



Home Health Virtual Training Program – Part 1

Section J. Health Conditions

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Objectives

- Identify the new and revised assessment items in Section J.
- Describe the intent, coding instructions, and definitions for the Section J items.



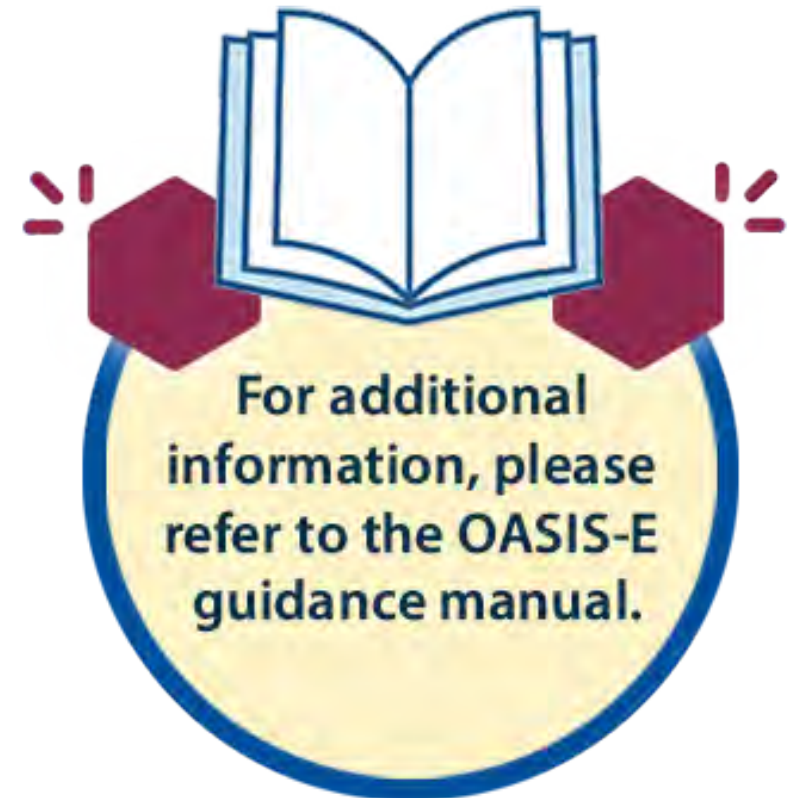
Section J: Health Conditions – OASIS-E Overview



- The **pain interview** is new and includes the following data elements:
 - J0510. Pain Effect on Sleep.
 - J0520. Pain Interference with Therapy Activities.
 - J0530. Pain Interference with Day-to-Day Activities.
 - These items will replace M1242. Frequency of Pain Interfering.
- The response-specific instructions for **M1033. Risk for Hospitalization** have been revised.
- **M1400. When is the Patient Dyspneic or Noticeably SOB** (short of breath) will no longer be collected at Follow-up.

Section J: Health Conditions – OASIS-E Overview (cont.)

- **J1800. Any Falls Since SOC/ROC** (Start of Care/Resumption of Care); skip text revised and fall definition enhanced for clarity.
- **J1900. Number of Falls**; minor wording changes made to enhance clarity.



M1033

Risk for Hospitalization

M1033. Risk for Hospitalization: Item Intent and Time Points

M1033 identifies patient characteristics that may indicate the patient is at risk for hospitalization.



M1033. Risk for Hospitalization

Which of the following signs or symptoms characterize this patient as at risk for hospitalization?



Check all that apply

- | | |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months) |
| <input type="checkbox"/> | 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months |
| <input type="checkbox"/> | 3. Multiple hospitalizations (2 or more) in the past 6 months |
| <input type="checkbox"/> | 4. Multiple emergency department visits (2 or more) in the past 6 months |
| <input type="checkbox"/> | 5. Decline in mental, emotional, or behavioral status in the past 3 months |
| <input type="checkbox"/> | 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months |
| <input type="checkbox"/> | 7. Currently taking 5 or more medications |
| <input type="checkbox"/> | 8. Currently reports exhaustion |
| <input type="checkbox"/> | 9. Other risk(s) not listed in 1-8 |
| <input type="checkbox"/> | 10. None of the above |

