

OASIS Alert

Reimbursement May Depend On Checking Wastebaskets

Your agency may be leaking money if you don't track down incontinent patients.

M0520 asks if the patient is incontinent or uses a urinary catheter (see related story this page). Generally patients will admit to having a catheter, although sometimes they may not realize that a Texas (condom) catheter is still considered a catheter, notes Laura Gramenelles of Simione Consultants speaking at an Aug. 19 teleconference sponsored by Eli.

It's harder to determine if the patient is incontinent, experts agree. Besides asking the patient, other sources of

	Consultants told conference participants.
	After that, put on your Sherlock Holmes hat and start looking for clues:
1.	Do you detect the odor of urine?
2.	Are there Chux pads on the chair or bed?
3.	Is there a box of Depends in the bathroom?
4.	Are there used pads or diapers in the wastebasket?
	Other strategies include observing, asking the right questions and giving examples, suggests Chapel Hill, NC-based clinical consultant Judy Adams with the LarsonAllen Health Care Group . Some questions to ask include:
5.	Does the patient have to get up often at night to go to the bathroom?
6.	Does the patient have limited mobility that is likely to lead to either incontinence or falls while hurrying to the bathroom?
7.	Does she have frequent urinary tract infections?
8.	Does she limit fluid intake?
9.	Is the bathroom on a different floor?



10.	Does the patient have difficulty removing clothing?
11.	Does she have cognitive problems that interfere with awareness of the need to urinate?
12.	Does she take a diuretic?
	Even if the patient says she controls stress incontinence with timed voiding, ask if she has any problems while laughing or bending, when she has a cold or is in the tub or shower with the water running, Adams suggests.v

Editor's Note: Transcripts and tapes of **Eli's** Aug. 19 teleconference may be purchased at http://codinginstitute.com/conference/tapes.cgi?detail=462.