

## Home Health Coding and OASIS Expert

### OASIS: Avoid Hospitalizations and Boost Your Outcomes with These Expert Tips

#### Intake staff can play a key role in OASIS accuracy.

A timely assessment is one factor that can make all the difference in keeping your patients out of the hospital. Follow some simple tweaks to your OASIS approach and you'll be well on your way to better outcomes and star ratings.

"Research shows that timely assessment is imperative to successfully transition from a facility to homecare," says **Arlene Maxim, RN**, founder of **A.D. Maxim Consulting**, **A.D. Maxim Seminars**, and **The National Coding Center**, in Troy, Mich. Understanding the timelines required for start or resumption of care and the other OASIS items that factor into timeliness of care can keep your patients in the home and out of the hospital.

#### Get these dates straight

These three OASIS items cause many problems at intake, Maxim says:

- M0102 □ Date of Physician-ordered Start of Care
- M0104 □ Date of Referral
- M0030 □ Start of Care Date

To help combat issues, the agency has to be very, very careful about how they design their intake forms, Maxim cautions.

**Problem:** A referral comes from the hospital into the office (by phone or fax) on July 29 and something doesn't go right with the patient's discharge from the hospital. The patient ends up going to rehab for a few days and comes out on August 3. If the agency has an intake form with a design that allows only one date to be entered (for example, July 29), there could be a significant loss in days in this scenario, Maxim says.

**Solution:** Enter the last day of correspondence with the referral source as the "referral date." Medicare allows a change in the date once you receive additional information on that referral. The date you report in M0104 should be clearly visible on the document used when staffing the assessment, Maxim says.

**Another problem:** Your patient was referred on a Friday afternoon and needs to be seen on the weekend. The patient refuses a weekend visit because he has family in town, and requests the nurse or therapist to visit on Monday.

**Solution:** Have staff call the physician for an order to see the patient on Monday, suggests Maxim. This approach solves two issues:

1. There is a coordination with the doctor on the status of the patient and
2. The M0102 date always "trumps" the M0104 date.

"While a surveyor will accept a 'coordination of services' or some type of documentation explaining the circumstances

surrounding the late start, the transmission of OASIS does not capture internal documentation and therefore causes a lack of timeliness," Maxim says.

**Tip:** Putting off every referral that comes in on a Friday until Monday because of "patient request," isn't going to fly with surveyors, cautions **Lisa Selman-Holman, JD, BSN, RN, COS-C, HCS-D, HCS-O, AHIMA Approved ICD-10-CM Trainer/Ambassador** of **Selman-Holman & Associates, LLC, CoDR**  **Coding Done Right** and **Code Pro University** in Denton, Texas.

"Remember the immediate care needs of the patient must be met whenever there is a delay in SOC," Selman-Holman says. Be sure to document who is providing care to the patient if your agency has the physician's OK to delay the SOC, she adds.

**Remember:** The clock starts ticking from M0104 date to the M0030 date or from M0102 to M0030, Maxim says.

Then there's M0032  Resumption of Care Date. There is no regulatory language allowing the resumption of care (ROC) to go beyond that two-calendar-day period, Maxim says. If the physician orders the resumption on a specific date outside the two day timeframe, you must answer "NA  No specific SOC date ordered by physician" on M0102. Then, you should report the date of the referral on M0104 with an explanation within the clinical record. Unfortunately, the physician allowance for the late ROC won't be reflected in the transmission of OASIS and will affect timeliness, Maxim says.

Three additional items are also included in determining the timeliness of care Process Measures:

- **M0100  Reason for Assessment.** Always be very clear as to just why the assessment is being completed in order to calculate the timeliness measure. This item gives the OASIS a starting point for calculating these process measures.
- **M1000  Inpatient Facility Discharge.** This item, completed at start of care (SOC) and ROC, indicates which facility the patient was discharged from within the last 14 days. Clinicians (or intake staff) need to do some homework in order to answer this item accurately, Maxim says. You must be very careful to understand all of the locations the patient has been discharged from within that time period, she says.

**For example:** When doing a ROC, you must be careful to make certain the patient was not in a facility simply for observation. There must be a true admission to the facility for a resumption of care to be appropriate. Not doing enough research on the front end to find out exactly what type of bed the patient was in is a common error with this item, Maxim says.

- **M1005  Inpatient Discharge Date.** This item identifies the discharge date of the most recent discharge over the 14 day period. Always count the date of admission to the home care agency as day "0," Maxim says. This is another OASIS rule that is misunderstood by many, she says.