 5	**2nd column: Missing RFA Number** before "Transferred to an inpatient facility - patient not discharged from agency "	Add "*6.*" To read "*6.* Transferred to an inpatient facility – patient not discharged from agency"	Corrected RFA number
2.	Chapter 1, Section 1.5.3: When is OASIS Completed? (Time Points)	Assessment timeframe table Page 5	**2nd column: Missing RFA Number** before "Transferred to an inpatient facility - patient not discharged from agency "	Add "*7.*" To read "*7.* Transferred to an inpatient facility – patient discharged from agency"	Corrected RFA number

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3.	Chapter 1, Section 1.5.3: When is OASIS Completed? (Time Points)	Assessment timeframe table Page 5	**2nd column: Missing RFA Number** before "Transferred to an inpatient facility - patient not discharged from agency"	Add "*8.*" To read "*8*. Death at Home (DAH)"	Corrected RFA number
4.	Chapter 1, Section 1.5.3: When is OASIS Completed? (Time Points)	Assessment timeframe table Page 5	**2nd column: Missing RFA Number** before "Transferred to an inpatient facility - patient not discharged from agency"	Add "*9.*" To read "*9.* Discharge from agency (DC)"	Corrected RFA number
5.	Chapter 3, Section A: Administrative Information	M2420 Discharge Disposition Page 47	**Coding Instructions for Code 2: "**…if, after discharge from your agency the patient *remained a* non-inpatient setting…"	**Added missing word** *"in"* "…if, after discharge from your agency, the patient remained *in* a non-inpatient setting…"	Missing word
6.	Chapter 3, Section A: Administrative Information	A2123 Provision of Current Reconciled Medication List to Patient at Discharge Pg. 52	**Typo in Example 1** says "*mediations*" and not "medications"	**Revised to read:** "A patient will not be taking any prescribed or over the counter *medications* at the time of discharge."	Typographical Error
7.	Chapter 3, Section C: Cognitive Patterns	C0200-C0500 Brief Interview for Mental Status (BIMS)	**Section: Examples of Incorrect Answers, Refusals, and Nonsensical Responses.**	**Revised to read:** "…C0500, the assessing clinician may find it valuable to track the reason for the zero *response*.."	Typographical error

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		Page 67	Paragraph 1, 2nd sentence "…C0500, the assessing clinician may find it valuable to track the reason for the zero *reponse*…"		
8.	Chapter 3, Section C: Cognitive Patterns	C0200-C0500 BIMS Page 66	**Section: Instructions for BIMS When Administered in Writing** Sub-bullet: For C0400 items, instructions should be written as "3. C*0500C* should be written…" error in number **under the C0400 items** *"C0500C should be written as "a piece of furniture"*	**Revised to read:** "3. *C0400C* should be written…"	Corrected item number
9.	Chapter 3, Section C: Cognitive Patterns	C0500 BIMS Summary Score Page 83	**Revised 3rd sub-bullet under 1st coding instruction bullet:** "Code 99, unable to complete interview, if …(c) *if any of the* BIMS items is coded with a "-" (dash)"	**Revised to read:** "Code 99, unable to complete interview, if … (c) if any *but not all* of the BIMS items is coded with a "-" (dash)"	Updated Guidance
10.	Chapter 3, Section C: Cognitive Patterns	C0500	**New coding instruction added under 1st coding**	**New coding instructions read:** "*If all BIMS items (C0200-C0400) are coded*	Updated Guidance

