

## OASIS Alert

### Test Your OASIS Savvy ...Education: Know Your Numbers Before Calculating SCICs

**Question:** When you are calculating reimbursement for a significant change in condition, how do you compute the second half of the SCIC prorated episode?

- a) From the date of the first billable visit after the SCIC occurred to day 60 of the episode, or
- b) From the date of the first billable visit after the SCIC occurred through the date of the last billable visit in the episode?

**Answer:** The correct response is (b), explains **M. Aaron Little** with **BKD** in Springfield, MO. Many agencies have mistakenly billed a SCIC because they calculated it using day 60, he adds.

The **Centers for Medicare & Medicaid Services** uses billable visit dates to calculate both portions of a SCIC, according to the final prospective payment system rule, in the Federal Register on July 3, 2000, p. 41214. This method of calculating SCICs is the reason agencies rarely profit from claiming a SCIC, experts agree. v

Editor's Note: For more on SCICs, see Eli's OASIS Alert, Vol. 5, No. 10, p. 93.