

OASIS Alert

Reimbursement: You Could Have Christmas In October - If You Make Your Therapy List And Check It Twice

Would you like to receive an extra \$1,800 to \$2,200 for services you've already provided? Before the holiday rush begins, take one last chance to claim the therapy dollars you may have missed.

Home health agencies have until Dec. 31, 2003 to fix claims for episodes ending from October 2001 to December 2002, explains **Diane McKinney** with the home health team of the accounting firm **Abraham & Gaffney** in St. Johns, MI. And one error you should especially try to fix is underpayments for episodes in which you provided 10 or more therapy visits, she says.

The problem arises because many agencies believe the fiscal intermediary corrects the estimated number of therapy visits a patient may need when the claim is submitted. Like many myths, this is only partly true, experts say.

If you predict 10 or more therapy visits by answering "yes" to M0825, but then provide fewer than 10 therapy visits, the FI automatically will downcode the claim to reflect the fact that you didn't meet the high-therapy threshold.

But the reverse is not true. If you predict fewer than 10 therapy visits by answering "no" to M0825 but actually provide 10 or more therapy visits, the FI won't automatically pay you the extra money due to you. You'll need to correct the request for anticipated payment to get paid (see related story, p. 93).

Incorrect estimates are not uncommon, says consultant **Terry Cichon** with Deerfield, IL-based **FR&R Healthcare Consulting**. Remember, physical, occupational and speech therapy - including therapy assistants' visits - all count toward the high-therapy threshold.

TIP: To find out if the government owes you money, audit claims in which you made 10 or more therapy visits but answered "no" to M0825, McKinney advises. Only claims from October 2001 on can be corrected now.

Even if you answered "yes" to M0825 and made 10 or more therapy visits, you could still have lost about \$2,000 you earned. This would occur if you submitted the claim without listing 10 therapy visits on the UB 92, Cichon says.

This might happen if you employ contract therapists and haven't received one or more visit notes before you file the final bill, she adds.

TIP: Look at all therapy downcodes you received since October 2001 to discover claims with this error, Cichon advises.

As with any question affecting reimbursement, document, document, document. It's very likely that intermediaries will ask for additional support for these claims, Cichon warned. Keep in mind that your FI would be glad to find that some of your therapy visits didn't count, because then Medicare could pay you less.