

OASIS Alert

OASIS Update: 5 New Years Resolutions You'll Be Glad You Made

Jan. 1, 2004 is upon us, along with the usual diet and exercise resolutions. Challenge your staff to choose an OASIS item to focus on too.

Home health agencies have had months to prepare for Jan. 1 changes. But with all the emphasis on public reporting of outcomes and the new M0245 payment diagnosis question, you may have dropped the ball on some other items that affect cash flow and survey success.

1. Remember not to use a fifth digit on ICD-9 code 719.7 (difficulty walking). New coding guidelines dropped the fifth digit from this code. HHAs frequently use either this code or 781.2 (abnormality of gait) for patients receiving physical therapy. But after Jan. 1, claims with a fifth digit on 719.7 will be returned to the provider, since the regional home health intermediaries' claims processing software will reject the claim.

2. Check outcome data again on Home Health Compare. January will bring the first quarterly update, with outcome data now covering episodes from November 2002 through October 2003. For agencies with successful outcome-based quality improvement projects, this may be an opportunity to tout your progress. For the many agencies that haven't yet begun OBQI projects, the new data may demonstrate a pattern that will help you decide what issues to tackle.

3. Always put something in M0016. This field is no longer optional. On assessments with a completion date (M0090) on or after Jan. 1, 2004 the **Centers for Medicare & Medicaid Services** requires agencies to include the branch ID.

This will allow CMS to provide outcome reports specific to each branch, perhaps as early as January 2005, a CMS spokesperson explains. CMS has nearly completed assigning all branch ID numbers, a CMS source tells **Eli**. If an OASIS is submitted without one of three items - the branch ID, "P" (for parent) or "N" (for no branches) - in M0016, a fatal error will occur and the OASIS will be rejected, the spokesperson confirms.

4. Don't rely on M0175 payment edits. The three new payment edits that will take effect April 1 will help fiscal intermediaries identify inaccurate answers to M0175 (see **Eli's OASIS Alert**, Vol. 4, No. 12, p. 116). But you'll still want to focus on accuracy, because HHAs that fail to identify an inpatient hospital stay during the previous 14 days will have to redo the request for anticipated payment - or have the claim adjusted or funds recouped.

5. Try again to use tally reports. If you were frustrated with your inability to download tally reports last time you tried, it may be time to try again using the new filters CMS has provided.