

## OASIS Alert

### Medical Review: BEWARE OF C0F0S0 PATIENTS

If a patient has no functional impairment, are you sure she's "homebound"?

While many of Medicare's expectations concerning home care make little sense, some are right on the money. One of these is that a patient whose home health resource group is C0F0S0 probably doesn't qualify for the Medicare home health benefit, explained consultant **Melinda Gaboury** of Nashville, TN-based **Healthcare Provider Solutions**. "I'm not sure why we would admit such a patient," Gaboury told listeners in a Jan. 7 **Eli** teleconference, "Successful PPS Billing for Home Health Organizations."

If you see this HHRG, "be concerned," she urged. It says "they have no clinical needs, no functional needs, haven't been discharged from a rehab facility and don't require therapy," she said. It's likely the OASIS assessment is inaccurate, and someone in the agency should look at these codes to be sure they make sense, she advised.

Any time a patient's HHRG is F0 agencies should be concerned about medical review for homebound status, Gaboury counseled. Any answer to M0700 other than "0" will translate into at least a "1" in the function category. The "0" response says the patient is able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device). If you have answered M0700 with "0," be especially careful to document homebound status, she said, because intermediaries use this question as a red flag.

Another obvious problem Gaboury sees in chart reviews is a patient with no functional needs (C0F0) who is receiving physical therapy sometimes as many as 10 or more visits. Agencies can expect medical review or surveyor scrutiny from this inconsistency, she warned.

"The functional part is important," cautions **Rose Kimball** of Dallas, TX-based **Med-Care Administrative Services**, "since all home bound Medicare patients have some functional limitations. "Besides the HHRG, the HIPPS code and diagnosis code can give you a quick way to check for potential OASIS errors.

Be sure these codes "make sense," especially if the health insurance prospective payment system code is at the very lowest level, Kimball adds. Providers sometimes enter the information inaccurately, but don't realize it until someone questions the resulting codes, she finds.

**Editor's Note:** To obtain a recording of Gaboury's Eli teleconference for a fee, call 1-800-508-2582.