OASIS Alert

Reader Questions: Keep Up with New Single Visit Payment Requirements

Question: We have heard that Medicare now requires a completed OASIS for payment. Does this mean we must collect and submit OASIS data even when we have only made a single visit at the start of care? If so, how does this impact the guidance on the Management of Single Visits from the Centers for Medicare & Medicaid Services, which said single visits didn't require us to collect or submit the OASIS, nor perform a discharge OASIS assessment?

Answer: As of January 2010, new payment regulations from the **Centers for Medicare & Medicaid Services** require you to submit an OASIS assessment in order to be paid for a final claim under the Medicare PPS system, CMS advises in the third quarter 2010 OASIS Q&As. However, if you choose not to be paid, you do not need to collect and transmit OASIS data if there was only one visit.

The Federal Register, November 2009 (http://edocket.access.gpo.gov/2009/pdf/E9-26503.pdf) explains: "Rather, we intend that in finalizing this policy, providers will ensure that prior to submitting a final HH PPS episode claim, a provider will have submitted an OASIS, and the HIPPS code on the final HH PPS episode claim will be consistent with the HIPPS on the OASIS validation report. As such, we are implementing the provision to require the submission of OASIS for final claims as a condition of payment, and revising § 484.210"

With these changes to the conditions for payment, the Single Visit Management document is being retired, CMS says. At any time point where an OASIS assessment will impact the payment, even if that assessment visit is a single visit in a quality episode, completion and submission of OASIS data is mandated for payment. For agencies compliant with required data collection timeframes, the only time point where a single visit could impact payment is at the Start of Care (SOC). The discharge OASIS is never mandated in situations of single visits in a quality episode (SOC/ROC to TRF/DC).