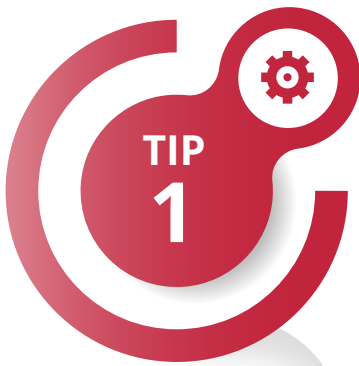


PRACTICAL TIPS TO

Avoid Questionable Encounters Under PDGM

AVOIDING QUESTIONABLE ENCOUNTERS UNDER PDGM

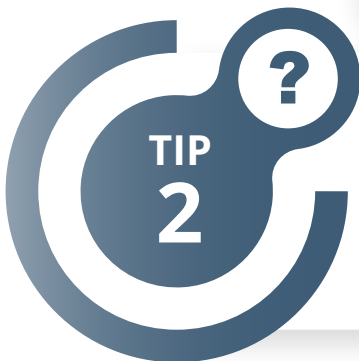
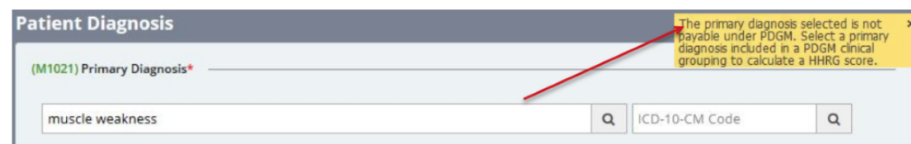
A major threat to agency revenue under the Patient-Driven Groupings Model will be the use of questionable encounter codes. Questionable encounter codes are ICD-10 symptom codes that are used when a diagnosis is not yet known and will not be acceptable for payment under PDGM. A questionable encounter episode will result in delayed or denied claims and cash flow interruptions.



ALERTS

Axxess AgencyCore alerts users immediately when an unacceptable diagnosis is entered. Ensure your team is aware of these alerts. If you receive an alert, you will need additional information from the referral source to code properly.

Intake alert example:



AVOID USING QUESTIONABLE ENCOUNTER CODES

Refer to the Axxess Top Questionable Encounter Codes for commonly used ICD-10 codes that do not calculate a grouper payment under PDGM. If a symptom code is inherent to the disease process, the underlying disease process must be coded. Use the Top guide to train your staff and referral sources about codes that will no longer be acceptable for payment under PDGM.



IMPROVE REFERRAL RATES

Referral intake is an ideal first step for the implementation of improved processes. When receiving a potential referral, adequate information should be received to ensure that the patient meets the criteria to receive the Medicare home health benefit. Use the Axxess Diagnosis Query Tool to help you obtain the information you need from the referral source.