

OASIS Alert

Reader Question: Don't Be Overly Strict With Collecting Physician Orders

Question: I have a question on how to accurately answer M2250 □ Plan of Care Synopsis. I understand the directions for this item require the patient's condition to be discussed with the physician to establish a plan of care agreed upon by the home health agency and the physician. My understanding of "physician ordered plan of care" means the home health nurse contacted the physician directly (not his nurse) and received the orders either verbally, or via phone or fax. The timeframe we are using for this contact is five days from the start of care (SOC) and two days from discharge from facility. This can be a struggle, especially when a doctor is on vacation.

Our process quality outcomes are consistently below the national reference for care planning and I'm working on improving these outcomes. Am I interpreting the question/guidance correctly?

Iowa Subscriber

Answer: You may be interpreting things a little too strictly, which can have a negative impact on your process measures, says **Pat Jump** with Rice Lake, Wis.-based **Acorn's End Training & Consulting**.

In most instances, the **Centers for Medicare & Medicaid Services** does not require that a provider speak directly with a physician. Instead, you can speak with a physician or a physician's representative. So, you could run the orders by the physician's nurse and if approved you can mark "yes" for M2250, Jump says.

In OASIS Q & A 172.4, CMS says that orders can be directly to/from the physician or indirectly through physician's office staff on behalf of the physician. And physicians typically have coverage by another physician when they are on vacation, Jump says. In such situations, the other physician can be working on behalf of the physician, making it OK to take orders from the covering physician.

Also remember that verbal orders are an acceptable form of orders, Jump says. You could call the physician/representative and get a verbal order and then place this verbal order on the 485 in the usual practice for obtaining verbal orders, Jump says. The orders do not have to be signed and back to the provider in order to mark "yes" for this item. There just needs to be adequate documentation to show the communication occurred.

Another thing some agencies do in an attempt to get orders clarified with the five-day assessment time period is to fax orders to the physician with a specific request to sign and fax them back within 48 hours. This can work, even in the large health care systems, Jump says.

Also remember that if initial orders included interventions and those interventions have not changed at the time of resumption of care (ROC), you can report the presence of the initial orders in M2250 at ROC.

Tip: When CMS says the SOC assessment must be completed within five days of the SOC, remember that the SOC date is day zero, Jump says. "So, in a way, you really have six days because the actual SOC date is day zero and the next day is day one of the five allowed days."

