

OASIS Alert

Reader Question: CUT THROUGH SINGLE VISIT CONFUSION

Q: If we make only one home visit to a Medicare patient, do we still have to complete an OASIS assessment? If so, which one?

A: Since the **Centers for Medicare & Medicaid Services** simplified the OASIS data set eliminating RFA2 (start of care assessment with no further visits planned) assessments may seem more complicated, reports consultant **Pat Sevast** with **American Express Tax & Business Services** in Timonium, MD.

To cut through the confusion, Sevast suggests the following guidelines:

1. If you assessed the patient and decided not to admit her, that is not a Medicare billable visit, so no OASIS is necessary.
2. If you made a single nursing visit, and planned no further visits, that also is not billable and requires no OASIS assessment.
3. If a physical therapist made the single visit, to bill Medicare the therapist should complete the OASIS assessment using RFA 1. This gives you the HIPPS code you need to bill the visit. Even though you plan no further visits, you can't bill Medicare without a HIPPS code. A discharge assessment is no longer required.
4. If you made a single nursing visit and planned to make more visits, but something else prevented them such as the patient's death, hospital admission or departure from your service area complete the assessment using RFA 1. This gives you a HIPPS code for billing, although the episode will be a low utilization payment adjustment (LUPA).

Do this even if you saw the patient once and planned to make further visits, but on the first visit you identified a problem that resulted in the patient going to the emergency room and later being admitted, Sevast instructs. At the time you made the visit you could not know that the patient would be admitted, she explains. So you should complete the OASIS using RFA 1 and, if need be, you transfer the patient to the hospital.