

OASIS Alert

Industry Notes OASIS REVIEW OPTIONAL FOR DOCS

The Centers for Medicare & Medicaid Services finally has cleared up a major source of confusion for home health agencies and the physicians they work with.

Until now, CMS has not made clear whether a physician is required to review OASIS data in order to certify or recertify a home health plan of care. But the 2003 physician fee schedule, published in the Dec. 31, 2002 Federal Register, says it's up to the physician.

"The review of OASIS data, although not required for the performance of either a certification or recertification of a home health plan of care, is considered a valuable tool to be utilized in the performance of both a certification or recertification of a home health plan of care," CMS states.

To make sure both HHAs and physicians realize that doctors are under no obligation to review OASIS data when billing for certs or re-certs, CMS has removed all mention of OASIS from codes G0179 and G0180.

To see the fee schedule, go to

<http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2002/02-32503.htm>.

- HHAs would have seven days to complete OASIS assessments and 14 days to lock them if the Department of Health and Human Services' Advisory Committee on Regulatory Reform gets its way.

Unfortunately, that helpful suggestion remains just one item on a 250-recommendation-long wish list the committee recently issued in a report making suggestions for streamlining burdensome health care rules. "By restoring common sense to our regulatory system, we are helping health care professionals spend more time caring for patients and less time consumed with paperwork," HHS Secretary Tommy Thompson declared.

Additional OASIS suggestions include eliminating M0190, M0340 and M0640-680. On the survey front, the committee suggests issuing the final rule on home health conditions of participation, limiting application of the COPs to Medicare and Medicaid patients and allowing flexibility in the COP interpretive guidelines.

To see the report, go to www.regreform.hhs.gov/meetinginfo/finalreport.htm.

- Agencies that fail to heed new Direct Data Entry instructions will see major delays in the processing of their claims.

HHAs and hospices that key claims directly into the Fiscal Intermediary Standard System via DDE now must key an admission hour on their requests for anticipated payment (RAPs), notices of election and final claims, regional home health intermediary Cahaba GBA says on a recent posting to its Web site. The new requirement, which doesn't apply to paper billing, is related to Health Insurance Portability and Accountability Act standards, Cahaba says. The system won't accept claims without an admission hour, showing the reason code 11510. The notice is at www.iamedicare.com/Provider/newsroom/whatsnew/fiss.htm.

- Lack of Office of Management and Budget approval shouldn't stand in HHAs' way of using the newly streamlined OASIS data set and new HAVEN version 6.0, CMS stressed at a Jan. 8 open door meeting with the industry.

Agencies have the option to use the old or newly reduced data set and HAVEN program, since state systems already are prepared to accept both versions. CMS has told surveyors to stand down on enforcement action for using either data set.

Many agencies already have begun using the streamlined data set, CMS confirmed. HHAs with questions about using the



new data set or HAVEN version can contact the OASIS and HAVEN help desk at 877-201-4721 or by email at haven_help@ifmc.org.

CMS expects official OMB approval of the OASIS tool in the "near future."