OASIS Alert

Tool: Boost Coding Accuracy with this Intake Form

When your agency begins to use ICD-10, you'll need much more specific information from your intake staff to assess, code, bill, and keep your money. "ICD-10 is going to throw a whole new wrench in the spokes of our already wobbly wheel," says **Delaine Henry, COS-C, HCS-D**, with **Health Care Management and Billing Services** in Lafayette, La.

When it comes to gathering good information at intake, a form that prompts clinicians to ask for what you need is invaluable. Try this example from Pat Jump with Rice Lake, Wis.-based **Acorn's End Training & Consulting.**

CLIENT PHONE REFERRAL/INTAKE FORM

Inquiry Date_____Referral Date (M0104)_____TIME_____CALLER_____#_____

Inpatient Discharge Date (M1005)_____Agency Staff Taking Referral:_____

Referral Source

Pt. Name_____BD__/__/___ TEL.#_____

Address_____

Pt. Allergies_____Service Request: □ SN □ PT □ SLP□ OT □ HHA □ Homemaker

PAYER(s): □ Medicare PPS □ HMO/Medicare Advantage □ Medicaid □ Waiver □ Private Insurance □ Private Pay □

Other _____ Payer Verification Done (by HHA Staff): □ Yes □ No _____

PHYSICIAN-ORDERED SOC (M0102) _____ Start Of Care (M0030) _____

PHYSICIAN FOR POC_____TEL.#_____ LIC/NPI _____

ADDRESS_____

Specific Orders & Misc. Notes_____

_____

Was Face-to-Face Encounter Completed: □ Yes □ No

Was Depression Screening done? □ Yes □ No If yes, results: _____

Physician-ordered protocols (specify)?_____

Recent History of Falls: □ Yes □ No _____

Immunization status: Influenza vaccination_____ Pneumonia vaccination_____

Pressure Ulcer history (include stages)?_____

Current Pressure Ulcer Treatment_____

Equipment Needs: _____

Family Contact Information: _____

Client Accepted for Service: □ Yes □ No (list reason not accepted) _____

OASIS WORKSHEET FOR REFERRAL/ADMISSION

M0110 Episode □ 1 early □ 2 later □ UK unknown □ NA not applicable, no Medicare case mix group to be defined

(M1011) List each Inpatient Diagnosis and ICD-10-C M code at the level of highest specificity for only those conditions actively treated during an inpatient stay having a discharge date within the last 14 days (no V, W, X, Y, or Z codes or surgical codes):

M1018 Conditions Prior to Medical or Treatment Regimen Change or Inpatient Stay within past 14 days

1 □ Urinary incontinence
2 □ Indwelling/suprapubic catheter
3 □ Intractable pain
4 □ Impaired decision-making
5 □ Disruptive or socially inappropriate behavior
6 □ Memory loss to the extent that supervision required
7 □ None of the above
NA □ No inpatient facility discharge and no change in medical or treatment regimen in past 14 days
UK □ Unknown