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OASIS Alert

Prospective Payment System: Do The Math Before Claiming A SCIC

Follow these 8 steps to ensure you receive the payment you deserve.

You could plug a substantial money leak by running the numbers for every significant change in condition.

Problem: "Most agencies do not understand that they must calculate the impact of the SCIC on the episode payment for every SCIC," cautions Chapel Hill, NC-based consultant **Judy Adams** with **LarsonAllen Health Care Group**. A SCIC early in the episode or one that adds therapy - changing the response to M0825 to "yes" - often results in a financial benefit to the agency, Adams says. But without calculating both portions of the episode (pre-SCIC and post-SCIC), you cannot determine if filing will gain or lose money for the agency, she adds.

Solution: Even if your computer system doesn't do the math for you, calculating whether to file a SCIC when the HIPPS code increases "is relatively easy," says **Pam Warmack**, president of **Clinic Connections** in Ruston, LA. Follow these steps to ensure your agency files optional SCICs only when they will benefit your bottom line:

1. Divide the episode payment for the pre-SCIC case-mix weight by 60 to get the pre-SCIC per-day payment amount.

2. Count the number of days from the start-of-care visit to the last visit before the SCIC.

3. Multiply that number of days by the per-day amount.

4. Divide the episode payment amount that the post-SCIC increased HIPPS code would provide by 60 to get the post-SCIC per-day payment amount.

5. Count the number of days from the first visit after the SCIC occurred (such as a resumption of care visit) through the end of the episode.

6. Multiply that number of days by the post-SCIC per day amount.

7. Add the number from step 3 and the number from step 6.

8. Compare that sum with the total episode payment you would receive if you didn't file a SCIC. If the pre-SCIC episode payment is larger than the number in step 7, do not file the SCIC.