

OASIS Alert

OASIS Guidelines: Banish These SOC OASIS Misconceptions

Not every visit made to complete the comprehensive assessment and OASIS is billable.

Accurately completing the start of care (SOC) comprehensive assessment and OASIS is important not only for securing accurate payment, but for establishing a baseline for quality data. Make certain you're not damaging your agency's finances or reputation by falling prey to one of these common SOC assessment misconceptions.

Myth Number 1: A skilled nurse must always complete the SOC comprehensive assessment and OASIS.

Truth: Condition of Participation, 484.55, Comprehensive Assessment of Patients requires that if nursing orders exist at SOC, the registered nurse must complete the SOC comprehensive assessment including the OASIS.

The COP also says "When rehabilitation therapy service (speech language pathology, physical therapy, or occupational therapy) is the only service ordered by the physician, and if the need for that service establishes program eligibility, the initial assessment visit may be made by the appropriate rehabilitation skilled professional."

So, when physical therapy is the only service ordered, assuming physical therapy services establish program eligibility for the payer, the PT can conduct both the initial assessment visit and the SOC comprehensive assessment including the OASIS, according to the **Centers for Medicare & Medicaid's** OASIS Q&A Category 2 Q12.2.

In addition, if speech pathology services were also a qualifying service for the payer, the SLP could conduct the initial assessment visit and/or complete the comprehensive assessment including the OASIS for a PT-only case, even if there is no skilled SLP need or related orders.

And the reverse is true -- a PT can admit, and complete the initial assessment visit and comprehensive assessment for a SLP-only patient, when both PT and SLP are primary qualifying services as they are under the Medicare home health benefit.

If it's your agency's policy to have an RN conduct all comprehensive assessments, whether or not there is a skilled need for nursing, that's acceptable as well. However, that one nursing visit made to complete the comprehensive assessment and OASIS for a therapy-only case isn't billable, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.

Caution: The RN should perform the assessment on or after the therapist's SOC date (within five days to be compliant with the regulation).

Bottom line: It's acceptable under the Medicare home health benefit (and likely under other payers as well), to have an RN, SLP, or PT conduct a visit solely to complete the initial assessment and comprehensive assessment tasks when there is no medically-necessary need for the discipline. However, such visits aren't reimbursable and do not establish the start of care date for the home care episode.

Myth Number 2: You must complete the SOC comprehensive assessment and the OASIS at the same time as the initial assessment visit.

Truth: The initial assessment visit establishes your patient's immediate care and support needs as well as her eligibility for Medicare and homebound status. This visit must occur within 48 hours of her referral to home care; within 48 hours of her return home from an inpatient stay; or on a specific physician-ordered SOC date.

But you don't have to complete the SOC comprehensive assessment and the OASIS at the same time as the initial

assessment visit, says **Amy Hartman, BSN, RN, COS-C**, with **Capstone Clinical Services** in Sandy, Utah.

You must complete the SOC comprehensive assessment and the OASIS in a timely manner, and no later than five days after the first billable visit (start of care).

Tip: You cannot start or complete the SOC comprehensive assessment and the OASIS before the SOC date.

Myth Number 3: There can be no collaboration in completing the SOC OASIS.

Truth: A comprehensive assessment must be completed by one clinician. But, the assessing clinician completing the comprehensive assessment can "work collaboratively with others in the office to complete items that are not within their scope of practice or educational preparation" such as components of the drug regimen review, CMS says in OASIS Q&A Category 2 Q15.3.

The assessing clinician can work with other qualified agency staff to gather and communicate pertinent information via a record review, but the clinician is still ultimately responsible for confirming and validating that this non-assessment information is accurate. "In these collaborative situations, it is still the single assessing clinician that will conduct the actual face-to-face assessment of the patient, and complete the comprehensive assessment after any appropriate collaboration has occurred," CMS says.

Note: To help make certain you gather the information necessary to complete the OASIS during an assessment visit, consider using a form like the one below. Read the Category 2 OASIS Q&As here: https://www.qtso.com/download/Guides/hha/CAT2_01_03_12.pdf.