

OASIS Alert

Education: Let Your Intermediary Do Some Of The Work Correcting RAPs

Scenario #1: On the start of care OASIS, you answered M0110 ("Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an 'early' episode or a 'later' episode in the patient's current sequence of adjacent Medicare home health payment episodes?"), stating that this was an "early" episode. And you estimated four therapy visits in M0826. You submitted a request for anticipated payment that included these answers.

Later in the episode you discover the patient had two episodes with a home health agency near her sister's home just a few weeks before you admitted her. So this is actually a "later" episode for M0110. She also needed eight therapy visits rather than four.

Question: Do you need to go back and correct the RAP for either of these situations?

Answer: The **Centers for Medicare & Medicaid Services** instructs agencies not to go back and change the HIPPS code to reflect changes in these two items before filing the claim, the **National Association for Home Care & Hospice** reports. The Medicare systems are designed to make those adjustments automatically, CMS says.

CMS says "the first four positions of the HIPPS code on the final claim should match-what is on the RAP.-Remember the 5th position may now change if supplies are not provided during the episode," NAHC reports.

Scenario #2: You recertify a patient after Jan. 1 for the third episode of home care. He had two adjacent episodes that are just ending.

Question: Do you count the 2007 episodes when answering M0110 in 2008, thus making this a "later" episode?

Answer: Yes, CMS says you consider 2007 episodes when answering M0110 on the 2008 OASIS assessment, NAHC reports. So in this scenario, the episode would be a "later" one.