

OASIS ITEM:		[EFFECTIVE 10/1/2003]				
<p>(M0230/M0240) Diagnoses and Severity Index: List each medical diagnosis and ICD-9-CM code at the level of highest specificity (no surgical codes) for which the patient is receiving home care. Rate each condition using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.) E codes (for M0240 only) or V codes (for M0230 or M0240) 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 M0245 Payment Diagnosis should be completed. Case mix diagnosis is a primary or first secondary diagnosis that determines the Medicare PPS case mix group.</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>						
<u>(M0230) Primary Diagnosis</u>		<u>ICD-9-CM</u>	<u>Severity Rating</u>			
a.	_____	(____.____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
<u>(M0240) Other Diagnoses</u>		<u>ICD-9-CM</u>	<u>Severity Rating</u>			
b.	_____	(____.____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
c.	_____	(____.____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
d.	_____	(____.____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
e.	_____	(____.____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
f.	_____	(____.____)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
DEFINITION:						
<ul style="list-style-type: none"> Identifies each diagnosis for which the patient is receiving home care and its ICD-9-CM code. Each diagnosis (other than an E code) is categorized according to its severity. The primary diagnosis (M0230) should be the condition that is the chief reason for providing home care. A case mix diagnosis is a primary diagnosis that assigns patients with selected conditions to an orthopedic, diabetes, neurological, or burns/trauma group for Medicare PPS case mix assignment. The Final Regulation for home health prospective payment, July 3, 2000, includes the case mix diagnoses and is found at this site: http://www.cms.hhs.gov/providers/hhapps/hhppsfr.asp. 						
TIME POINTS ITEM(S) COMPLETED:						
Start of care Resumption of care Follow-up						
RESPONSE—SPECIFIC INSTRUCTIONS:						
<ul style="list-style-type: none"> No surgical codes. V codes can be reported in M0230. Enter V, followed by a two-digit number, decimal point, and enter any additional digits specified in the ICD-9-CM coding manual. (Remember to complete M0245 if the V code replaces a case mix diagnosis. Please see Assessment Strategies.) V codes can be reported in M0240(b) through (f). Leave the first space blank, enter V, followed by a two-digit number, decimal point, and any additional digits specified in the ICD-9-CM coding manual. E codes may be reported in M0240(b) through (f) only. Enter E followed by the three-digit number, decimal point, and fourth-digit number, as specified. If an E code is reported, do not rate its severity. Code at the level of highest specificity -- assign three, four, or five digits, according to current ICD-9-CM guidelines. 						

ASSESSMENT STRATEGIES (Cont'd for OASIS ITEM M0230/240) [EFFECTIVE 10/1/2003]

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.

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.

The current ICD-9-CM guidelines should be followed in coding these items.

V codes cannot be used in case mix group assignment. Effective October 1, 2003, if a provider reports a V code in M0230 in place of a case mix diagnosis, the provider has the option of reporting the case mix diagnosis in M0245.

See Attachment D to this chapter for further guidance on assigning and coding diagnoses in M0230/M0240.