M1033. Risk of Hospitalization: Response-Specific Instructions

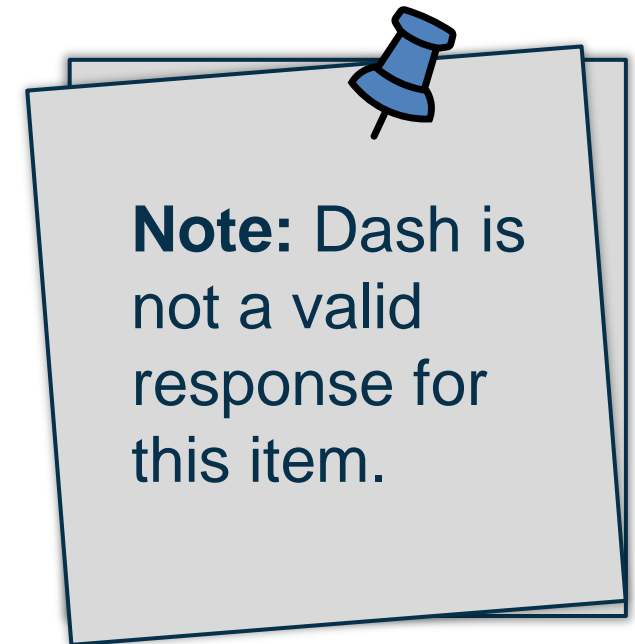


- The following clarifications were made to the response-specific instructions for M1033:
 - Multiple hospitalizations (Response 3) defines hospitalization as the patient being admitted for 24 hours or longer to an inpatient acute bed for reasons other than diagnostic testing.
 - In Response 5, a decline is considered a change in which the patient, family, caregiver, or physician has noted a decline, regardless of cause. A decline can be temporary or permanent. Physician consultation may or may not have occurred.



M1033. Risk of Hospitalization: Response-Specific Instructions (cont.)

- The following clarifications were made to the response-specific instructions for M1033:
 - Medications (Response 7) include prescribed and over-the-counter (OTC) medications, nutritional supplements, vitamins, and homeopathic and herbal products administered by any route and as noted on the reconciled medication profile. Medications may also include total parenteral nutrition (TPN) and oxygen.



J0510–J0530

Pain Interview

J0510–J0530: Intent



Pain Interview

- The intent of the pain interview items is to assess the effect of pain on sleep, pain interference with therapy activities, and pain interference with day-to-day activities.



J0510–J0530: Item Rationale



- The assessment of pain is not associated with any particular approach to pain management.
- Since the use of opioids is associated with serious complications, an array of successful non-pharmacologic and non-opioid approaches to pain management may be considered.

J0510–J0530: Item Rationale (cont.)

There are a range of pain management strategies that can be utilized, including but not limited to:

- Nonnarcotic analgesic drugs.
- Transcutaneous electrical nerve stimulation (TENS) therapy.
- Supportive devices.
- Acupuncture.
- Biofeedback.
- Application of heat/cold.
- Massage.
- Physical therapy.
- Nerve block.
- Stretching/strengthening exercises.
- Chiropractic.
- Electric stimulation.
- Radiotherapy.
- Ultrasound.

J0510–J0530: Definition

Pain



Definition of pain:

- Any type of physical pain or discomfort in any part of the body.
- It may be localized to one area or may be more generalized.
- May be acute or chronic, continuous or intermittent, or occur at rest or with movement.
- Pain is very subjective.
- Pain is whatever the experiencing person says it is and exists whenever they say it does.

J0510–J0530: Response-Specific Instructions



- Give an introduction before starting the interview. Suggested language:

“I’d like to ask you some questions about pain. The reason I am asking these questions is to understand how pain affects your sleep and activities. This will help us to develop the best plan of care to help manage your pain.”

- Directly ask the patient each item in J0510 through J0530 in the order provided.

J0510–J0530: Response-Specific Instructions (cont.)

- Use other terms for pain or follow-up discussion if the patient seems unsure or hesitant.
 - Some patients avoid use of the term “pain” but may report that they “hurt.”
 - Patients may use other terms such as “aching” or “burning” to describe pain.
- If the patient is unsure about whether the pain effect or interference occurred in the 5-day time interval, prompt the patient to think about the most recent episode of pain and try to determine whether it occurred within the look-back period.



