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Make Changes By The Book

Be sure the assessing clinician approves any changes, additions, or deletions to the listed codes before you complete the changes, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas. That approval can be in the form of a communication note between the coder or clinical supervisor and the assessing clinician, or a "sign off" by the assessing clinician.

Whenever you make a change to an OASIS, you should document the rationale for the change on the correction sheet, Selman-Holman says. "If that chart is called for medical review two years from now, you're not going to remember what transpired," she says.

If the assessing clinician is not available for some reason, a clinical supervisor can approve the change, but be sure to document why the change was made (rationale) and why the clinician was not available to approve the change (vacation, sick leave, termination), Selman-Holman says. Keep all corrections with the OASIS.

If changes are made at all, ensure that all forms that may have been completed are also changed, Selman-Holman says. If the OASIS has already been exported, then that OASIS needs to be deleted from the data repository and changed. If the request for anticipated payment (RAP) has been sent, then that RAP needs to be canceled. Remember that the diagnoses on the plan of care, claim form and OASIS have to match. If HIPPS codes do not match on the OASIS submitted for data quality purposes and on the bill, Medicare can deny the entire episode.