

## OASIS Alert

### OASIS News: Therapy Crackdown Strikes Another Agency

The **HHS Office of Inspector General** has hit another home health agency with huge overpayments for episodes claiming high therapy use.

Following closely on the heels of the \$42,000 therapy denial reported in May for a Connecticut HHA (see OASIS Alert, Vol. 6, No. 7), the OIG also has downcoded or denied 88 percent of a California HHA's high-therapy claims it reviewed.

These results will ensure continuing review of high-therapy claims, experts predict. "That old saying 'follow the money' applies here," says Abilene, TX-based reimbursement consultant **Bobby Dusek**. "The simple fact is that 10 therapy visits doubles the amount of reimbursement for a normal episode."

The OIG's reviews focus on claims with 10, 11 or 12 therapy visits. Medical reviews need to deny only one to three visits to recoup more than \$2,000, Dusek points out.

The OIG had regional home health intermediary **United Government Services** review 74 of **Red Oak Home Health Services's** claims with 10 to 12 therapy visits from Oct. 1, 2002 through Sept. 30, 2003, according to the newest report (A-09-04-00050).

The therapy denials resulted in about \$150,000 in overpayments for Los Angeles-based Red Oak. The agency disagreed with most of the findings but admitted that documentation "may not have been of the highest standards."

Note: To see the details of the OIG report, go to [www.oig.hhs.gov/oas/reports/region9/90400050.pdf](http://www.oig.hhs.gov/oas/reports/region9/90400050.pdf). For more information about protecting your therapy claims from denials see OASIS Alert, Vol. 6, No. 7.

1. **Take action now to prepare for** the new ICD-9-CM codes about to take effect. Again this year, there is no grace period, so agencies must begin using the new codes on Oct. 1.

New codes include a new descriptor to indicate that 728.87 includes generalized muscle weakness, new sleep disorder codes, more specific codes for diabetic retinopathy, expanded renal failure codes and a new V code for history of falls. The **Centers for Medicare & Medicaid Services'** new code information is at [www.cms.hhs.gov/medlearn/icd9code.asp](http://www.cms.hhs.gov/medlearn/icd9code.asp).

2. **Senate Finance Committee Chair Sen. Charles Grassley (R-IA) is questioning** the effectiveness of your Medicare Quality Improvement Organization. In an Aug. 11 letter to CMS, he asked for materials including current quality improvement contracts, QIO board member rosters, recent reports to Congress and a list of all QIO performance audits in the past five years.

This action follows a recent Washington Post article and a Journal of the American Medical Association report that challenged QIOs' effectiveness.

3. **CMS has released its "Quality Improvement Roadmap,"** which details the strategies the agency is undertaking to improve the quality of health services. CMS will focus on specific area, including "expand public reporting to reflect expanded quality measures."

The roadmap is at [www.cms.hhs.gov/quality/quality%20roadmap.pdf](http://www.cms.hhs.gov/quality/quality%20roadmap.pdf).

