

HOME HEALTH PAYMENT IS CHANGING AGAIN

A Message for Referring Partners Regarding the New Patient Driven Grouping Model (PDGM)

PDGM

PDGM, or the Patient Driven Grouping Model, is a new Medicare reimbursement model slated to begin Jan. 1, 2020 for home health agencies. It requires shorter timetables for physician signed orders and more specific primary and secondary diagnoses as a basis for clinical grouping or case mix adjustments.

BIG CHANGES IN PAYMENT DETERMINANTS:

Under PDGM, it is imperative for billing purposes that agencies have the most specific diagnosis for every patient. Any primary diagnosis which is not on the Medicare Clinical Grouping list will NOT be considered a valid primary diagnosis. Symptom codes (R codes under ICD-10) and many unspecified codes are no longer considered valid for a home health clinical grouping assignment. This means that codes such as “weakness,” “debility,” “abnormal gait” and “fatigue” are no longer considered valid per Medicare. See [HERE](#) for a list of non-valid codes

How You Can Help:

With this change it is more important than ever that our referring physician partners:

- Be very specific on primary diagnosis and any co-morbidities
- Identify what is causing the symptoms of weakness, debility, abnormal gait.
- Review, sign and date orders as quickly as possible.
- Develop a plan with agencies for efficient information exchange. Is fax, electronic mail, or hand delivery preferred? Let our agency know what works for you!

For more information on PDGM, check the [CMS website](#).

SHORTER BILLING CYCLES

Under PDGM, home health will move to two 30 day - from current 60-day - billing cycles. With shorter billing cycles, agencies must have all orders, including the Plan of Care, back with signature and date before any billing can be completed.

Designating a contact person in your office as the liaison for home care agencies could help promote continuity and reduce delays in patient care.

Please provide this name to: