OASIS Alert

Reimbursement: Brief Staff On These Top 7 OASIS Issues For 2008

5 expert tips will get you started.

Between OASIS clarifications and PPS refinements, home health success is a moving target. Here's how to point your troops in the right direction.

1. Make sure you understand the results of coding sequencing. Using either the M0230/M0240 slots or the M0246 slots, you have six opportunities to enter a case mix diagnosis in each episode. Make the best use of all these potential payment slots, says clinical and coding consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**.

If you place a V code in M0230/ M0240, ask what numerical code you would have used before HHAs could use V codes, says consultant **Karen Vance**, with **BKD** in Springfield, MO. If this is a case mix code under the new prospective payment system, put it in M0246.

Expert tip: Make deliberate choices about how you use those important six slots, experts agree. If you fill them with V codes, you will miss out on risk adjustment that could improve agency outcomes.

2. Use the best coders you can afford. The link between accurate coding and agency success is even stronger in 2008. The coder needs to follow the clinician's lead, taking the clinician's words and choosing the accurate code numbers. An experienced -- and well-trained -- home health coder will be a crucial member of the PPS team, experts agree.

Take a look at who is responsible for your coding and decide whether you want to change that, recommends consultant **Regina McNamara** with **Kelsco Consulting Group** in Cheshire, CT. Once you've settled on primary and backup coders, send them to get specialized coding instruction, she urges.

Expert tip: 2008 may be the year you decide it's cost-effective to recruit expert home health coders to assure payment accuracy, suggests **Betty Gordon** with Westborough, MA-based **Simione Consultants**.

3. Keep up the pressure for OASIS accuracy. Under the new PPS, diagnosis codes alone don't drive reimbursement. They often must combine with certain answers to OASIS M0 items before they provide the extra reimbursement case mix points (see OASIS Alert, Vol. 8, No. 10, p. 93).

Non-diagnosis M0 items alone will not provide the additional reimbursement agencies have seen in the past, says **Jeff Lewis**, CEO of Baton Rouge, LA-based **Lewis Inc.** Instead, M0 items are increasingly important in combination with the diagnosis codes and for risk adjustment.

Expert tip: Use a regular system to as-sess staff competence in performing an accurate OASIS assessment. Then target the training as needed, rather than subject all staff to all training, suggests consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen**.

4. Get a grip on M0110. A new OASIS item -- M0110 -- designates whether the patient is in an earlier or later episode. The answer to this item plays a big role in PPS payment by determining which grouper step applies, so you'll need to get it right.

Make sure staff understand why answering this case mix item is so important. Put in place a process for reviewing Medicare eligibility via the Common Working File prior to admission, advises reimbursement consultant **M. Aaron Little**, also with BKD. And assess your communication process to be sure information gathered by intake and billing staff is communicated to the clinician before she finalizes the OASIS.

Use the HIQH query tool for Medicare eligibility in your search for accurate answers to M0110, suggests regional home health iintermediary **Palmetto GBA**. "HIQH contains more detailed information about Home Health Episodes than HIQA," Palmetto says in a recent Frequently Asked Question on its Web site.

Expert tip: Include a system to recheck M0110 information when it's time to submit the bill. This way you'll have the most recent information when you look at revenue expectations, Adams says.

5. Stay calm about therapy changes. The PPS system is going from one 10-visit threshold to a three-tier threshold at six, 14 and 20 visits with graduated payments within the tiers (see OASIS Alert Vol. 8, No. 8, pp. 72 and 76). This change provides more accurate matching of reimbursement with the higher cost episodes, experts say.

But M0826 now asks assessing clinicians to predict the specific number of therapy visits a patient will need, rather than just fewer than 10 or more than 10. Try to have the therapy evaluation completed before finalizing this OASIS question, suggests reimbursement consultant **Melinda Gaboury** with **Healthcare Provider Solutions** in Nashville, TN.

Expert tip: Avoid dramatic changes in your practice patterns. If your therapy utilization spikes or falls under the PPS refinements, get ready for intense scrutiny, says physical therapist and consultant **Cindy Krafft** with Northampton, MA-based **Fazzi Associates**.

6. Make the New Year's transition smooth. If you will be admitting or recertifying any patients between Dec. 27 and Jan. 1, be sure your staff can access both the old and new versions of the OASIS assessment. Use a temporary **Centers for Medicare & Medicaid Ser-vices** waiver to enter an incorrect date in M0090 so the assessment uses the right payment software (for details, see Eli's OASIS Alert, Vol. 8. No. 12, p. 112).

Resource: For CMS' instructions on how to handle these transition episodes, go to http://www.cms.hhs.gov/HomeHealthPPS/03_coding&billing.asp. Then select "Answers regarding transition episodes."

7. Collect your non-routine medical supplies reimbursement (NRS). As of 2008, CMS has eliminated the NRS portion of the episode base payment. Instead, it reimburses agencies based on a system of six severity ratings. Potential NRS reimbursement amounts range from $14 to $551 (see Eli's OASIS Alert, Vol. 8, No. 9, p. 86).

Why worry? Reimbursement for supplies flows from an accurate OASIS assessment, experts say.