0938-0760

Justification of Non-material Change

Change Request: Discontinuation of OASIS-C Item M1012

OASIS-C Item M1012 currently requires a list of descriptions and ICD-9 codes corresponding to medical procedures received by a beneficiary during an inpatient facility stay within the past 14 days. This item was new to OASIS-C and was intended for use in risk adjustment. However, once ICD-10 codes are implemented in October 2013, the burden on home health agencies from collecting this item will increase substantially, as home health agencies would be expected to train staff to use ICD-10 PCS codes: agency staff and coders would need to learn detailed clinical information on procedural approaches and anatomy. The American Health Information Management Association has estimated that for each coder, agencies would spend at least 50 hours on re-training efforts for this item alone. Therefore CMS decided to discontinue collection of M1012 as part of the transition to ICD-10 codes, to avoid imposing an undue financial and time burden on agencies.

Because CMS decided Item M1012 would be discontinued once ICD-10 codes are implemented in October 2013 prior to development of OASIS-C risk adjustment models, model developers chose not to use M1012 as a risk factor in the current models so that the ICD-10 transition would have minimal impact on the risk models. This means M1012 is not being used for any current quality outcome reporting, risk adjustment, or Medicare payment purpose. Home health agencies have been informed that the item is no longer used by CMS and that their submitted responses to M1012 have no impact on payment or quality outcomes. CMS would like to cease collecting this item entirely so that agencies will not have to mark an answer to this item at all in order to successfully submit the OASIS-C assessment, thus reducing the time that home health agencies spend completing and submitting OASIS-C assessments. This change will also be reflected in the OASIS-C renewal package CMS will submit to OMB in the near future.