

OASIS Alert

Reader Question: Look For First Billable PT Visit To Spot SOC Date

Here's how to coordinate your nurses' and therapists' assessments.

Question: Our clinicians often input the start of care (SOC) on a patient who will need physical therapy (PT) before the physical therapist does an evaluation to determine how many PT visits will be needed. However, this requires us to revise the SOC to reflect the number of anticipated visits. Could our clinicians delay inputting the SOC until our therapists can evaluate the patient? If so, do we need to revise the SOC to reflect the date of the therapist's evaluation?

Answer: You can absolutely "hold your assessment open until after the therapy evaluation," says **Judy Adams, RN, BSN, HCSD**, with **LarsonAllen** in Charlotte, N.C. That's because "the home health conditions of participation allow five days from the SOC date to complete the comprehensive assessment, which includes the current version of OASIS," she explains.

Tricky: Your SOC date should be the date of your first billable visit -- but that date might not be as obvious as you think, Adams warns. For instance, if the patient needs both nursing and PT (and the nurse provides a skilled service rather than simply completing the assessment), then the nurse's visit is the SOC date. But "if a nurse does the assessment for a therapy-only patient (and no nursing is ordered), then the date of the therapist's evaluation is the first billable visit," she points out.

How to code it: Put the date of the first billable visit in M0030. Within the next five days, your physical therapist should evaluate the patient and enter the planned number of visits in M0826. In M0090, you'll list the date you finished gathering information to complete the assessment. Adams offers this solution for checking your work: If your therapist's evaluation is the first billable visit, but your nurse completes the SOC before the evaluation, the M0090 date will be before the M0030 date -- a red flag that your dates are off.

The bottom line: Your clinicians and physical therapists should work together to ensure that you don't have to revise the number of planned therapy visits. "The intermediary will make any needed adjustment based on the number of therapy visits actually billed when the claim is processed at the end of the episode," Adams says.