



Oklahoma State
Department of Health

Special points of interest:

- Director's Corner: ICD-10
- Automation Tips, Reminders & Updates



Congestive Heart Failure

-Wanda Roberts, RN

What is Congestive Heart Failure?

Congestive heart failure is a serious condition in which the heart cannot pump enough blood to meet the body's needs. There are two types of heart failure. The first is systolic heart failure. Systolic failure occurs when the heart does not squeeze as well as it should, due to a weakened heart muscle. Dia-

stolic heart failure occurs when the heart squeezes well but cannot properly fill with blood because the muscle has thickened and



has lost its ability to relax. In both types of heart failure, pressure resulting from

the inefficient pumping creates a congestion of blood that results in a leaking of blood into the lungs, hands, feet, or other parts of the body. Symptoms of heart failure are often due to the congestion; however, in cases of moderate to severe systolic heart failure, symptoms can be due to the weak heart without the congestion.

The most common causes of heart failure are coro-

Director's Corner: ICD-10

-Diane Henry, RN

The long awaited ICD-10 implementation is finally here! Are you prepared?

ICD-10 requires increased specificity and detail. This will allow for better data to provide better support for patient care, and improve disease management, quality measurement and analytics, as well as improve care coordination, according to Marilyn Tavener, Administrator of CMS.

The following are a few examples of increased specificity: 1) approximately 25,000 of the 69,000 codes distinguish Right versus Left. This is important when a condition or injury is impacting the resident's

dominant side and should be included in the care plan.

2) Pressure ulcer codes have also changed. ICD-9 had 9 location codes and show broad location, but not depth (stage). ICD-10 now has 150 pressure ulcer codes and show more specific location as well as depth. For example:

- L89.131—PrU right lower back, stage 1
- L89.132 through L89.134 distinguishes the different stages.

3) A 7th character has been added and is required for certain chapters (e.g., injury, musculoskeletal). This will have different meanings depending on what section it is being used in. When the 7th

character applies, codes missing this character are invalid. ([Medicare/Coding/ICD10/downloads/ICD-10 Overview](#)).

As you can see, ICD-10 requires very specific documentation in order to accurately code. Be sure your clinicians capture pertinent information during their assessments that will ensure accuracy of the OASIS assessment.

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OASIS NEWS YOU CAN USE
 Oklahoma State Department of Health
 Quality Improvement & Evaluation Service (405) 271-5278
 Nancy Atkinson, Service Director

Congestive Heart Failure

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nary artery disease and high blood pressure. Coronary artery disease is caused from the narrowing of the small vessels that supply blood and oxygen to the heart which weakens the heart muscle over time. High blood pressure that is not well controlled leads to problems with stiffness and resulting in muscle weakening. Some other causes of heart failure include congenital heart disease, diabetes, myocardial infarction, heart valve dysfunction, and arrhythmias.



What are its consequences?

Heart failure is associated with high mortality and frequent hospitalizations. Symptomatic heart failure has a one year mortality rate of 45% despite the many treatments available. It is estimated that 5.8 million people in the United States have CHF. According to Emory Health Care, congestive heart failure is the first-listed diagnosis in 875,000 hospitalizations. In patients over the age of 65 one-fifth of all hospitalizations have heart failure as a primary or secondary diagnosis.¹

What can we do?

The old saying “an ounce of prevention is worth a pound of cure” certainly holds true with CHF. Controlling risk factors including smoking, obesity, and hypertension will help to avoid or postpone heart disease. According to Marwan Nasif at Case Western

Reserve University, “Expensive procedures like ICDs and pacemakers, with average costs of 30 to 40 thousand dollars per device, have failed to result in meaningful changes in the course of the disease. Two thirds of patients with heart failure are cared for exclusively by their primary care physician instead of being involved in heart failure clinics and rehabilitation programs specialized in treating the disease. It is paramount at this point to change



strategies toward increasing prevention rather than spending more money in expensive and less effective treatments.”²

Individuals and their care givers must be very well acquainted with the symptoms associated with CHF. Many of the hospitalizations for heart failure may be preventable when early or escalating symptoms are recognized and interventions are made. Therefore, excellent patient teaching is absolutely critical. Some signs and symptoms include: shortness of breath with little exertion, feeling weak or tired after being mildly active or no activity, sleeping difficulties related to breathing problems, a swollen abdomen, or swelling in the hands and feet, loss of appetite, increased night time urination, or a new cough that occurs especially while lying down.

It is also of primary importance that the prescribed drug and diet regimen are followed and understood by patients and their caregivers. Other factors that are shown to lead to hospitalizations include poor discharge planning, disorganized follow-up after discharge and lack of social support systems for the individual, and providers’ failure to address needs such as cognitive impairments, low income, and depression.

