

OASIS ITEM:	
<p>(M0230/M0240) Diagnoses and Severity Index: List each medical diagnosis or problem for which the patient is receiving home care and ICD code category (three digits required; five digits optional – no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.)</p> <p>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 rehospitalizations</p>	
<p><u>(M0230) Primary Diagnosis</u></p> <p>a. _____ (____.____)</p>	<p><u>ICD</u></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>
<p><u>(M0240) Other Diagnosis</u></p> <p>b. _____ (____.____)</p> <p>c. _____ (____.____)</p> <p>d. _____ (____.____)</p> <p>e. _____ (____.____)</p> <p>f. _____ (____.____)</p>	<p><u>ICD</u></p> <p><u>Severity Rating</u></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>
DEFINITION:	
<p>Identifies each diagnosis for which the patient is receiving home care and its ICD code. Each diagnosis is then categorized according to its severity. The primary diagnosis (M0230) should be the condition which is the chief reason for providing home care. The principal diagnosis reported on the Plan of Care (CMS-485, item 11) and the UB-92 (CMS-1450, item 67) must match the M0230 diagnosis.</p>	
TIME POINTS ITEM(S) COMPLETED:	
<p>Start of care Resumption of care Follow-up</p>	
RESPONSE—SPECIFIC INSTRUCTIONS:	
<ul style="list-style-type: none"> No surgical codes - list the underlying diagnosis. No V-codes or E-codes - list the relevant medical diagnosis. Three-digit code required; where applicable, digits to the right of the decimal are recommended for coding accuracy. If the patient's primary home care diagnosis is coded as a combination of an etiology and a manifestation code, the etiology code should be entered in M0230(a) and the manifestation code should be entered in M0240(b). 	
ASSESSMENT STRATEGIES:	
<p>Interview patient/caregiver to obtain past health history; additional information may be obtained from the physician. Review current medications and other treatment approaches. Determine if additional diagnoses are suggested by current treatment regimen, and verify this information with the patient/caregiver and physician. Ask to what extent symptoms are controlled by current treatments. Clarify which diagnoses/symptoms have been poorly controlled in the recent past. The current ICD code book should be the source for coding. Assessing severity includes review of presenting signs and symptoms, type and number of medications, frequency of treatment readjustments, and frequency of contact with health care provider. Inquire about the degree to which each condition limits daily activities.</p>	