

OASIS Alert

OASIS Update: October's Changes Could Cost You Big Bucks

Here's how to prepare yourself for what's to come.

The time may "fall back" this month, but home health agencies should move forward with important OASIS adjustments.

OASIS-related items continue to loom at the top of agencies' "to do" lists, and experts suggest three current areas to focus on:

1. Diagnosis coding changes. Beginning Oct. 1, HIPAA requires HHAs to begin using V codes and E codes as mandated by ICD-9 coding rules. Some diagnosis codes won't change; others will need a V code as a primary or secondary diagnosis - M0230 or M0240 - or an E code as a secondary diagnosis. Some diagnoses also will require a payment diagnosis code in M0245 to ensure reimbursement under the case-mix system (see pdf of OASIS Alert, Vol. 4, No. 7, p. 63).

And October brings a new OASIS version as well. "For any record with a completion date (M0090) of October 1, 2003 or later, the use of version 1.40 data submission specifications is required," the **Centers for Medicare & Medicaid Services** explains in a question-and-answer document based on its Aug. 20 teleconference with OASIS software vendors.

OASIS assessments that don't conform to 1.40 specs "will receive a fatal record error causing the record to be rejected and the data will not be stored in the state database," CMS warns.

HHAs will receive no grace period on this requirement, CMS insists - Oct. 1 is zero hour. And OASIS rejections will wreak billing and survey havoc on unprepared agencies, experts warn.

V Code Training is Crucial to Financial Success

If staff aren't trained to use M0245, agencies could lose hundreds of dollars per patient by failing to register the higher-paying diagnosis code. And if HHAs fail to use V codes in M0230 when appropriate, they'll be violating CMS reimbursement regulations as well as HIPAA requirements.

Now that October is looming, HHAs are frantically scheduling training, experts tell **Eli**.

"Agencies should already be training staff about V codes," warns consultant **Pat Sevast** with **American Express Tax & Business Services** in Timonium, MD. "It's a complex issue and takes time to comprehend."

Ideally, HHAs should have begun training their staff on V codes July 1, says consultant **Pam Warmack** with **Clinic Connections** in Ruston, LA. If you haven't yet done so, begin now with an application-based training program for those staff responsible for coding and reimbursement in your agency, Warmack advises. "The best way to learn the principles behind the addition of the V and E codes is to use existing clinical records and practice coding the diagnoses under the new allowances," she counsels.

Agencies unsure of how the diagnosis coding changes will affect billing and care plans can refer to CMS' new Q&A. For example, "There is no place for entering the diagnosis in M0245 on the UB-92" claim form, CMS explains.

But the diagnosis is expected to show up on the plan of care somewhere, CMS says. "M0245 is considered a 'pertinent diagnosis' and is expected to be available on the agency Plan of Treatment," the Q&A stresses.

2. Reduced burden OASIS-B1. Home health agencies have a choice about whether to adopt a reduced OASIS dataset if they haven't done so already. CMS offered a reduced dataset as early as last December, but many agencies decided to put off using the shorter assessments until they had to change them for V codes anyway, CMS says in the Q&A.

"Home health agencies may use either the reduced burden OASIS-B1 (12/2002) or may continue to use the previous version ... as long as the data submission requirements are met including changes to M0016, M0230, M0240, and the addition of M0245," CMS advises.

The reduced dataset drops 45 M0 items from follow-up assessments and establishes a patient data tracking sheet. HHAs can continue to collect the information for the deleted items, but not transmit it. "Items not required will not be stored on the state database," CMS says in the Q&A.

Using a reduced OASIS assessment is good for staff morale, Warmack tells **Eli**. "All the nurses in the agencies I deal with were very, very receptive to changes to the reduced OASIS version."

But the decision may depend on your software, what it can do and how many versions of the forms you want to maintain, Sevast says. "Even if you eliminate the OASIS item, you may want to continue to collect and document the information," she adds.

HHAs with questions about using the new data set or HAVEN 6.1 can contact the OASIS and HAVEN help desk at 877-201-4721 or at haven_help@ifmc.org.

3. Heads up on branch IDs. OASIS Version 1.40 that takes effect Oct. 1 will require branch numbers in M0016. In the past, this was an optional field. CMS is in the process of assigning standardized branch identification numbers to all home health agency branches and will require these to be reported for all assessments with completion dates (M0090) on or after Jan. 1, 2004.

Editor's Note: The Q&A is at www.cms.hhs.gov/oasis/82003svt.pdf.