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		BIMS Summary Score Page 84	**instruction bullet, sub-bullet 3**	*with a "–" (dash), code C0500 Summary Score with a "–" (dash)."*	
11.	Chapter 3, Section D: Mood	D0150 Patient Mood Interview Page 95	**Revision of wording according to updated guidance. Response Specific Instruction (RSI) Bullet 7 sub-bullet 4**	**Revised to read**: "Enter code 9 *in Column 1 and leave blank (or skip) Column 2* if the patient was unable or chose not to complete *an* interview *item* or responded nonsensically. Removed: "*and/or the agency was unable to complete the assessment."*	Updated Guidance
12.	Chapter 3, Section D: Mood	D0150 Patient Mood Interview Page 95	**Revision of wording according to updated guidance on Response Specific Instructions Bullet 9 added sub-bullet 1 and sub/sub-bullet 2**	**Revised to read**: *"If both D0150A1 and D0150B1 are coded 9, OR, both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise continue.* *- If both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2 and skip D0160, Total Severity Score."* **Second sub/sub-bullet revised to read**: "If both D0150A2 and D0150B2 are *coded 0 or 1* then end the PHQ-2 and enter the total score sum of D0150A2 and D0150B2 in D0160, – Total Severity Score.	Updated Guidance
13.	Chapter 3, Section D: Mood	D0150 Patient Mood Interview Page 95	**Removed wording according to updated guidance for Response Specific Instructions**	**Wording removed:** *"If both D0150A2 and D0150B2 are blank, then end the PHQ-2 and skip D0160."*	Updated Guidance

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			Bullet 9, third sub/sub-bullet		
14.	Chapter 3, Section D: Mood	D0150 Patient Mood Interview Page 95	**Revised wording according to updated guidance for Response Specific Instructions Bullet 9, second sub-bullet**	**Revised to read**: "*For all other scenarios* proceed to ask the remaining seven questions (D0150C to D0150I) of the PHQ-9 and complete D0160, Total Severity Score."	Updated Guidance
15.	Chapter 3, Section D: Mood	D0150 Patient Mood Interview Page 95	**Revised and removed wording according to updated guidance for Coding Instructions for Column 1, bullet 3**	**Revised to read**: "Code 9, no response if the patient was unable or chose not to complete the interview, or responded nonsensically. Leave Column 2, Symptom Frequency, blank." **Removed**: *and/or the agency was unable to complete the assessment.*	Updated Guidance
16.	Chapter 3, Section D: Mood	D0150 Patient Mood Interview Page 95	**Coding Instructions for Column 1, bullet 4 added according to updated guidance**	**Revised to read**: " ***Dash*** *is a valid response for this item. Enter a Dash in Column 1 if the symptom presence was not assessed. Leave Column 2, Symptom Frequency, blank."*	Updated Guidance
17.	Chapter 3, Section D: Mood	D0150 Patient Mood Interview Page 96	**Revised wording according to updated guidance for Coding Instructions for Column 2, bullet 5**	**Revised to read**: "Dash is *not* a valid response for this item." **Removed**: *"Dash indicates "no information." CMS expects dash use to be a rare occurrence."*	Updated Guidance
18.	Chapter 3, Section D: Mood	D0150 Patient Mood Interview Page 96	**Revised wording for Coding Tips bullets 2, 3, and 4 according to updated guidance.**	**Revised bullets 2, 3, and 4 to read:** *If Column 1 equals 0, enter 0 in Column 2* *If Columns 1 equals 9 or dash, leave*	Updated Guidance

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			Removed sub/sub-bullets 2, 3, and 4 from new bullet 6 according to new guidance	*Column 2 blank.* *If one or more of the symptom presence items from D0150 is not assessed, code Column 1 with a dash and leave Column 2 blank*. **Removed sub/sub-bullets 2, 3, and 4 from new bullet 6***: "If Column 1 equals 0, enter 0 in Column 2.* *If Column 1 equals 9, leave Column 2 blank.* *If the patient describes the presence of a symptom, but cannot quantify a frequency, code the presence of the symptom as "1: Yes" in Column 1 and enter a dash in Column 2."*	
19.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 99	**Revised wording according to updated guidance for Coding Instructions, first bullet**	**Revised to read:** *"If only the PHQ-2 is completed because both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ interview and skip D0160, Total Severity Score."*	Updated Guidance
20.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 99	**Revised wording according to updated guidance for Coding Instructions, second bullet**	**Revised to read**: "If only the PHQ-2 is completed because *both* D0150A2 and D0150B2 *are coded 0 or 1,* add the numeric scores from these two frequency items and enter the value in D0160*, Total Severity Score"*	Updated Guidance
21.	Chapter 3, Section D: Mood	D0160 Total Severity Score	**Revised wording according to updated guidance for Coding**	**Revised to read**: "If symptom frequency is blank for 3 or more items, the interview is deemed NOT	Updated Guidance

