OASIS-C Guidance Manual Errata

Updated December 2011

Section / Page#	Item #	Change
Chapter 3 / Page E-5	M1240	**REVISED** 1st bullet in Response-Specific Instructions to read: • A standardized tool is one that 1) has been scientifically tested on a population with characteristics similar to that of the patient being assessed (for example, community-dwelling elderly, noninstitutionalized adults with disabilities, etc.); and 2) includes a standard response scale (e.g., a scale where patients rate pain from 0-10). The standardized tool must be appropriately administered as indicated in the instructions and must be relevant for the patient's ability to respond. Severe pain is defined according to the scoring system for the standardized tool being used. CMS does not endorse a specific tool.
Chapter 3 / Page F-1	M1300	**REVISED** the 4th bullet in Response-Specific Instructions to read: • Select Response 2 only if the patient was screened using a validated standardized screening tool. This is defined as a tool that 1) has been scientifically tested on a population with characteristics similar to that of the patient being assessed (for example, community-dwelling elderly, noninstitutionalized adults with disabilities, etc.); and 2) includes a standard response scale. The standardized tool must be appropriately administered as indicated in the instructions.
Chapter 3 / Page F-8	M1308	**REPLACE** the 1st bullet on p. F-8 with the following 4 new bullets: • A muscle flap, skin advancement flap, or rotational flap (defined as full thickness skin and subcutaneous tissue partially attached to the body by a narrow strip of tissue so that it retains its blood supply) performed to surgically replace a pressure ulcer is a surgical wound. It should not be reported as a pressure ulcer on M1308. • A pressure ulcer treated with a skin graft (defined as transplantation of skin to another site) remains a pressure ulcer and should not be reported as a surgical wound on M1342. Until the graft edges completely heal, the grafted pressure ulcer should be reported on M1308 as d.1 (unstageable) pressure ulcer. The number of pressure ulcers meeting these definitions should be counted to determine the response to d.1. Once the graft edges heal, the closed Stage III or Stage IV pressure ulcer would continue to be regarded as a pressure ulcer at its worst stage.

Section / Page#	Item #	Change
		• A pressure ulcer that has been surgically debrided, remains a pressure ulcer and should not be reported as a surgical wound on M1342. • Pressure ulcers that are known to be present or that the care provider suspects may be present based on clinical assessment findings (e.g., patient report of discomfort, past history of skin breakdown in the same area), but that are unstageable due to dressings or devices (e.g., casts) that cannot be removed to assess the skin underneath should be reported as d.1 (unstageable).
Chapter 3 / Pages F-15	M1330	**ADDED** as a new bullet between the existing 2nd and 3rd bullets in the Response-Specific Instructions: • Once a stasis ulcer has completely epithelialized, it is considered healed and should not be reported as a current stasis ulcer.
Chapter 3 / Pages F-17	M1334	**DELETED** the 2nd bullet point in the Response-Specific Instructions.
Chapter 3 / Pages F-20	M1342	**REPLACED** bullets #3, 4, and 5 under Response-Specific Instructions with the following: • The presence of a scab does not automatically equate to a "not healing" response. The clinician must first assess if the wound is healing entirely by primary intention (complete closure with no openings), or if there is a portion healing by secondary intention, due to dehiscence or interruption of the incision. – Primary Intention: Surgical incisions healing by primary intention do not granulate, therefore the only appropriate responses would be 0-Newly epithelialized or 3-Not healing. If the wound is healing solely by primary intention, observe if the incision line has re-epithelialized. (If there is no interruption in the healing process, this generally takes within a matter of hours to three days.) If there is not full epithelial resurfacing such as in the case of a scab adhering to underlying tissue, the correct response would be "Not healing" for the wound healing by primary intention. – Secondary Intention: If it is determined that there is incisional separation, healing will be by secondary intention, and the clinician will then have to determine the status of healing. Surgical incisions healing by secondary intention do granulate, therefore may be reported as "Not healing," "Early/partial granulation," "Fully granulating," and eventually "Newly epithelialized." • "Epidermal resurfacing" means the opening created during the surgery is covered by epithelial cells. If epidermal resurfacing has occurred completely, the correct response in the OASIS would

Section / Page#	Item #	Change
		be "Newly epithelialized" until 30 days have passed without complication, at which time it is no longer a reportable surgical wound.
Chapter 3 / Page J-4	M1730	**REVISED** bullet #2 in Response-Specific Instructions to read: • To meet the definition of "standardized," the depression screening tool must 1) have been scientifically tested on a population with characteristics similar to that of the patient being assessed (for example, community-dwelling elderly, noninstitutionalized adults with disabilities, etc.); and 2) include a standard response scale. The standardized tool must be both appropriate for the patient based on their cognitive and communication deficits and appropriately administered as indicated in the instructions.
Chapter 3 / Page K-22	M1910	**REVISED** the first paragraph in Item Intent to read: Identifies whether the home health agency has assessed the patient and home environment for characteristics that place the patient at risk for falls. Patients under the age of 65 will be excluded from the denominator of the publicly reported measure. The multi-factor falls risk assessment must include at least one standardized tool that 1) has been scientifically tested in a population with characteristics similar to that of the patient being assessed (for example, community-dwelling elders, noninstitutionalized adults with disabilities, etc.) and shown to be effective in identifying people at risk for falls; and 2) includes a standard response scale. The standardized tool must be both appropriate for the patient based on their cognitive and physical status and appropriately administered as indicated in the instructions.
Chapter 3 / Page N-4	M2250	**REPLACED** the last word of the 8th bullet in the Response-Specific Instructions on page N-4 to be "NA" instead of "No." The last sentence of the 8th bullet now reads: If the agency uses their own agency standardized guidelines, which the physician has NOT agreed to include in the plan of care for this particular patient, select "NA."

Section / Page#	Item #	Change
Appendix C		Appendix C was replaced to reflect/update the items used in risk adjusting quality measures.
Appendix E Page E-3		**REVISED** the first bullet point on page E-3 to reflect current data reporting regulations from the claims manual. The first bullet now reads: • After the OASIS assessment is complete, locked or export ready, or there is an agency-wide internal policy establishing the OASIS data is finalized for transmission to the State,