

Patient_Name	Patient_MRN	Agency	Insurance Type	Date of Assessment	Assessment Type	Coder
Dona Caragol	RCC00004024401	RCS005	Medicare	2024-02-10	Admission	THIYAGARA JAN (ZHC00 11)

Code Segment

M-Items	ICD-code	Description	Effective Date	EO	Rating
M1021A	S82.301D	Unspecified fracture of lower end of right tibia, subsequent encounter for closed fracture with routine healing	02/10/2024	E	3
M1023B	S32.059D	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing	02/10/2024	E	3
M1023C	S32.511D	Fracture of superior rim of right pubis, subsequent encounter for fracture with routine healing	02/10/2024	E	3
M1023D	S32.591D	Other specified fracture of right pubis, subsequent encounter for fracture with routine healing	02/10/2024	E	3
M1023E	S32.10XD	Unspecified fracture of sacrum, subsequent encounter for fracture with routine healing	02/10/2024	E	3
M1023F	I10	Essential (primary) hypertension	02/10/2024	E	2
M1023G	I48.0	Paroxysmal atrial fibrillation	02/10/2024	E	2
M1023H	F32.A	Depression, unspecified	02/10/2024	E	2
M1023I	G47.00	Insomnia, unspecified	02/10/2024	E	2
M1023J	E78.5	Hyperlipidemia, unspecified	02/10/2024	E	2
M1023K	Z79.01	Long term (current) use of anticoagulants	02/10/2024	E	None
M1023L	Z85.3	Personal history of malignant neoplasm of breast	02/10/2024	E	None
M1023M	Z91.81	History of falling	02/10/2024	E	None

Coding Comments

OASIS Segment

M-Items	Agency_response	Coder_response	Coder_rationali
M1033 - Risk for Hospitalization	1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1-8	1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months), 5. Decline in mental, emotional, or behavioral status in the past 3 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1-8	Added response 5 & 6, as patient noted to be forgetful and also on Non compliance due to missing of device In home(Bed side Commode).
M0102 - Date of MD SOC/ROC	NONE	02/10/2024	Response changed from NA to 02/10/2024, as per co-ordination note, there is specific Physician order for starting assessment on 02/10/2024. Response of 02/10/202 would be appropriate.
M0104 - Date of referral	02/10/2024	Skipped	Changed from 02/10/2024 to skipped. OASIS guidance states item should be skipped because there is a physician ordered SOC date in M0102
M1845 - Toileting Hygiene	2. Someone must help the patient to maintain toileting hygiene and/or adjust clothing.	3. Patient depends entirely upon another person to maintain toileting hygiene.	Response changed from 2 to 3, as patient is dependent for lower body dressing. According to OASIS guidance if patient dependent on adjusting lower body clothing, code 3.
M2200 - Therapy Need	008	002	Response changed from 008 to 002, as per number of physician ordered therapy visits per POC.

Oasis-Comments
<p>M1740: 2 TO 1,2 Recommend to change response from 2 to 1,2 as patient noted to be forgetful per OASIS, Mental status.</p> <p>GG0130G1: 04 TO 01 Response changed from 04 to 01, as patient noted to be dependent for lower body dressing. OASIS guidance states if patient requires two people to complete the activity or is totally dependent in the activity, code 01</p> <p>M1840; 2 TO 4 Recommend to change response from 2 to 4, as patient using bedside commode for toilet transfer and unable to get in and out of toilet. As per OASIS guideline if patient requires Bedside commode/Bedpan/Urinal and the device were missing in home, response 4 would be appropriate.</p> <p>M1850: 3 to 2 Recommend to change response from 3 to 2, as patient can able to ambulate to walk using walker, patient can able to bear weight. Consider response 2.</p> <p>GG0130C1: 02 TO 01 Response changed from 02 to 01, as patient noted to be dependent for toilet hygiene. OASIS guidance states if patient requires two people to complete the activity or is totally dependent in the activity, code 01</p>

POC Segment

Poc_item	Coder_response
No data available	
Poc-Comments	

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