OASIS Alert

Assessment: Boost Your Bottom Line: Stop Losing Valuable Nonroutine Supply Points

NRS points can add as much as $569 per episode.

The 2011 Home Health Prospective Payment decrease means belt tightening and keeping a close watch on expenses for many agencies. One area where you can make a difference is in accurate coding for nonroutine supplies (NRS). Don't leave valuable reimbursement on the table -- heed this expert advice and ensure your agency is paid accurately for the services you provide.

Know the NRS Background

Most patients don't use nonroutine supplies, says **Trish Twombly, BSN, RN, HCS-D, CHCE, COS-C,** director of coding with **Foundation Management Services** in Denton, Texas. But many patients use a small amount and some patients use a large amount. When the **Centers for Medicare & Medicaid Services** looked into NRS reimbursement, it created regression equations based on OASIS measures to predict NRS costs, she says.

Key: You are being paid for NRS based on OASIS responses, even if you aren't actually providing the supplies, Twombly says.

So how is NRS reimbursement calculated? It's based the following four factors, Twombly says:

- OASIS combinations
- Numerical case mix diagnoses
- Selected V codes
- Seven select case mix categories.

Tip: When you are supplying NRS, be sure to include diagnoses for the corresponding condition, Twombly says. NRS points are calculated based on diagnoses in M1020, M1022, and M1024 in conjunction with ten select OASIS data responses, Twombly says. For a table that breaks down the specific elements that impact NRS reimbursement, see page 34. The episode severity level is then calculated using the NRS weight table.

Bottom line: NRS points can add anywhere from $51 to over $550 per episode, depending on severity.

Understand the Connection Between NRS, Reimbursement

NRS can have a significant effect on the reimbursement your agency receives. A thorough and complete OASIS assessment is vital to capturing this payment, Twombly says.

What's more, making certain you understand the relationship between NRS and reimbursement is important because the data you submit as a clinician is used to determine NRS eligibility. The decisions you make about sequencing and the accuracy with which you complete the OASIS can make all the difference.

Example: Your patient was admitted for an abdominal surgical wound that dehisced. The patient also has an infected second degree burn to the hand caused by scalding water. Both wounds will require equal attention from the nurse.

The official ICD-9 coding guidelines allow you to choose which diagnosis to list as primary when a patient has two diagnoses that are equally important, Twombly says. When faced with this situation, factoring in NRS reimbursement when determining your sequencing can have a positive impact on payment.

You could choose to sequence your patient's diagnoses as follows:

- M1020a: 944.20 (Burn of hand [second degree]; unspecified site);
- M1022b: 998.32 (Disruption of external operation [surgical] wound); and
- M1022c: E924.0 (Accident caused by hot liquids and vapors, including steam).

This sequencing would earn your agency 10 clinical points for a low therapy episode or 20 clinical points for a high therapy episode. In addition, you would receive 19 NRS points for having a burn listed as the primary diagnosis (see line 15 of the table on page 34), Twombly says.

Your other option is to sequence this patient's diagnoses like this:

- M1020a: 998.32
- M1022b: 944.20
- M1022c: E924.0.

This sequencing would also earn your agency 10 clinical points for a low therapy episode or 20 clinical points for a high therapy episode. But you would earn 23 NRS points because you have a post-operative complication listed in the primary diagnosis slot (see line 13 of the table on page 34). This sequencing is the better option because it allows your agency to earn all the NRS points it is due, Twombly says.