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		Page 99	**Instructions, fourth bullet**	complete. *D0160,* Total Severity Score should be coded as “99”"	
22.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 100	**Revised wording according to updated guidance for Coding Instructions bullet 6**	**Revised to read**: "Dash is *not* a valid response for this item." **Removed**: *"Dash indicates no information. CMS expects dash use to be a rare occurrence."*	Updated Guidance
23.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 100	**Revised wording according to updated guidance for Scoring Rules: Patient Mood Interview Total Severity Score D0160**	**Revised to read**: "If only the PHQ-2 is completed because both D0150A2 and D0150B2 *are coded 0 or 1,* add the numeric scores from these two frequency items and enter the value in D0160."	Updated Guidance
24.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 100	**Revised wording according to updated guidance for Scoring Rules bullet 2**	**Revised to read**: The following rules explain how to compute the score that is placed in item D0160. These rules consider the "number of missing items in Column 2" which is the number of items in Column 2 that are *skipped.* An item in Column 2 is skipped if the corresponding item in Column 1 was equal to 9 (no response) *or a dash (symptom presence not assessed)."* **Removed**: *"An item in Column 2 could be equal to dash if the item could not be assessed for some other reason (e.g., if the Patient was unexpectedly discharged before the interview could be completed)."*	Updated Guidance

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25.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 100	**Revised wording according to updated guidance for Scoring Rules bullet 4**	**Revised to read**: "If any of the items in Column 2 are *blank (or skipped), then omit their values when computing the sum.* **Removed**: *"or equal to dash"*	Updated Guidance
26.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 101	**Revised wording according to updated guidance for Example 1 rationale**	**Revised to read**: "In this example, all of the items in Column 2 have non-missing values (i.e., none of the values *are blank (or skipped).* Therefore, the value of D0160 is equal to the simple sum of the values in Column 2, which is 14." **Removed**: "*or equal to dash*"	Updated Guidance
27.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 102	**Example 3: Changed Value according to updated guidance**	**Changed Value** for D0150I2 to *blank*. **Removed:** *dash*	Updated Guidance
28.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 102	**Revised according to updated guidance for Example 3 rationale**	**Revised to read**: "In this example, two of the items in Column 2 have missing values: *both* D0150C2 *and D0150I2 are* blank *(or skipped)*. The other 7 items have non-missing values. D0160 is computed as follows:"	Updated Guidance
29.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 103	**Revised according to updated guidance for Example 4 language**	**Revised to read***: "The following example shows how to score the Patient interview when three or more of the items in Column 2 have missing values"* **Removed:** *"and at least one of the values is not equal to*	Updated Guidance

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				dash." **Changed Value** for D0150G2 to *blank*. **Removed:** *dash*	
30.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 103	**Revised wording according to updated guidance for Example 4 rational**	**Revised to read**: In this example, three of the items in Column 2 have missing values: D0150C2, D0150F2, *and D0150G2 are blank (or skipped).* Because three or more items have missing values, D0160 is equal to 99.	Updated Guidance
31.	Chapter 3, Section D: Mood	D0160 Total Severity Score Page 100	**Scoring Rules: 1st sentence under Score Rules header missing language**	**Revised to read:** "If only the PHQ-2 is completed because both D0150A2 and D0150B2 are coded 0 or 1, add the numeric scores from these two frequency items and enter the value in D0160, *Total Severity Score."*	Missing words
32.	Chapter 3, Section GG: Functional Abilities and Goals	GG0170B Sit to Lying Page 144	**Revised wording for 3rd bullet under Coding Tips**	**Revised to read:** "*GG0170B Sit to lying*"	Missing words
33.	Chapter 3, Section J: Health Conditions	J0520 Pain Interference with Therapy Activities Page 175	**Revised wording for Rehabilitation Therapy Definition box**	**Revised to read:** *Includes but is not limited to* special healthcare service or programs that help a person regain *and/or maintain* physical, mental, and or cognitive	Updated Guidance
34.	Chapter 3, Section J: Health Conditions	J0520 Pain Interference with Therapy Activities Page 176	**Revised wording of 2nd bullet under Coding Tips according to updated guidance**	**Revised to read:** Rehabilitation therapies may include treatment supervised in person by a therapist or nurse or other staff, or the patient/family/caregivers carrying out a prescribed therapy program without agency staff present,	Updated Guidance

