

OASIS Alert

Therapy: Fight For The Therapy Dollars You Deserve

Win with knock-out documentation.

If you wait much longer to audit your therapy claims, you may run out of time to correct past errors - and fail to collect \$1,800 to \$2,200 more for each problem claim.

HHAs often don't realize they haven't been paid for the therapy they've provided (see related story "Documentation: Don't Throw Away Hard Earned Cash"), reports **Dianne McKinney** with the accounting firm **Abraham & Gaffney** in St. Johns, MI. "Most agencies have at least one underpaid therapy claim; we've found agencies receiving from \$2,000 to \$250,000 less than they should have," she says.

Occasionally the additional therapy needs will result from a significant change in the patient's condition, experts say, and you may need to file a SCIC to receive payment (see pdf of OSA, Vol. 3, No. 5, p. 56). Otherwise, the way to receive payment for the unexpectedly high therapy use is to cancel the original request for anticipated payment (RAP) and submit a new one, with the correct answer to M0825, the **Centers for Medicare & Medicaid Services** explains in its OASIS Web site questions and answers.

Agencies have only until Dec. 31, 2003 to correct errors in claims from October 2001 to December 2002, McKinney warns.

Canceling and resubmitting the RAP doesn't mean you go back and change the answer on the original OASIS hard copy, regional home health intermediary **Cahaba GBA** reminds providers. The original OASIS assessment stays in the patient's chart as part of the permanent medical record.

Instead, you make the change in the "non-key field" of the information you transmit to the intermediary, and "retransmit the record to get the higher HIPPS code," Cahaba told its Home Health Advisory Group.

TIP: Document the reason for the change in assessment of therapy need, confirm documentation for each therapy visit and be sure the doctor's orders agree with the care provided, experts say.

Even if you already have submitted the final claim, you still can correct the error, explains **Lynn Olson** with Corpus Christi, TX-based **Astrid Medical Services**. The downside to that approach is that the intermediary will "take back the money" for the original RAP and claim, and you will need to wait for the system to pay the revised claims, Olson cautions.

The process involves canceling the original RAP, submitting the corrected RAP, canceling the original claim and then submitting the new claim, he explained. Don't send them all at once, he cautions. Allow a few days between each step so one is processed before the next arrives.

Editor's Note: For CMS' Q&As go to www.cms.hhs.gov/oasis, click on Questions and Answers. Cahaba's meeting notes are at www.iamedicare.com/Provider/educate/advisory/hha/090902m.pdf.