

## OASIS Alert

### Item Focus: M0110: Keep Reimbursement Flowing with Accurate Episode Timing

**Episodes provided by your agency aren't the only ones to consider when calculating timing.**

You have a lot riding on your M0110 -- Episode Timing answer. Your response to M0110 puts your patient into one of the four equations for case mix calculation. Get this one question wrong and you could find your agency waiting for accurate reimbursement for the entire episode.

#### Establish the Basics

OASIS item **M0110 -- Episode Timing** asks you to indicate whether the Medicare home health payment episode for this assessment is \"an 'early' episode or a 'later' episode in the patient's current sequence of adjacent Medicare home health payment episodes.\"

Your response options for M0110 are:

- 1 -- Early;
- 2 -- Later;
- UK -- Unknown; or
- NA -- Not Applicable: No Medicare case mix group to be defined by this assessment.

You should complete M0110 at start of care (SOC), resumption of care (ROC), and follow-up.

#### Learn These Definitions

You need to know three key words before you can choose the right response for M0110, says **Ann Giles, RN, BSN, HCS-D, COS-C**, director of ICD-9 coding and OASIS review services with Biloxi, Miss.-based **PPS Plus Software**.

Adjacent: Home health episodes are considered adjacent when there are no more than 60 days between the end of the first episode and the beginning of the next, Giles says.

For example: You discharge the patient on Aug. 2. That date is the end of the first episode, Giles says. If you later readmit the patient, you'll count up to 60 days (with Aug. 3 as day 1) to see whether the new episode is adjacent.

Early: The first or second episodes in a series of adjacent episodes are considered \"Early\" episodes, Giles says. They are worth less case mix points and less reimbursement than \"Later\" episodes under the home health prospective payment system.

For example: You admit the patient Jan. 1, recert him March 1, and recert him again May 1. You have three payment episodes with this patient. Giles says. The first two episodes are \"Early.\" The May 3rd recert is a \"Late\" episode.

Later: The third and later episodes in a series of adjacent episodes are considered \"Later.\" They are worth more case mix points and more reimbursement under the home health prospective payment system.

#### Select Response '1' When...

You'll choose 1 -- Early when the Medicare payment episode is the only episode, says Northampton Mass.-based home care consulting firm **Fazzi Associates** in its OASIS-C Best Practice Manual.

Response \"1\" is also appropriate for a first or second episode in a current sequence of adjacent Medicare home health payment episodes.

### **Select Response '2' When ...**

You'll choose \"2 -- Later\" when the Medicare payment episode is the third or later episode in the current sequence of adjacent Medicare home health payment episodes, Fazzi says.

### **Choose 'UK' with Care**

Response \"UK -- Unknown\" is appropriate when you don't know where this payment episode falls in the sequence of adjacent episodes, Fazzi says. For calculating reimbursement, \"UK\" has the same effect as selecting the \"Early\" response.

Try to minimize the use of \"UK,\" cautions Giles. But when you truly don't know whether the episode is early or later, this response is appropriate.

At ROC, the \"unknown\" response doesn't usually affect payment, Fazzi points out. But, try not to lean on \"UK\" when the ROC also serves as a recertification assessment when the patient is discharged from an inpatient facility in the last five days of the certification period. In this situation, try to determine whether you should answer \"early\" or \"late\" to describe the upcoming episode for the most accurate payment.

### **Avoid 'NA' with Medicare Patients**

You can select response \"NA\" for a non-Medicare FFS payer unless the payer requires a case mix code for billing purposes, Fazzi says.

Selecting \"NA\" means you won't generate a HHRG score,\" Giles says. This isn't acceptable for Medicare patients, but it may be OK for worker's comp or private insurance, she says.

### **Keep Track of Other Agency's Episodes**

When it comes to answering M0110, it doesn't matter which agency is providing the care, Giles says.

For example: Your agency sees a patient for 45 days and then discharges him with goals met. He is readmitted to another agency under the Medicare benefit within 60 days. These would be adjacent episodes under M0110, despite the fact that two different agencies provided the care, Giles says.

### **Know What to Correct**

If you should find that you've answered M0110 incorrectly at SOC, ROC or Recert, there's no need to cancel or resubmit the claim. The common working file will automatically adjust claims up or down to correct for episode timing.

However, \"medical record documentation standards require a clinician to correct inaccurate information contained in the patient's medical record,\" the **Centers for Medicare & Medicaid Services** say in an OASIS Q&A on M0110. So, if you discover that the OASIS response for M0110 is incorrect, you should correct the original assessment according to your agency's correction policy, and retransmit the corrected assessment to the state system.

Editors note: For more on M0110, see the Home Health Prospective Payment System Refinement and Rate Update for Calendar Year 2008; Final Rule available at:

<https://www.cms.hhs.gov/homehealthpps/hhpsrn/ItemDetail.asp?ItemID=CMS1202451> and the OASIS Q&As at [https://www.qtso.com/download/Guides/hha/CAT4\\_01\\_03\\_12.pdf](https://www.qtso.com/download/Guides/hha/CAT4_01_03_12.pdf). View a PPS Plus training video on M0110 here: <https://www.facebook.com/#!/photo.php?v=458240956334>.