

## OASIS Alert

### OASIS News: LOOK OUT FOR OASIS ENFORCEMENT

Problems with coding, OASIS assessments, and documentation created major problems for one agency.

In its fall 2005 semiannual report, the **HHS Office of Inspector General** reported total fiscal year 2005 savings and expected recoveries of nearly \$35.4 billion, more than doubling savings and recoveries since FY 2000. The agency also reported exclusions of 3,806 individuals and entities for fraud or abuse, 537 criminal actions and 262 civil actions.

One contributor to the recoveries was Edina, MN-based home care chain **Intrepid USA**, which settled charges that home health services were not provided by a qualified person, lacked physician orders and plans of care, lacked sufficient documentation of the patient's homebound status, lacked an Outcome Assessment and Information Set evaluation, and/or were improperly coded, according to the OIG. Intrepid paid \$8 million and entered into a five-year integrity agreement, the OIG reported.

This settlement highlights "the importance of properly creating and maintaining documentation," notes attorney **Robert Markette, Jr.** with **Gilliland & Caudill** in Indianapolis. Scrutiny of documentation problems can start in payor recoupments and quickly progress to survey problems, Markette warns.

Note: The OIG report is at [www.oig.hhs.gov/publications/docs/semiannual/2005/SemiannualFall05.pdf](http://www.oig.hhs.gov/publications/docs/semiannual/2005/SemiannualFall05.pdf).

• **As of Dec. 1, coding guidelines advise that V57.x (Care involving use of rehabilitation procedures) has been added to the list of V codes which are only acceptable as principal or first listed diagnoses.**

"This means that if therapy is the primary reason for home health, then V57.x would be coded first. Otherwise, you would not code it," says **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. If you are providing more than one therapy, you may report V57.89 (Multiple training or therapy) in M0230, she advises.

The guidelines are at [www.cdc.gov/nchs/dataawh/ftpserv/ftpicd9/icdguide05.pdf](http://www.cdc.gov/nchs/dataawh/ftpserv/ftpicd9/icdguide05.pdf).

• The **Centers for Medicare & Medicaid Services** is transitioning to a new computer system and reporting software, an official reminded listeners in the Dec. 15 Open Door Forum for home health. To access-outcome based quality improvement (OBQI) and error reports on the new system, agencies have to meet new minimum requirements by Dec. 31. A Mar. 20 memo to surveyors (S&C 05-22) first explained the change. Details are at [www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter05-22.pdf](http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter05-22.pdf).

• **Negative pressure wound therapy is reducing** hospitalization and emergent care needs for home care patients, says a study released at the **National Association for Home Care & Hospice's** annual meeting in Seattle.

For the study, data firm **Outcome Concept Systems Inc.** analyzed 1.9 million OASIS start of care assessments, says **Kinetic Concepts Inc.**, which offers NPWT under its V.A.C. product name.

Patients on V.A.C. therapy for Stage III pressure ulcers saw no instance of emergent care due to wound infection or deteriorating wound status, San Antonio-based KCI says in a release. In contrast, patients not receiving V.A.C. therapy had a 7 percent rate. For Stage IV pressure ulcers, the emergent care figures were 0 percent for V.A.C. patients and 11 percent for non-V.A.C. patients.

Hospitalization statistics were equally dramatic. V.A.C. patients with Stage III pressure ulcers had a 3 percent instance of

hospitalizations due to wound infection or deteriorating wound status, versus 11 percent for non-V.A.C. patients. For Stage IV ulcers, V.A.C. patients saw a 6 percent rate versus 20 percent for non-V.A.C. patients, KCI says.

Meanwhile, **BlueSky Medical** announced that CMS has also approved its wound vacuum system for reimbursement for use in negative pressure wound therapy.