

OASIS Alert

Assessment: Use Severity Ratings To Prevent Costly Errors

Inconsistencies are a key problem.

Remember in math class when you checked your answer to be sure it made sense? Use severity ratings to check for diagnosis coding errors before they cost you money.

ICD-9 codes in M0230 and M0240 require a severity rating from "0" to "4." This is true for V codes as well, but not for E codes. The OASIS instrument instructs the clinician to choose for each diagnosis one value representing the most severe rating that is appropriate.

Severity ratings can be a red flag for coding errors, experts say. Severity ratings of "2" and "3" would be common for a primary diagnosis, says consultant **Pat Sevast** with **American Express Tax & Business Services** in Timonium, MD. Secondary diagnoses more often rate as a "1" or "2."

Severity Rating Act As Red Flag For Surveyors or Intermediaries

It would be very unusual to have as a primary diagnosis anything with a severity rating of "0" (asymptomatic, no treatment needed at this time) or even "1" (symptoms well controlled with current therapy), Sevast says. After all, if there's no problem, you have no reason to be treating the patient, she points out.

A secondary diagnosis that could affect the plan of care, but currently is under control - such as controlled diabetes that still could delay wound healing - might be a "1," she suggests. But fluctuations in blood sugar would move it to a "2" (symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring).

If you have a routine patient, perhaps just out of hospital, for whom you're checking medications or doing some teaching, this might be a "2," Sevast explains. If the patient is more acutely ill, you might choose "3" (symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring).

And "4" (symptoms poorly controlled, history of rehospitalizations) is generally used where you have documentation that the patient has been hospitalized "within the past three to six months a couple of times for the same problem," Sevast suggests.

Even though the severity rating you choose has no impact financially, it can be a red flag for a reviewer that may lead to questions about your other assessment answers or the care you provided, explains consultant **Kathy Green** with **Healthcare Quality Solutions** in Tampa, FL. For example, if the

severity rating is high, but you made few visits, the intermediary or surveyor might question whether you "stayed in there long enough," Green suggests. A low severity rating and high case mix weight also would trigger questions, she warns.

Check for inconsistencies between severity ratings and the diagnosis codes and between severity ratings and case mix, Greene advises. Some software packages are structured so the inconsistencies come up in a report form, she notes.

If you do have the ability to go into the OASIS and pull out your diagnosis and severity rating, begin by questioning any primary diagnosis listed as a "0" or a "1," Sevast advises. Another clue that something is not right is if one or more of the later secondary diagnoses are much higher in severity rating than M0230 (a) or M0240 (b), she adds - especially if the primary diagnosis is a case mix diagnosis.

With so much emphasis on choosing the correct diagnosis code, clinicians may not focus much on the severity ratings. But precision in choosing the severity rating will help improve coding accuracy - and identify OASIS problems while you still have time to correct them.