J0510–J0530: Pain Interview – Important Coding Concepts

- The Pain Interview (J0510–J0530):
 - Is completed at SOC, ROC, and Discharge from agency.
 - If SOC/ROC assessment, complete as close to the time of SOC/ROC as possible. If discharge assessment, complete as close to the time of discharge as possible.
 - This item should be coded based on the patient's interpretation of the provided response options for frequency. If the patient is unable to decide between two options, then the assessing clinician should code for the option with the higher frequency.

J0510

Pain Effect on Sleep

J0510. Pain Effect on Sleep



J0510. Pain Effect on Sleep	
Enter Code <input type="checkbox"/>	<p>Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night"</p> <p>0. Does not apply – I have not had any pain or hurting in the past 5 days → <i>Skip to M1400, Short of Breath at SOC/ROC; Skip to J1800, Any Falls Since SOC/ROC at DC</i></p> <p>1. Rarely or not at all</p> <p>2. Occasionally</p> <p>3. Frequently</p> <p>4. Almost constantly</p> <p>8. Unable to answer</p>



J0510: Response-Specific Instructions



- Read the question and response choices as written.
- No pre-determined definitions are offered to the patient. The response should be based on the patient's interpretation of frequency response options.
- If the patient's response does not lead to a clear answer, repeat the patient's response and then try to narrow the focus of the response.

J0510: Response-Specific Instructions – Example

The assessing clinician asks the patient, *“Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?”*

The patient responds by saying, *“I always have trouble sleeping.”*

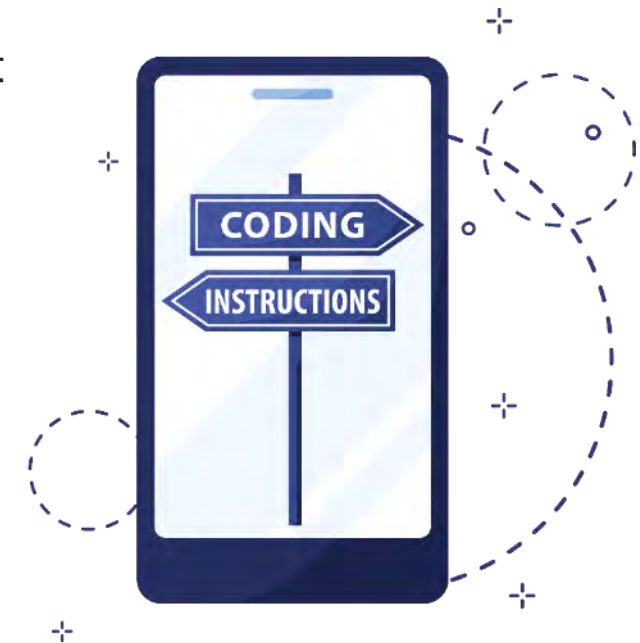
Then the assessing clinician might reply, *“You always have trouble sleeping. Is it your pain that makes it hard for you to sleep?”*

The clinician can then narrow down responses with additional follow-up questions about the frequency.



J0510: Coding Instructions

- **Code 0, Does not apply**, if the patient responds that they did not have any pain or hurting in the past 5 days.
- **Code 1, Rarely or not at all**, if the patient responds that pain has been present and the pain rarely or not at all made it hard to sleep in the past 5 days.
- **Code 2, Occasionally**, if the patient responds that pain has occasionally made it hard to sleep in the past 5 days.
- **Code 3, Frequently**, if the patient responds that pain has frequently made it hard to sleep in the past 5 days.
- **Code 4, Almost constantly**, if the patient responds that pain has almost constantly made it hard to sleep in the past 5 days.
- **Code 8, Unable to answer**, if the patient is unable to answer the question, does not respond, or gives a nonsensical response.
- **Dash** is **not** a valid response for this item.



J0510: Coding Tips



CODING TIPS

Code 0, Does not apply

The patient reports no pain/hurting in the past 5 days.

Code 1, Rarely or not at all

The patient reports that pain/hurting **HAS** been present in the past 5 days but has rarely or not at all impacted sleep.

If the patient reports they had pain in the past 5 days and the pain does not interfere with the patient's sleep (e.g., because the patient is using pain management strategies successfully), **code 1, Rarely or not at all**.

