

## OASIS Alert

### Reimbursement FASHION MATTERS

The most important question you ask your patient may be, "What would you wear if you were going to the doctor?"

OASIS items M0650 and M0660 ask clinicians to evaluate a patient's ability to dress the upper and lower body. These activities of daily living affect the episode payment level, and clinicians should take time to evaluate and document them, experts stress.

"These areas often are answered based on assumptions of ability rather than demonstrated ability, and that directly impacts accuracy of the OASIS and potential resource allocation," reports senior consultant Linda Stock Rutman with the LarsonAllen Health Care Group.

An accurate assessment at start of care will lead to accurate reimbursement, advises consultant Pat Laff of Laff Associates in Hilton Head, SC. Deficits in activities of daily living often are underdocumented, Laff says, "leaving the [reimbursement] scores lower than they should be."

Don't just ask the patient if she can dress herself, advises consultant Linda Krulish with Home Therapy Services in Redmond, WA. If she's afraid you might recommend she go into a nursing home, she may try to make herself look independent, Krulish says □ so you can't necessarily take her word for it.

Rutman suggests asking the patient to wait to dress for the day until the nurse or therapist is there for the assessment visit. "Reassure the patient that this will make your evaluation easier, that you will help her and that she will be dressed by the end of the visit," Rutman advises. This way you can document exactly how much help she needs.

Even asking the patient to put on a sweater with buttons and shoes and socks allows you to evaluate range of motion, fine motor control, flexibility and safety, Krulish notes. If this screening suggests problems you can go into more depth.

Inconsistent answers to M0650/660 might result from misunderstandings of the question, Krulish says. You are asked to evaluate the patient's ability to dress "with our without dressing aids," she notes. This means a patient may be judged able to dress independently even if she needs aids such as elastic shoelaces or long-handled shoehorn to do so.

And if you don't assess a patient's ability to put on the clothes he routinely wears, you may underestimate the patient's need for intervention and fail to capture the agency's effectiveness in providing care, Krulish warns. "If the patient never wears a pullover shirt, you don't need to assess his ability to put one on, but don't consider only the sweats he's wearing during his illness," she advises.

To ensure accuracy, Krulish suggests you:

- Ask the patient what she would normally wear. She's probably anticipating a doctor's visit sometime soon, so asking her what she would wear to that visit and how much help she'll need to get ready will help her answer your question more accurately.
- Look around. Since part of the assessment is whether the patient can get the clothing out, looking in the closet or drawers with the patient will tell you if she always wears housecoats, or if stockings and dresses are more her style.
- Set a reasonable goal. This may be the trickiest part, Krulish tells Eli. The patient may be as independent as possible and be compensating for a long-term functional impairment by wearing only easy-to-put-on clothing.

But it could be only a temporary situation that the patient may not even realize. If her level of dressing ability could be improved and she wants to be able to wear something else, you may score her lower and include that in your treatment plan.



Both M0650 and M0660 are included on outcome-based quality improvement reports, Krulish reminds agencies. If you assess accurately in the beginning you are more likely to show improvement on discharge.

Remember, the clinical record must support your answers to the OASIS questions that affect the episode payment level, warns Pat Sevast with American Express Tax and Business Services in Timonium, MD. Otherwise, during medical review the intermediary can substitute its own OASIS answers and downcode the HIPPS code, resulting in decreased reimbursement, she says. And if the clinical record repeatedly doesn't support the OASIS assessment, the intermediary may suspect fraud and abuse, Sevast notes.