OASIS Alert

Education: SUPPORT YOUR CARE OR FACE DENIALS

Question: Which of the following problems underlies three of the top five claims denial reasons?

A) Homebound status
B) Documentation
C) Missing signatures
D) Missing orders

Answer: B. Documentation

Fiscal intermediaries are still finding that the top reason for claims denial--leading to lower or no payment--is that clinical documentation submitted for review contradicts points taken in one or more of the OASIS M0 items affecting payment (Denial Code 5DOWN), according to the Feb. 2007 Medicare Advisory. The second and fourth most common denial reasons also result from documentation failures: The information provided doesn't support the medical necessity of the skilled nursing visits (5F041/5A041) and dependent services are denied because the qualifying service was medically denied (5ADSD).

Lesson learned: No matter how well you care for your patient, and no matter how impressive your outcomes, without accurate documentation your agency could fail to survive.