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TOPIC:

The potential for increased reimbursement by auditing Home Health Medicare PPS (Prospective Payment System) episodes with a negative response to the MO825 Oasis (Outcome & Assessment Information Set) question.

TOPIC OVERVIEW

The Oasis question MO825 refers to a patients need for therapy visits (Physical, Occupational, and Speech Therapy) during their care. The need for therapy refers to 10 or more visits within a 60-day episode. A “Yes” response to the question has a higher reimbursement rate than a “No” response. The difference in payment for a “Yes” response is an average of \$2,500.00 more than an answer of “No”.

Below is an example of the different HIPPS code (The Health Information Prospective Payment System) estimating the value of the home health episode for both responses.

HIPPS Code	Payment Amount
HBGJ1 = MO825 (No)	\$2,745.65
HBGL1 = MO825 (Yes)	\$5,145.32

Note: HIPPS codes with a “no” responses to MO825 end in “J” or “K” and HIPPS codes with a “yes” response end in “L” or “M”

The Medicare Fiscal Intermediaries (FIs) will not pay the additional reimbursement automatically for a claim that has 10 or more therapy visits with a “No” response to Oasis MO825. If the home health agency wishes to review clinical documentation and confirm the number of therapy visits performed, they can re-bill the final claim to Medicare to receive the additional reimbursement.

HIGHLIGHTS

The filing deadline is approaching for the submission of Home Health Medicare (PPS) episodes serviced between 10/01/2003 and 9/30/2004. All final claims and corrections to already paid final claims must be submitted to the Fiscal Intermediary by December 30, 2005.



HOT TOPIC – October 13, 2005

ACTIONS TO BE TAKEN

- Using your billing system or a report writer query, capture the following criteria:
 - Patient Name
 - Account Number
 - Medicare HIC number
 - Episode Dates
 - HIPPS Code
 - Number of Therapy Visits

- Review Medicare PPS Final claim episodes with 10 or more therapy visits and compare it to the MO825 Oasis question answered “No” with a HIPPS code ending in a “J” or “K”.
- Review the clinical record for appropriateness of the documentation.
- Correct Oasis Assessment database response to MO825 to a “yes” and recalculate for a new HIPPS code. Lock the assessment and re-export to the state.
- Correct final claim in the Medicare FI system prior to December 15, 2005 to ensure proper adjudication and payment.

RESOURCES:

<http://www.cms.hhs.gov/providers/hha>