1. Emory Healthcare
<http://www.emoryhealthcare.org/heart-failure/learn-about-heart-failure/statistics.html>
2. Case Western Reserve University
<http://www.case.edu/med/epidbio/mphp439/CongHeartFail.pdf>
3. Simon S., Horowitz J., Home-Based Intervention in Congestive Heart Failure: Long-Term Implications on Readmission and Survival *Circulation*. 2002;105:24 2861-2866, published online before print May 6 2002, doi:10.1161/01.CIR.0000019067.99013.67

Heart Failure Assessment Recommendations

- * Daily Weight fluctuations
- * Blood pressure changes
- * Heart sounds, heart rate, and rhythm
- * Breath sounds
- * Respiratory rate
- * Level of dyspnea
- * Difficulty in breathing when lying down and is relieved upon changing to an upright position
- * New cough
- * Edema: location/grade
- * Jugular venous distention
- * Abdomen - look for swelling
- * Cognition changes
- * Activity and exercise tolerance/intolerance
- * Urine output
- * Skin and nail color, capillary refill



OASIS Q&As



M1022/M1023

Question 1: Regarding OASIS -C1/ICD-9/10 CM data sets and M1022/M1023 Secondary Diagnoses: Please clarify if we should list diagnoses that affect the patient's responsiveness to treatment and rehabilitative prognosis even if the condition is not the focus of any home health treatment itself.

Answer 1: Yes, when determining secondary diagnoses, the assessing clinician should consider diagnoses that are actively addressed in the Plan of Care as well as diagnoses that affect the patient's responsiveness to treatment and rehabilitative prognosis even if the condition is not the focus of any home health treatment itself.

M1500 & M1510

Question 2: If a patient does not have a diagnosis of heart failure when admitted for home health, but is first diagnosed with heart failure when transferred to the hospital from your agency, how should M1500 and M1510 be answered on the transfer OASIS?

Answer 2: If the patient has a physician-confirmed diagnosis of heart failure at the time of the transfer to the inpatient facility, the clinician completing the transfer data collection would consider the patient as having the diagnosis of heart failure, and for M1500 select a response reflecting whether symptoms of heart failure were exhibited since the previous OASIS assessment. In M1510, the clinician would report all actions taken by

the agency in response to heart failure symptoms, at the time of or any time since the previous OASIS assessment.

M1340

Question 3: My patient has a diagnosed diabetic foot ulcer. Recently she had an I&D of the foot with a bone biopsy (needle or other technique) to rule out osteomyelitis. Would the ulcer be classified as a surgical wound after the biopsy?

Answer 3: The wound in the example you cite would continue to be considered a diabetic foot ulcer, and not reported as a surgical wound.

Question 4: Are burr holes on the head following an evacuation of a subdural hematoma which still have tightly adhered scabs considered a surgical wound for M1340?

Answer 4: For the purposes of the OASIS Integumentary Status items, a burr hole is a hole that is surgically placed in the skull, or cranium and is considered a surgical wound. It remains a current surgical wound until the site is completely epithelialized and is without signs/symptoms of infection for approximately 30 days, at which time it becomes a scar.

Question 5: Is a wound from an abdominal laparoscopy surgery considered a surgical wound? No drain was placed after the procedure.

Answer 5: Per existing guid-

ance, for M1340, an incision created for the purpose of laparoscopic surgery, arthroscopy, and other minimally invasive sur- procedure would be considered a surgical wound. It remains a current surgical wound until the site is completely epithelialized and is without signs/symptoms of infection for approximately 30 days, at which time it becomes a scar.

Question 6: The Q & A's address wounds caused by electrodesiccation and curettage as being surgical wounds. Would lesions resulting from freezing with liquid nitrogen be considered surgical wounds for M340?

Answer 6: A lesion resultant from cryosurgery is not considered a surgical wound when scoring the OASIS item M1340. The lesion may be reported in M1350 Wounds/Lesion if the lesion requires clinical assessment or intervention from the home health agency.



Welcome
Stephanie!
We are
pleased to
announce
Stephanie
Sandlin, RN
has joined
the QIES
Help Desk
Team!

OASIS Automation Tips

Bob Bischoff—Program Manager, MDS/OASIS Automation

ROC vs Recert?

Q. A patient is hospitalized and comes back to the agency on day 56. Which assessment do we complete? A resumption of care (ROC) or follow-up (FU) or do we need to do both?

A. When the patient returns to the agency during the last 5 days of an episode, the ROC assessment should be completed, fulfilling both the ROC and recertification requirements (Reference, Category 3, CMS Q&A's-Q3)

Annual Medicare Selection Period

Reminder:

The annual Medicare selection period begins in October with mailings and advertising beginning during September. In many instances, when payer sources change new OASIS schedules need to begin and end. Make sure you are asking the right questions with all your calls and visits during this time frame.



MARK YOUR CALENDAR!

Upcoming OASIS Training (Tentative)

OASIS Clinical Training

November 5, 2015
OKC

November 19, 2015
Tulsa

QIES Help Desk

Oklahoma State
Department of Health

QIES Help Desk

1000 N. E. 10th Street
Oklahoma City, OK
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Thoughts for ICD-10

* How will you bill for overlapping ICD - 9 and ICD-10 certification timeframes?

* Do all your clinicians have the current OASIS data sets on their laptops?

* Are all your office computers upgraded to incorporate the new data sets?

* Is your software setup for the billing, if utilized?

Remember to scrutinize and review, in detail, your validation reports for new

error messages and acceptance of OASIS records into the Federal database.

Utilize us, your Oklahoma Help Desk, as a resource for any assistance needed through out this transition.

Website:
<http://oasis.health.ok.gov>

Automation Tip:

Reminder to check QTSO.com for new minimum system (computer) requirements, which go into effect 10-2015. Utilize this when purchasing new computers and software. Items not on this list may not be compatible and are not supported by CMS.