J0520

Pain Interference with Therapy Activities

J0520. Pain Interference with Therapy Activities

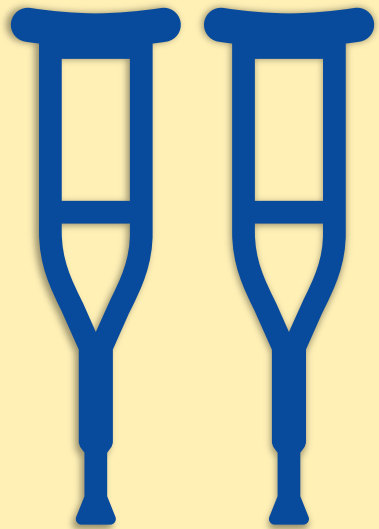


J0520. Pain Interference with Therapy Activities	
Enter Code <input type="text"/>	<p>Ask patient: "<i>Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?</i>"</p> <ul style="list-style-type: none">0. Does not apply – I have not received rehabilitation therapy in the past 5 days1. Rarely or not at all2. Occasionally3. Frequently4. Almost constantly8. Unable to answer



J0520: Definition

Rehabilitation Therapy



- Special healthcare service or programs that help a person regain physical, mental, and/or cognitive (thinking and learning) abilities that have been lost or impaired as a result of disease, injury, or treatment.
- Can include, for example, physical therapy, occupational therapy, speech therapy, and cardiac and pulmonary therapies.

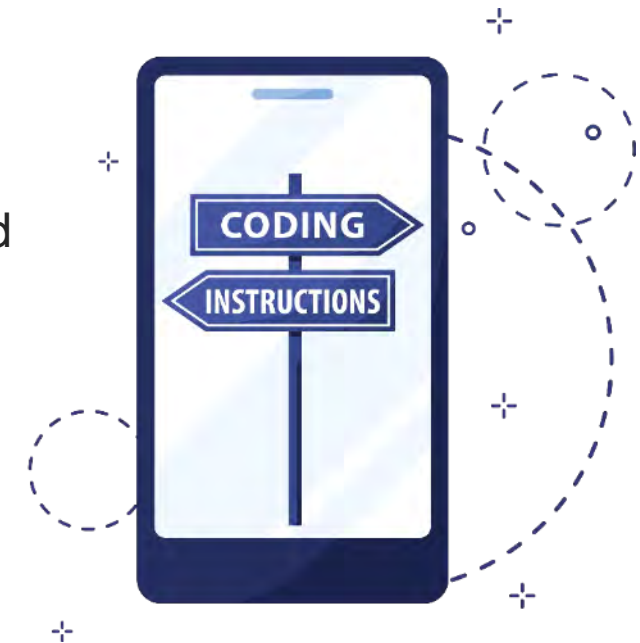
J0520: Response-Specific Instructions



- Read the question and response choices as written.
- No pre-determined definitions are offered to the patient. The response should be based on the patient's interpretation of frequency response options.
- Confirm that the patient has been offered rehabilitation therapies during the reference timeframe.
 - Rehabilitation therapies may include treatment supervised in person by a therapist or nurse or other staff, or the patient/family/caregivers carrying out a prescribed therapy program without agency staff present.

J0520: Coding Instructions

- **Code 0, Does not apply**, if the patient responds that they did not participate in rehabilitation therapy for reasons unrelated to pain (e.g., therapy not needed, unable to schedule) in the past 5 days.
- **Code 1, Rarely or not at all**, if the patient responds that pain has rarely or not at all limited participation in rehabilitation therapy sessions in the past 5 days.
- **Code 2, Occasionally**, if the patient responds that pain has occasionally limited participation in rehabilitation therapy sessions in the past 5 days.
- **Code 3, Frequently**, if the patient responds that pain has frequently limited participation in rehabilitation therapy sessions in the past 5 days.
- **Code 4, Almost constantly**, if the patient responds that pain has almost constantly limited participation in rehabilitation therapy sessions in the past 5 days.
- **Code 8, Unable to answer**, if the patient is unable to answer the question, does not respond, or gives a nonsensical response.
- **Dash** is **not** a valid response for this item.



