

## PDGM FOR PHYSICIANS AND HOME HEALTH REFERRAL SOURCES:

### PREPARING FOR HOME HEALTH'S 2020 PAYMENT REFORM: PATIENT DRIVEN GROUPINGS MODEL (PDGM)

*We appreciate your referrals and want to make this transition as easy as possible.*

**What is PDGM?** The Patient Driven Groupings Model (PDGM) is the new home health reimbursement model that will become effective on January 1, 2020. PDGM is the most sweeping change to the home health industry in more than a decade. Because PDGM reduces the current payment period from 60 to 30 days, it will necessitate shorter turnarounds for physician orders and signatures. PDGM also identifies a number of questionable encounters that will require greater precision in physician orders and certifications.



#### PDGM WILL CHANGE HOW HOME HEALTH DOES BUSINESS

##### Shorter Billing Cycles

PDGM reduces the current payment period from 60 to 30 days but maintains the current length of time (60 days) for each certification period. This means that under PDGM, home health staff will be doing twice as much planning, documenting and billing over the same period of time. This also means that there will be less time to review, sign and date orders and the Plan of Care.

##### Substantial Coding Changes

CMS will return to providers (RTP) all claims that do not contain precise and specific primary diagnosis codes. They estimate that as many as 15% of claims could be returned. Clinicians must take care to ensure that diagnosis and not symptom codes are used. Any primary diagnosis not listed on the Medicare Clinical Grouping list will not be considered a valid primary diagnosis.

##### Changes to Therapy Reimbursement

CMS will no longer pay higher rates for a higher volume of therapy visits. Agencies must continue to focus on the outcomes of the patient and the most cost-effective manner of meeting those needs.

#### RECOMMENDATIONS FOR REFERRALS TO HOME HEALTH:

PDGM will become effective on January 1, 2020, which means that swift action is needed to ensure that home health patients do not experience an interruption in services.

##### Be as specific as possible about the patient's primary diagnosis.

There are some 25 questionable encounter ICD-10 codes that will no longer qualify your patients for home health. For example, if patient has weakness due to inactivity because of COPD, COPD is to be coded, not muscle weakness. (See codes on back.)

##### Review, sign and date all orders and the plan of care within one week of receipt.

Remember, Home health agencies cannot bill without this information and the billing cycles for each certification period have been cut in half.

##### Give some thought to how home health agencies should follow up with your office in the event a questions arises about the primary diagnosis or if an order has not been signed or received.

Will there be a designated contact person in your office that will handle home health inquiries or requests? Do you want all inquiries to be submitted via email? Please let us know your preferences so we can accommodate them.

# TOP UNACCEPTABLE DIAGNOSIS CODES

Commonly used ICD-10 codes that will **NOT** calculate a grouper payment in PDGM when used as a primary diagnosis

ICD-10-CM CODE	DESCRIPTION	PRIMARY CODE TO USE INSTEAD
Z51.89	Encounter for other specified aftercare	Code the condition for which rehabilitation services are ordered or provided
M62.81	Muscle weakness (generalized)	Query for reason for weakness such as musculoskeletal disorder, stroke, brain injury, etc.
R00.1	Bradycardia unspecified	Query for underlying cause of bradycardia
R26.0	Ataxic gait	Code underlying cause of ataxia rather than this symptom code
R25.1	Paralytic gait	Code underlying cause of paralytic gait rather than this symptom code
R26.2	Difficulty walking, not elsewhere classified	Code underlying cause of difficulty walking rather than this symptom code
R26.81	Unsteadiness on feet	Code underlying cause of unsteadiness rather than this symptom code
R26.89	Other abnormalities of gait and mobility	Code underlying cause of abnormality rather than this symptom code
R56.9	Unspecified convulsions	Query for disease process causing convulsions
R29.6	Repeated falls	Code the disease process or complication causing falls instead
Z91.81	History of falls	Code the disease process or complication causing falls instead
E08. - codes EXAMPLE E08.21	Diabetes due to underlying condition with diabetic neuropathy	Follow official Coding Guidance: Code first the underlying condition, such as Cushing's Syndrome or Cystic Fibrosis
I25.2	Old myocardial infarction	This includes all MI's with acute onset more than four weeks ago. If patient is still having symptoms, query and use underlying condition code such as coronary artery disease

ICD-10-CM CODE	DESCRIPTION	PRIMARY CODE TO USE INSTEAD
I95.9	Hypotension, unspecified	Query to determine underlying cause of hypotension
CODES ENDING IN "9"	Multiple codes are excluded that end with the character "9". These codes indicate unspecified sites, or unspecified diseases	Query the provider for specific disease information. Remember, visiting clinicians can determine the site of the issue (L or R) and verify information with the provider. All diagnosis information must be supported by provider or facility documentation.
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Review clinician documentation to locate which lung is affected and/or query provider to confirm location
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	Review clinician documentation to locate which lung is affected and/or query provider to confirm location
C56.9	Malignant neoplasm of unspecified ovary	Review clinician documentation to locate which ovary is affected and/or query provider to confirm location
C65.9	Malignant neoplasm of unspecified renal pelvis	Review clinician documentation to locate which renal pelvis is affected and/or query provider to confirm location
G03.9	Meningitis, unspecified	Query provider to determine type of meningitis
I69.30	Unspecified sequelae of cerebral infarction	Query assessing clinician(s) for types and locations of sequela(e) and/or query provider to confirm findings or types
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	Query clinician for location on leg and/or query provider for location of ulceration(s)
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	Query clinician for location on leg and/or query provider for location of ulceration(s)