Category 12
OASIS and PPS: References

CMS maintains multiple sources of information regarding the Prospective Payment System (PPS) for Medicare home health care. Following are the locations of answers to the frequently asked questions about PPS and OASIS data collection.

1. **Payment or billing-related questions**: Contact your agency's Regional Home Health Intermediary (RHHI). See http://www.cms.hhs.gov/contacts/incardir.asp Section IV: RHHIs.

2. **Billing issues related to patient return to home care from an inpatient stay in the last 5 days of the 60-day episode**: Transmittal 61 was posted January 16, 2004 and includes a section on special billing situations. Go to http://www.cms.hhs.gov/manuals/pm_trans/R61CP.pdf; scroll to page 40 of the document to read "Section 80 - Special Billing Situations Involving OASIS Assessments."

3. **Billing issues related to patient being transferred to an inpatient facility at the beginning of a 60-day episode before any visits are made**: Transmittal 61 was posted January 16, 2004 and includes a section on special billing situations. Go to http://www.cms.hhs.gov/manuals/pm_trans/R61CP.pdf; scroll to page 40 of the document to read "Section 80 - Special Billing Situations Involving OASIS Assessments." Items 2 & 3 in that section address your questions.

4. **ROC or Follow-up assessment when the patient returns from hospital during last 5 days of payment episode**: Through September 30, 2004, go to http://cms.hhs.gov/oasis/oasispps.asp, scroll down to "OASIS Considerations for Medicare PPS Patients" and click on the link to the zip file.

   Effective October 1, 2004, refer to the same location "OASIS Considerations for Medicare PPS Patients (revised June 2004)" and click on the link to the zip file. Scroll to #4 beginning on page 3 of that document.

5. **Situations where M0825 was answered "No" at SOC, but subsequently 10 or more therapy visits were provided**: Contact your Regional Home Health Intermediary (RHHI), who can provide you with instructions on how the SOC M0825 can be changed. Bear in mind that this will involve making a change in the clinical record (electronic or hard copy, as appropriate to the agency) as well as in the data submission files. The agency must follow the applicable laws, regulations, and agency policies when making a change to any clinical record, which is a legal document. When a change is made to a clinical record, the agency must carefully consider the reason for making that change and document the reason in the record.

6. **Requesting a SCIC payment adjustment**: This adjustment is based on an updated comprehensive assessment and the SCIC guidelines stated in the *Federal Register,* at the listing cited below. After the assessment is completed, the agency must determine whether or not it is appropriate to request a SCIC payment adjustment, taking into consideration all of the guidelines pertaining to SCICs. To read the relevant parts of the conditions of participation (CoP) in the *Federal*

Register on the PPS web site (which contain the guidelines for requesting a SCIC payment adjustment), go to http://www.cms.hhs.gov/providers/hha/#oasis and click on "Home Health Agency Prospective Payment System Policy Issues and Regulations." Scroll down and click on the link, "Final Rule - Prospective Payment System published July 3, 2000." Scroll down and click on the link next to "VIII. Regulations Text." The text specific to SCIC payment adjustment begins in section 484.205(a)(3) on page 450, then section 484.205(e) on page 453, and section 484.237 on page 459. It is very important that agency clinical, billing, and administrative staffs understand and work together to comply with these guidelines.

7. **Coding of M0230/M0240/M0245**: Refer to Chapter 8, pages 8.41-8.43 and Attachment D, of the *OASIS User's Manual* (10/03) which can be downloaded from http://www.cms.hhs.gov/oasis/usermanu.asp.

8. **Coding for PPS**: The "Correct Diagnosis Coding Practices" document originally posted in 2001 has been updated and is posted at http://www.cms.hhs.gov/providers/hhapps/#home. It is titled, "OASIS Diagnosis Reporting: Case Examples."

9. **General coding questions**: Agencies are encouraged to consult coding professionals (preferably with home health experience) for coding questions. Many agencies have recognized the importance of having someone available to them with adequate training and experience in coding to assist with problem solving. Coding educational resources can be found on the web site for the American Health Information Management Association at http://www.ahima.org/.

10. **Identifying the "points" awarded to those OASIS items used to calculate the HHRG for home health PPS**: From the home health web site at http://www.cms.hhs.gov/providers, go to the "Policy Issues and Regulations" category and click on the link to "Final Rule - Prospective Payment System published July 3, 2000." On the HH-PPS regulation page, scroll down to category "IV. Overview of Final Regulation" and click on the link to the pdf file for that section. The section you are looking for is Table 7 under G-2 on page 374.

11. **The HHPPS grouper**: Download from http://www.qtso.com/vendor.html.