



Coding will be instrumental to your agency's success under PDGM. Performing an audit of your coding practices now will provide the opportunity to educate your staff on accurate and cohesive coding guidelines and targeted aspects of the OASIS to ensure you are prioritizing both patient needs and accurate reimbursement.

PDGM Coding Guidelines

Principle Diagnosis, as reflected on the claim, will determine the clinical grouping factor under PDGM. Clinical groupings include:

1. Musculoskeletal Rehabilitation
2. Neuro/Stroke Rehabilitation
3. Wounds
4. Complex Nursing Interventions
5. Behavioral Health Care
6. Medication Management, Teaching and Assessment (MMTA) – Surgical Aftercare
7. MMTA – Cardiac/Circulatory
8. MMTA – Endocrine
9. MMTA – Gastrointestinal/Genitourinary (GI/GU)
10. MMTA – Infectious Disease/Neoplasms/Blood-forming Diseases
11. MMTA – Respiratory
12. MMTA – Other

Secondary Diagnosis on the claim will drive comorbidity adjustments:

A. No Adjustments: No secondary dx/comorbidities that fall into subgroups

B. Low Adjustment: A 30-day period of care would receive a low comorbidity adjustment if there is one reported secondary diagnosis that falls within one of these 13 home-health specific individual comorbidity subgroups:

1. Neuro 11: diabetic retinopathy and other blindness
2. Neuro 10: peripheral and polyneuropathies
3. Circulatory 9: acute and chronic embolisms and thrombosis
4. Heart 11: heart failure
5. Cerebral 4: sequelae of cerebral vascular diseases
6. Neuro 5: Parkinson's disease
7. Skin 1: cutaneous abscess, cellulitis, lymphangitis
8. Neuro 7: hemiplegia, paraplegia, and quadriplegia
9. Circulatory 10: varicose veins with ulceration
10. Skin 3: diseases of arteries, arterioles, capillaries w/ulceration & non-pressure, chronic ulcers
11. Skin 4: stages two through four and unstageable pressure ulcers
12. Heart 10: cardiac dysrhythmias
13. Neoplasms 01: Oral cancers

C. High Adjustment: A 30-day period of care would receive a high comorbidity adjustment if there are two or more reported secondary diagnoses that fall within one or more of the comorbidity subgroup interactions.

OASIS Coding

OASIS coding will drive functional levels in conjunction with clinical groupings. There are three functional levels: Low, Medium, and High. These are directly correlated to functional impairment with Low being the highest functioning patients, and High being the lowest functioning patients.

Points will be assigned based on responses to the following OASIS questions:

1. M1800: Grooming
2. M1810: Current ability to dress upper body
3. M1820: Current ability to dress lower body
4. M1830: Bathing
5. M1840: Toilet transferring
6. M1850: Transferring
7. M1860: Ambulation/Locomotion

8. M1022: Risk for hospitalization (at least 3 responses checked, excluding #8, #9, #10)

Thresholds for each functional level have been established by clinical grouping:

Musculoskeletal Rehabilitation	
Impairment Level	Points Assigned
Low	0-38 points
Medium	39-52 points
High	53+ points

Behavioral Health Care	
Impairment Level	Points Assigned
Low	0-36 points
Medium	37-52 points
High	53+ points

MMTA – GI/GU	
Impairment Level	Points Assigned
Low	0-41 points
Medium	42-54 points
High	55+ points

Neuro/Stroke Rehabilitation	
Impairment Level	Points Assigned
Low	0-45 points
Medium	46-60 points
High	61+ points

MMTA – Surgical Aftercare	
Impairment Level	Points Assigned
Low	0-37 points
Medium	38-50 points
High	51+ points

MMTA – Infectious/Blood Diseases	
Impairment Level	Points Assigned
Low	0-36 points
Medium	37-52 points
High	53+ points

Wounds	
Impairment Level	Points Assigned
Low	0-41 points
Medium	42-59 points
High	60+ points

MMTA – Cardiac/Circulatory	
Impairment Level	Points Assigned
Low	0-36 points
Medium	37-52 points
High	53+ points

MMTA – Respiratory	
Impairment Level	Points Assigned
Low	0-37 points
Medium	38-52 points
High	53+ points

Complex Nursing Interventions	
Impairment Level	Points Assigned
Low	0-38 points
Medium	39-58 points
High	59+ points

MMTA – Endocrine	
Impairment Level	Points Assigned
Low	0-34 points
Medium	35-52 points
High	53+ points

MMTA - Other	
Impairment Level	Points Assigned
Low	0-36 points
Medium	37-52 points
High	53+ points

Reviewing your agency's current ICD-10 codes in relation to the new clinical groupings and determining the potential for comorbidity adjustments is a very

impactful and an important exercise to consider as you prepare for PDGM. HealthPRO® Heritage at Home is prepared to help you execute and succeed in the transition to PDGM! We understand the changes that are required and have the resources and ability to support your agency's success.