

## Eli's Rehab Report

### Home Health Therapy: Get Therapists, Nurses On The Same Page Or Risk Reimbursement

**Common mistake: Physical therapy and nursing tell two different stories.**

Unless nursing and therapy staffers evaluate patients consistently, you'll pay in claims denials and downcodes. The consistency of your OASIS responses and documentation should flow to visit notes from all disciplines, emphasized **Sharon Litwin RN with 5 Star Consultants** in Camdenton, Mo., during the recent Eli-sponsored audio conference, Building a Strong Foundation in Homecare. If each discipline has a different take on the patient's condition, you're setting your claim up for failure.

#### **Beware Of This Typical Pattern**

"Nurses often score patients as more independent than they are," Litwin said. "Therapists usually don't." This could be because therapists are trained to walk around the house while nurses are trained to sit and assess and talk with the patient, she said. Whatever the reason, it's important for all disciplines to make certain the information they report is consistent.

"Frequent OASIS training to your clinicians is critical so that all clinicians doing the comprehensive OASIS assessments know the standard approach and the intent of each M item," Litwin says.

**For example:** OASIS item M1400 □ When is the patient dyspneic or noticeably Short of Breath is answered 2 □ With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet). But the physical therapist documents that the patient is able to ambulate 200 feet without any difficulty.

In this case, it's the clinician's OASIS response that describes a patient who is less independent than he seems in the therapist's documentation. It's very important to remember that documentation remains in harmony throughout all disciplines, Litwin said. This plays into coordination of care □ do the OASIS scores match up with what nursing and physical therapy are reporting?

**Bottom line:** If you hope to avoid downcodes and denials, your documentation and OASIS responses must support the need for clinicians to be in the home, Litwin said. "Denials and downcodes are often due to incomplete documentation to support the services that are provided to the patient."

**Note:** For more money-saving OASIS advice and strategies, subscribe to Eli's Home Health Coding & OASIS Expert at [www.aapc.com/codes/coding-newsletters/my-homeoasis-expert-alert](http://www.aapc.com/codes/coding-newsletters/my-homeoasis-expert-alert).