

OASIS Alert

OASIS News: Use M0175 Edits To Your Advantage

Would you like to be able to dispel your uncertainty about the amount of money the feds will ask you to pay back in the next few months -- but you're short on resources to go back through the old charts and records?

It is possible to use new M0175 edits to estimate the likely givebacks you'll owe once the retroactive M0175 recoupments begin later this summer (see Eli's OASIS Alert, Vol. 5, No. 4).

Ongoing edits of the OASIS item on prior hospital stays began April 1. First, home health agencies should check these claims to make sure their intermediary correctly adjusted for a hospital stay, advises consultant **Tom Boyd** with Rohnert Park, CA-based **Boyd & Nicholas**.

After confirming the findings, HHAs can use the percentage of downcoded M0175 claims to estimate what their previous years' downcodes will be as well, Boyd suggests. Agencies also should review their procedures to determine what changes need to take place to increase M0175 accuracy, Boyd adds.

1. HHAs should beware of requests for anticipated payment and final claims arriving on the same day, warns regional home health intermediary **Associated Hospital Service of Maine**. If AHS receives a final claim before or on the same day as a RAP for the episode, providers may encounter a 764a error, the RHHI says. "Once the RAP has been posted to history with a payment, providers will need to store the final claim that is editing in suspense so that it may continue through the system to adjudication," AHS advises in an April 7 posting to its Web site.
2. In a recent study, the National Association For Homecare & Hospice reports that from 2001 to 2002 the average visits per episode was 18.88 for all episodes and 21.84 when excluding low utilization payment adjustments. In 2002-2003, the association found very little change, with the average visits for all episodes being 18.91 overall and 21.68 when excluding LUPAs. These results conflict with the **Medical Payment Advisory Commission's** assumption of decreasing visits by HHAs, when it projected huge profits for agencies (see Eli's OASIS Alert, Vol. 4, No. 7).
3. Whether the newly covered electromagnetic therapy service for wound care will be bundled into home health prospective payment system, and therefore count toward M0825, is still unclear, NAHC says. It is currently seeking clarification of the billing issues surrounding the new wound care therapy, the association reports.
4. Medication management may become a bit easier once the government's drug discount cards are available. Go to the **Centers for Medicare & Medicaid Services'** newly enhanced Web site, at www.medicare.gov, to get information on drug discount cards that become available in May.

"Users can get customized results information about the Medicare-approved drug discount cards, including the names of cards available to them, the enrollment fees and ways to contact the card programs," the **Department of Health and Human Services** says in a release. Fees range from nothing to \$30. "Starting April 29, users will be able to compare drug prices and find out which pharmacies in their area accept the new Medicare-approved drug discount cards," HHS says.

