Patient-Driven Groupings Model
Guide for Physicians

The Patient-Driven Groupings Model (PDGM) is the new Medicare payment system that home health agencies began using January 1, 2020. This fact sheet was designed to educate you on the essential elements that home health agencies need to provide the best possible care for your patients

Medicare is using a case-mix model to determine patient needs. Information relative to specific diagnoses, comorbidities, whether the patient had an inpatient stay in a Part-A facility within the last 14-days, and functional ability will determine the home health care needs for your patient.

PDGM CHANGES TO HOME HEALTH

- ### SHORTER BILLING CYCLES

  PDGM reduces the payment period from 60-days to 30-days but maintains the current 60-day length of time for each certification period. This means there is less time available to review, sign and date orders and the Plan of Care.

- ### CODING CHANGES

  CMS will RTP (return to provider) all claims that do not contain specific and precise primary diagnosis codes. Symptom codes may not be used as a primary diagnosis. Any primary diagnosis not listed on the Medicare Clinical Grouping list will not be considered a valid primary diagnosis.

- ### THERAPY CHANGES

  CMS will no longer pay higher rates for a higher volume of therapy visits. All therapy will be provided based on projected patient outcomes in the most cost-effective manner possible. The more information the agency has from the referral source, the more accurately the home health agency can determine the therapy needed.

PDGM PHYSICIAN TIPS

REFERRAL TIPS

- Was the patient hospitalized in a Medicare Part A facility for more than 48 hours within the past 14 days?

- What is the primary diagnosis relative to care needed in the home? Please tell us why a patient is experiencing a symptom, rather than listing the symptoms.

- Don't forget! Codes beginning with 'R' are no longer accepted since they are unspecified. Codes ending in '9' are no longer accepted since they are unspecified.

- What are the functional limitations of the patient? Specificity will enable the agency to design an individualized care plan for your patient.

TIMELY ORDER TIPS

- Be sure orders, Plans of Care, and Face-to-Face visits are signed and dated.

- Identify one or two individuals in the office who can handle home health inquiries and requests.

FACE-TO-FACE VISIT TIPS

- Describe the reason for the patient being confined to the home (homebound). Documenting "a taxing effort" is no longer adequate. Please list equipment the patient uses and any medical conditions causing inability to leave home without considerable assistance.

- Please describe the reason for skilled services.

- The diagnosis used in the office may not be the same diagnosis needed by the home health agency. The agency will work with your staff to determine a diagnosis closely related to the one used in your office.

Because CMS **NO LONGER** accepts symptom codes on patient claims, we have prepared a list of commonly used codes for which more information will be required. We hope this helpful guide saves you valuable time, so you can concentrate on providing the best care possible for your patients.

ICD-10-CM CODE	DESCRIPTION	PHYSICIAN HELP NEEDED
Z51.89	Encounter for other specified aftercare	Please tell us the condition for which rehab services are being ordered/provided, such as BKR, post-op hip replacement, etc.
M62.81	Muscle weakness (generalized)	Please tell us the cause for the weakness, such as CVA, brain injury, musculoskeletal disorder, etc.
R00.1	Bradycardia unspecified	Please tell us about the underlying condition and cause of bradycardia. May request cardiology consult for specificity.
R26.0	Ataxic gait	Please tell us the underlying cause of the ataxia, such as Parkinson's, MS, etc.
R25.1	Paralytic gait	Please tell us the underlying cause of paralytic gait, such as Sequela of CVA, etc.
R26.2	Difficulty walking, not elsewhere classified	Please tell us the underlying cause of difficulty walking, such as rheumatoid arthritis, hip dysplasia, etc.
R26.81	Unsteadiness on feet	Please tell us the underlying cause of unsteadiness, such as vertigo, vestibular disorder, etc.
R26.89	Other abnormalities of gait and mobility	Please tell us the underlying cause of abnormality of gait and mobility, such as brain tumor, peripheral neuropath, etc.
R56.9	Unspecified convulsions	Please tell us which disease is causing convulsions, such as epilepsy, paroxysmal kinesigenic dyskinesia, migraines, etc.
R29.6	Repeated falls	Please tell us the underlying cause of the disease process or complication, such as muscular dystrophy, Parkinson's disease, etc.
Z91.81	History of falls	Please tell us the cause of previous episodes of falling, such as dehydration, labyrinthitis, etc.
E08. - codes EXAMPLE E08.21	Diabetes due to underlying condition with diabetic neuropathy	Home health agencies MUST follow official Coding Guidance, which tells us we must first code the underlying condition, such as Cushing's Syndrome or Cystic Fibrosis. We will need to have that information from you.

ICD-10-CM CODE	DESCRIPTION	PHYSICIAN HELP NEEDED
I25.2	Old myocardial infarction	Please tell us about the underlying condition that caused the previous MI, such as coronary artery disease. We may ask you for a copy of the report of the EKG indicating the MI type for old MI's greater than 4 weeks prior to admission to the agency.
I95.9	Hypotension, unspecified	Please tell us the cause of hypotension, such as hypovolemia, dehydration, etc.
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Please tell us exactly which lung is affected.
C34.30	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Please tell us exactly which lung is affected.
C56.9	Malignant neoplasm of unspecified ovary	Please tell us exactly which ovary is affected.
C65.9	Malignant neoplasm of unspecified renal pelvis	Please tell us exactly which kidney is affected.
G03.9	Meningitis, unspecified	Please tell us the type of meningitis.
I69.30	Unspecified sequelae of cerebral infarction	Please tell us impact of the infarct or deficits as a result.
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	Please provide as much information as possible regarding exact location on leg, i.e. lateral calf; medial knee area, etc.
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	Please provide as much information as possible regarding exact location on leg, i.e. lateral calf; medial knee area, etc.