

OASIS Alert

OASIS News: INTERMEDIARY SEES PROBLEM WITH V58.3

Use aftercare not wound care in M0230.

If V58.3 raises a red flag for your intermediary, it's because it looks like you're not doing much in the episode.

Data analysis triggered a widespread review of home health claims having a primary diagnosis of V58.3 (Attention to surgical dressings and sutures), regional home health intermediary **Cahaba GBA** announced on its Web site Oct. 6. Cahaba will post results of the edit--topic code 5THBT--on its Web site, the RHHI says.

Many agencies erroneously use V58.3 when they provide any kind of wound care, says San Francisco, CA-based coding consultant **Sparkle Sparks** with **OASIS Answers Inc.** Also, if this V code is mistakenly placed as primary, an episode may be overpaid because a case-mix code could be placed in M0245, she suggests.

Tip: Don't use V58.3 as primary. The code really should be used to provide additional information when an aftercare code is the primary diagnosis, Sparks explains. If all you're doing is routine wound care for a normally healing surgical wound, your RHHI may wonder why you don't just teach the patient or a family member to do it.

Generally when the patient has a surgical wound, the comprehensive care provided following the surgery requires an aftercare code. And if the wound is complicated by infection or dehiscence, use a complication code, not a V code, adds Sparks.

- **Home health agencies struggling** with OASIS accuracy will find help in the updated version of the 3M National OASIS Integrity Project Report, originally released in May 2003.

The 2005 update includes new techniques and questions to improve agencies' accuracy when responding to the OASIS M0 items, according to Dr. **Robert Fazzi**, president of Northampton, MA-based **Fazzi Associates**.

The updated version takes into account the updates to the OASIS Question and Answers that the **Centers for Medicare & Medicaid Services** added to its Web site in June. But because of ongoing updates as questions arise, any discrepancy between this report and current published CMS information should be resolved based on the CMS guidelines, the report advises.

The report is available through the **National Association for Home Care & Hospice** at www.nahc.org/NAHC/CaringComm/eNAHCReport/datacharts/oasisreport2005.pdf.

- **Quality Improvement Organizations' effectiveness** in actually improving your Medi-care beneficiaries' quality of care is under fire. Hospitals participating in QIO programs showed no statistically significant differences in quality-of-care improvements than non-participating hospitals, according to a Journal of the American Medical Association study.

Although participating and non-participating hospitals began with many differences, a follow-up study revealed their rates of change over two to three years were nearly the same. More information is in the June 15 issue of JAMA at <http://jama.ama-assn.org>.