

OASIS Alert

Education: Do Your 485s Pass Muster?

Q: Is it true it's best for agencies to obtain an official CMS-485 (Home Health Certification and Plan of Care form) from their fiscal intermediary, rather than to create their own?

A: Not so, says regional home health intermediary **Cahaba GBA** - at least not any more. Although the RHHI had expected to ship CMS-485 forms after January 2004, it notified providers in its December Medicare A Newsline that the **Centers for Medicare & Medicaid Services** announced it will no longer supply the form. Providers that wish to use the CMS-485 must obtain it from a vendor, Cahaba says.

But providers aren't required to use any specific 485 form, and may even develop their own for the physician to sign and date, Cahaba directs. If you decide to create your own form, it must contain "all of the required components of the POC," Cahaba says.

A plan of care must contain the following, RHHI **Palmetto GBA** reminds agencies:

1. Pertinent diagnoses
2. Patient's mental status
3. Types of services, equipment and supplies
4. Frequency and duration of visit
5. Prognosis and rehabilitation potential
6. Functional limitations and activities permitted
7. Nutritional requirements and safety measures
8. All medications and all treatments
9. Instructions for timely discharge or referrals

TIP: Even though there is no specific space for M0245 (the payment diagnosis) on many 485s, any code you include in M0245 should also be on the treatment plan. "M0245 is considered a pertinent diagnosis and should be included in the POC," CMS instructs.

If your software system doesn't pick up codes in M0245 and transfer them to your 485 form, you'll probably need to repeat the code, putting it in both M0240 and M0245, explains Chapel Hill, NC-based senior consultant **Judy Adams** with the **LarsonAllen Health Care Group**.