

OASIS Alert

Assessment: M0250 ERRORS CAN COST YOU \$600 PER EPISODE

Understanding the clarifications is crucial for M0250 success.

Checking one of the first three boxes under OASIS item M0250 can increase your payment for that episode by \$200 to \$600.

How it works: M0250 asks you what therapies the patient is receiving at home. Marking box 1 (intravenous or infusion therapy [excludes TPN]), adds 14 points to your home health resource group score. These points move the clinical portion of the HHRG score from C0 to C1 and add about \$200 to the episode payment.

Marking box 2 (parenteral nutrition [TPN or lipids]), adds 20 points to the HHRG. Box 3 (enteral nutrition [nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal]) adds 24 points. Either of these two scores can move the clinical score from C0 to C2, adding about \$600 to the episode reimbursement.

Box 4 (none of the above) adds no points to the HHRG.

What Matters Is Where, Not Who

Infusions that are included under M0250 are subcutaneous, epidural, and intra-thecal infusions, insulin pumps, home dialysis, intermittent medications, fluids or flushes administered through a vascular access device, and enteral nutrition or hydration, instructs the 2005 updated **3M National OASIS Integrity Project report**.

Watch for: Don't forget to include therapy initiated during the start of care visit, planned for after SOC, or resulting from the SOC assessment and a request for physician's orders for the IV or infusion therapy. Also, you should include qualifying therapies that will be discontinued on the discharge date.

Agencies can include all infusions, enteral or parenteral therapies the patient is currently receiving at home, regardless of who administers it, experts say. You should mark all that apply but count the points only from the answer with the highest point value--don't add points from more than one box.

Caution: If infusions are administered in a physician's office, not in the patient's home, the home health agency caring for the patient can't claim the M0250 points.

Include Clarifications in Staff Training

M0250 seems to need more clarification than many M0 items, experts say. For example, three of the updated OASIS questions and answers the **Centers for Medicare & Medicaid Services** released in June address M0250. In question 46, CMS emphasizes that clinicians should remember to ask where the patient receives the therapy.

Other CMS Q&A clarifications include:

- **Tube feeding refusal.** If a patient has tube feedings ordered but refuses to have them, you can't count the points since the patient is not currently receiving enteral nutrition (but you would document the refusal in the patient's record).
- **Prolonged injection.** An intramuscular or subcutaneous injection given over a period of 10 minutes does not count as infusion therapy.
- **Always document.** Even if a caregiver or the patient takes full responsibility for the infusion of enteral therapy, the

clinician should document the therapy in the clinical record, since at the very least, the clinician would be observing the patient's hydration and nutritional state.

Clinical consultant **Judy Adams** with the Charlotte, NC-based **LarsonAllen Health Care Group** adds these tips:

- **Do** claim the points if an IV is not being used to administer medication or total parenteral nutrition, but you flush the line with saline or heparin, or if you are flushing the tube and someone is using the line to administer medication elsewhere.
- **Don't** claim the enteral nutrition points if the feeding tube is present but not being used or if the only activity is to flush the tube to keep it open.
- **Don't** claim the points if a feeding tube is used only to administer medications.
- **Don't** claim the IV therapy points if the only activity with the line is to change dressings.