

Home Health Coding and OASIS Expert

OASIS: Nip Two Start Of Care Errors in the Bud

Dig deeper for ability to use telephone.

When the Start of Care assessment includes erroneous OASIS responses, the stage is set for a negative impact on reimbursement, outcomes, and your agency's reputation. Make sure you don't fall prey to these common mistakes.

Mistake #1: Underscoring M1890.

OASIS item M1890: Ability to use telephone is an item that is typically scored too low at SOC, says **Teresa Northcutt, BSN, RN, COS-C, HCS-D**, AHIMA Approved ICD-10-CM Trainer with **Selman-Holman & Associates, LLC** in Denton, Texas.

The typical score is response "0 ☐ Able to dial numbers and answer calls appropriately and as desired" which is too independent in many cases, Northcutt says. Effective use of the phone for communication requires vision, hearing, speech, cognitive ability, and manual dexterity, she explains.

Cost of errors: This item isn't used for payment or public quality measurement, but it is used for risk adjustment on nearly all quality measure calculations, Northcutt says.

Northcutt's tips for answering this item correctly include:

- When calling the patient to set up the visit, consider whether the patient was able to answer the phone, hear and understand the conversation, and talk on the phone well enough to be considered effective communication.
- Check the phone at the patient's home. Does it have any special adaptations like larger numbers?
- If the phone rings while you are at the patient's home during a visit, does the patient hear it ring? Does he recognize that he should answer it? Is he able to carry on a conversation?
- If the patient needs to call the agency or a daughter at work, can he place the call correctly and get to the person he needs to speak with? "I don't consider calling the doctor's office because all the menus create an excessive challenge, and likely less than 50 percent of calls are to physician office," Northcutt says. "However for example, if the patient accidentally calls the agency's number several times while attempting to call her daughter at work, consider scoring patient a '2' ☐ Able to answer the telephone and carry on a normal conversation, but has difficulty with placing calls."
- Read the responses for this item from the bottom up. If the patient can't do the next response up the list then drop back down to the lower response.

Mistake #2: Lack of documentation to support M0104 response.

If the date on the referral form is within two days of the SOC date, and the date in M0104 ☐ Date of referral matches the date on the referral form, you're in the clear. But two problems arise with this item, Northcutt says.

1. The clinician enters a date in M0104 that is different from that on the referral form and doesn't include an explanation of why in the documentation; or
2. The clinician enters the date from the original referral form in M0104 and it is greater than two days prior to the SOC date, and there is documentation of additional communication with the physician or referral source that updates the referral information or identifies a specific SOC date.

Cost of errors: This item is a publicly reported process measure on Home Health Compare, and it is a requirement of the Conditions of Participation to make the initial visit within the appropriate time frame, Northcutt says.

Northcutt's tips for answering this item correctly include:

- For office staff or the scheduler: If you receive the original referral more than two days prior to the scheduled SOC date, document the updated communication when the patient is discharged from the inpatient facility, or for whatever reason the SOC is delayed. If the patient or family refuse the SOC visit within the required time frame, contact the physician and get approval for a later visit. In this case, you would enter the date in M0102 □ Date of physician-ordered Start of Care [Resumption of Care], and skip M0104.
- For clinicians: If you are making the SOC visit and find yourself entering a date that is greater than two days ago in M0104, double check with the office to make sure you haven't missed additional communication that occurred after the original referral date.