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				regardless of the rehab focus or goal(s).	
35.	Chapter 3, Section K: Swallowing/Nutritional Status	K0520 Nutritional approaches Page 188	**Revised reference in Coding Instructions for Discharge according to updated guidance**	**Revised to read**: to "column 4" and "column 5". removed *"Column 1" and column 2"*	Updated Guidance
36.	Chapter 3, Section K: Swallowing/Nutritional Status	K0520 Nutritional approaches Page 188	**Removed Coding Tip according to updated guidance**	**Removed Coding Tip under K0520B, Feeding tube**	Updated Guidance
37.	Chapter 3, Section K: Swallowing/Nutritional Status	K0520 Nutritional approaches Page 189	**Revised Wording according to updated guidance for 3rd sub/sub-bullet under Coding Tips for K0520A, Parenteral/IV feeding**	**Revised to read:** "IV fluids can be coded in K0520A if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and*/or* hydration."	Updated Guidance
38.	Chapter 3, Section N: Medications	N0415 High Risk Medication: Use and Indication Page 213	**Revised Wording according to updated guidance for 1st bullet under Coding Instructions**	**Revised to read**: "If Column 1 is checked (patient is taking medication in the drug class), review patient documentation to determine if there is a documented *patient-specific* indication noted for all medications in the drug class (Column 2)."	Updated Guidance
39.	Chapter 3, Section N: Medications	N0415 High Risk Medication: Use and Indication Page 213	**Added New Coding Instruction according to updated guidance**	**Added new Coding Instruction**: *"At discharge, N0415 identifies medications included in the patient's prescribed drug regimen at discharge, even if the medication was not taken on the day of assessment,*	Updated Guidance

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				and whether or not it is expected to be taken after discharge."	
40.	Chapter 3, Section N: Medications	N0415 High Risk Medication: Use and Indication Page 214	**Added New Coding Tip according to updated guidance**	**Added as a new Coding Tip:** *"CMS does not specify a source for identifying the therapeutic category and/or pharmacological classification."*	Updated Guidance
41.	Chapter 3, Section O: Special Treatments, Procedures and Programs	O0110 Special Treatment Programs and Procedures Page 233	**Revised wording according to updated guidance for 2nd bullet under Response Specific Instructions**	**Revised to read:** "Check all treatments, programs and procedures that are part of the patient's current care/treatment plan *during the time period under consideration, even if not used during the time period under consideration for SOC/ROC and discharge, and whether or not it is expected to occur after discharge."*	Updated Guidance
42.	Appendix A: Glossary and Common Acronyms	Appendix A Page 246	**Broken Link in Mental Health resources for Confusion Assessment Method**	**Reference included:** *Inouye, S.K., Van Dyck, C.H., Alessi, C.A., et al.: Clarifying confusion: the confusion assessment method. A new method for detection of delirium. Ann. Intern. Med. 113(12):941- 948, 1990.*	Updated reference
43.	Appendix C: OASIS-E Instruments	Appendix C Page 348	**Incorrect response options for M2410 in Transfer Time Point**	**Revised to read: 1. Hospital 2. Rehabilitation facility 3. Nursing home 4. Hospice**	Typographical Error
44.	Appendix E: References and Resources	Appendix E Page 386	**Broken link in Mental Health resources for**	**Reference included:** *Inouye, S.K., Van Dyck, C.H., Alessi, C.A., et al.: Clarifying confusion: the confusion*	Updated reference

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			Confusion Assessment Method	*assessment method. A new method for detection of delirium. Ann. Intern. Med. 113(12):941- 948, 1990.*	