

OASIS Alert

OASIS News: Open Door Forum Leaves Agencies Up In The Air

Do your clinicians know about the M0460 change effective immediately?

Agencies wondering about when the **Centers for Medicare & Medicaid Services** will move ahead with its pay for performance demonstration are still waiting to find out. CMS hopes for speedy approval from the **Office of Management and Budget**, so it can stay on schedule.

CMS wants to start recruiting agencies in four as-yet-unannounced states this month. "We're all hoping that approval comes swiftly and we can stay on track for [an] October beginning," a CMS official said in the Aug. 29 Open Door Forum for home care providers.

In other forum news, CMS clarifies that it has revised the instructions for OASIS item M0460 that requires staging pressure ulcers. Instructions now "allow a wound to be staged if the bed of the wound is partially covered by necrotic tissue and if the presence of eschar does not obscure the depth of the tissue loss," the final rule states (see Eli's OASIS Alert, Vol. 8, No. 8, p. 78).

The final 2008 PPS rule also adds two quality outcomes to the 10 already reported in Home Health Compare, says CMS' **Randy Thronset**. The additional measures you need to begin focusing on are "Emergent care for wound infections, deteriorating wound status" and "Improvement in status of surgical wounds."

And agencies waiting for the new OASIS form changes -- with implementation looming on Jan. 1 -- are still on hold at press time. The form revisions must go through the Paperwork Reduction Act process, and will be finalized and posted "very soon," Thronset promised.

- **The HHS Office of Inspector General continues** to pursue overpayments for M0175 (From which of the following inpatient facilities was the patient discharged during the last 14 days). But each report seems to show a smaller return on the audit time invested.

The most recent report concerning **Connecticut VNA, Inc.** (A-01-07-00501) says that out of an unidentified number of claims from the 2004-2005 fiscal year, the HHA incorrectly billed 35. And of those 35, the intermediary's edit missed eight. This resulted in a recommended recoupment of an overpayment of \$3,683.

A July report concerning the Massachusetts **VNA Care Network** identified an overpayment of \$6,178 for 23 claims the edit missed -- out of 161 claims from the same time period (see OASIS Alert, Vol. 8, No. 9, p. 85).

The OIG's report is at <http://158.70.174.5/oiginternet/oas/reports/region1/10700501.pdf>.

- **Palmetto GBA has revised** its local coverage determinations for home health occupational therapy (LCD 02HH-0015-L) and speech language pathology (LCD 02HH-005-L) in light of diagnosis coding changes.

OT: The OT determination added these codes to Palmetto's list that support medical necessity: 359.21, 359.22, 359.23, 359.24 and 359.29. It also included the codes expanded from 787.2: 787.20, 787.21, 787.22, 787.23, 787.24 and 787.29.

SLP: The SLP determination added these codes to Palmetto's medical necessity support list: 315.43, 359.21, 359.22, 359.23, 359.24, 359.29, 338.45, 389.05-389.06, 389.13, 389.17, 389.20, 389.21 and 389.22. And it included 787.20-787.29,

