

OASIS Alert

Reimbursement: SCIC MISUNDERSTANDS DRAIN AGENCY COFFERS

Plug the holes with these 5 tips

If you use significant changes in condition (SCICs) to correct OASIS data collection or transmission problems, you're handing agency profits back to the feds.

SCIC errors remain a big problem for many agencies, auditors and consultants report. This is true despite the fact that SCICs are usually optional.

One of the most frequent errors is thinking you have to bill a SCIC, says consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**. To avoid SCIC overuse, carefully define what your agency considers a significant change, she suggests. For instance, your definition could include changes in the case mix score or a new diagnosis requiring new orders.

Tip: Just because a HIPPS code increases, you don't have to bill a SCIC. First see if it is in your financial interest to do so, Selman-Holman says.

And even if the HIPPS code decreases - when a patient's condition significantly improves - you only need to bill a SCIC if the improvement was not anticipated in the original plan of care, the **Centers for Medicare & Medicaid Services** says (see OASIS Alert, Vol. 6, No. 2).

There are better ways to correct data collection and transmission problems than claiming SCICs, experts agree. For example, you may realize you erroneously answered "no" to M0825 (high therapy use) or made some other data error. Don't use a SCIC to fix this. Instead, go back and correct the answer using CMS' OASIS correction policy, experts suggest.

5 Ways To Improve SCIC Accuracy

To claim SCICs accurately -and keep the money you earned - study these other expert tips:

1. Count days correctly. Many errors occur when agencies are confused about exactly how to calculate a SCIC, Little explains. CMS calculates SCIC payments by dividing the episode into a pre-SCIC portion and a post-SCIC portion and paying a per-day rate. The number of days of care you provide in each portion determines the payment amount.

Trap: You don't get to count the full 60 days, and the lost days are why SCICs are rarely good for agencies, Little notes. Most agencies understand that the pre-SCIC portion is from the start of care date until the last visit before the SCIC. The post-SCIC portion results in most of the errors.

2. Always do the math. Calculating the financial impact of claiming a SCIC every time you face this choice is worth the effort, experts say. Even if the SCIC is early in the episode and results in added therapy visits, you may find it doesn't help you financially, says clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**.

3. Look at frequency. Beware if your agency bills more than 1 to 3 percent of your claims as SCICs, warns consultant **M. Aaron Little** with **BKD** in Springfield, IL. When you exceed this level, you're typically losing thousands of dollars through inaccurate SCIC billing, Little explains.

Do it right: Count this period from the first billable visit after the SCIC (probably the resumption of care visit) to the last billable visit of the episode. "This is typically not day 60," Little warns. "Many agencies have mistakenly billed SCICs

because they computed the payment using day 60," he adds.

4. Know what's a billable visit. You must do more than just the OASIS assessment to start the clock ticking. Payment is calculated using the first post-SCIC visit date "on which services were provided under the revised plan of care," instructs regional home health intermediary **Cahaba GBA** in the December 2004 Medicare A Newslines.

5. Use caution when calculating SCICs with high therapy use. If the change in the patient's condition increases therapy use in the post-SCIC period - and you didn't expect high therapy use pre-SCIC - you can't go back and correct the M0825 answer to the pre-SCIC period, CMS said in a May clarification for the **National Association for Home Care & Hospice**.

When you calculate the financial result of the SCIC, be sure you use the original non-therapy HIPPS code for the pre-SCIC period, even though you will be able to use the high-therapy HIPPS code for the post-SCIC period, Little explains. This can be important in deciding whether you want to claim a SCIC.

Note: CMS' OASIS correction policy is at www.qtso.com/download/hha/HHACorrectionpolicy.pdf.