J0530

Pain Interference with Day-to-Day Activities

J0530. Pain Interference with Day-to-Day Activities



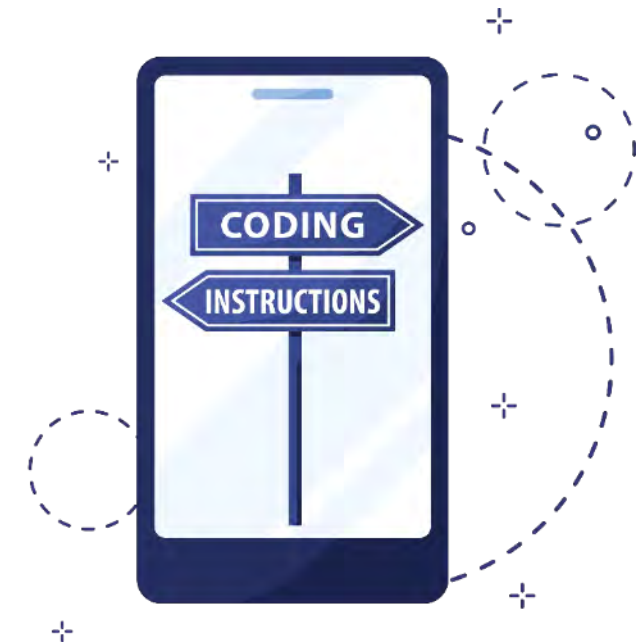
J0530. Pain Interference with Day-to-Day Activities	
Enter Code <input type="text"/>	<p>Ask patient: "Over the past 5 days, how often you have limited your day-to-day activities (<u>excluding</u> rehabilitation therapy sessions) because of pain?"</p> <ol style="list-style-type: none">1. Rarely or not at all2. Occasionally3. Frequently4. Almost constantly8. Unable to answer

- **Response-specific instructions:**
 - Read the question and response choices as written.
 - No pre-determined definitions are offered to the patient. The response should be based on the patient’s interpretation of frequency response options.



J0530: Coding Instructions

- **Code 1, Rarely or not at all**, if the patient responds that pain has rarely or not at all limited day-to-day activities (excluding rehabilitation therapy sessions) in the past 5 days.
- **Code 2, Occasionally**, if the patient responds that pain has occasionally limited day-to-day activities (excluding rehabilitation therapy sessions) in the past 5 days.
- **Code 3, Frequently**, if the patient responds that pain has frequently limited day-to-day activities (excluding rehabilitation therapy sessions) in the past 5 days.
- **Code 4, Almost constantly**, if the patient responds that pain has almost constantly limited day-to-day activities (excluding rehabilitation therapy sessions) in the past 5 days.
- **Code 8, Unable to answer**, if the patient is unable to answer the question, does not respond, or gives a nonsensical response.
- **Dash** is **not** a valid response for this item.



J1800

Any Falls Since SOC/ROC

J1800. Any Falls Since SOC/ROC

- Item rationale for falls added.
 - Falls are a leading cause of morbidity and mortality.
 - Fear of falling can limit an individual’s activity and negatively impact quality of life.

J1800. Any Falls Since SOC/ROC, whichever is more recent	
Enter Code <input type="checkbox"/>	Has the patient had any falls since SOC/ROC , whichever is more recent? 0. No → <i>Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH</i> 1. Yes → <i>Continue to J1900, Number of Falls Since SOC/ROC</i>



J1800. Any Falls Since SOC/ROC (cont.)

- **Coding Tips** were added regarding the need to report falls that occur at any time during the quality episode, regardless of where the fall occurred. For example,
 - Falls that occur at the doctor's office during the home health (HH) quality episode **would** be reported.
 - A fall that occurred during a qualifying inpatient facility transfer (e.g., hospital or skilled nursing facility [SNF]) **would not** be reported, as it did not occur within a HH quality episode.
- **Fall definition** revised to enhance the reference regarding an anticipated loss of balance resulting from a supervised therapeutic intervention.



Summary



- The response-specific instructions for **M1033. Risk for Hospitalization** have been enhanced.
- The **Pain Interview: J0510–J0530** is new and will replace M1242. Frequency of Pain Interfering.
- **J1800. Any Falls Since SOC/ROC** includes revised skip text and the definition of a fall was enhanced for clarity.
- **M1400. When is the patient dyspneic or noticeably SOB** will no longer be collected at Follow-up.

Submitting Questions

- If you have questions about this presentation, please submit them to PACTraining@EconometricalInc.com by August 31, 2022.
- Select questions will be answered in a Q&A session during the September 2022 virtual live event.

