

OASIS Alert

Reimbursement: MASTER M0250 TO GAIN UP TO \$600 PER EPISODE

Understand the dos and don'ts.

OASIS question M0250 is a key assessment item that affects your reimbursement, and checking one of the first three boxes can increase your payment for that episode by \$200 to \$600.

The basics: M0250 asks you what therapies the patient is receiving **at home**. If you mark box 1 (intravenous or infusion therapy [excludes TPN]), it adds 14 points to your case mix score. These points move the clinical portion of the home health resource group score from C0 to C1 and add about \$200 to the episode payment.

If you mark box 2 (parenteral nutrition [TPN or lipids]), you add 20 points to the HHRG. Box 3 (enteral nutrition [nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal]) adds 24 points. Either of these two scores can move the clinical score from C0 to C2, adding about \$600 to the episode reimbursement.

Box 4 (none of the above) adds no case mix points.

Tip: Agencies can include all infusions, enteral or parenteral therapies the patient is currently receiving at home, experts say. Mark all that apply, but count the points only from the answer with the highest point value - don't add points from more than one box.

Infusions that are included under M0250 are subcutaneous, epidural, intrathecal, insulin pumps, intermittent medications, fluids or flushes through a vascular access device, enteral nutrition or hydration, instructs the **3M National OASIS Integrity Project**.

Watch for: Don't forget to include therapy initiated during the start of care visit, planned for after SOC, or resulting from the SOC assessment and a request for physician's orders for the IV or infusion therapy.

Home health agencies understand M0250 much better overall than in the past, says consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**. When their agency provides the nutritional therapy, HHAs can claim the points.

Agencies also can claim the points - and the reimbursement - if someone else provides the therapy in the home during the home care episode - perhaps a caregiver or infusion therapy provider, Adams reports.

Caution: If infusions are administered in a physician's office, not in the patient's home, the agency caring for the patient can't claim the M0250 points.

Adams offers **Eli** readers these M0250 pointers:

1. Don't claim the enteral nutrition points if the feeding tube is present but not being used, or if the only activity is to flush the tube to keep it open.
2. Don't claim the points if a feeding tube is used only to administer medications.
3. Don't claim the points if an IV is not being used to administer medication or total parenteral nutrition, even if you flush the line with saline or heparin. **But do** claim the points if you are flushing the tube and someone is using the line to administer medication elsewhere.

4. Don't claim IV therapy points if the only activity with the line is to change the dressings.

More challenges: When answering M0250 on the discharge assessment, therapies you are discontinuing during the discharge visit are still marked as being present at the time of assessment, the **Centers for Medicare & Medicaid Services** clarifies in its questions and answers. Other CMS Q&A clarifications:

5. If a patient has tube feedings ordered but refuses to have them, you can't count the points since the patient is not currently receiving enteral nutrition (but you would document the refusal in the patient's record.)
6. An intramuscular or subcutaneous injection given over a period of 10 minutes does not count as infusion therapy.
7. Even if a caregiver or the patient takes full responsibility for the infusion of enteral therapy, the clinician should document the therapy in the clinical record, since at the very least, the clinician would be observing the patient's hydration and nutritional state.