



Provider Update

A Newsletter for Physicians and Allied Health Care Professionals · Fall 2019

Preparing for PDGM



What Physicians Need to Know About PDGM

The Centers for Medicare and Medicaid Services (CMS) has implemented changes that will impact interactions between physicians and home health care agencies. Patient-Driven Groupings Model (PDGM) is a redesign of the payment system to value based rather than volume based. It is focused on the patient's needs and not on volume of care. It will begin January 1, 2020.

Physician Partner Impact

Referrals for home care must include very specific details on services needed.

- The new model relies more heavily on clinical characteristics/groupings and other patient information to place home health periods of care into meaningful payment categories.
- The groupings are based on the principal diagnosis reported on the claim. Patients without a primary diagnosis that fits into a clinical grouper will not be eligible for reimbursement.
- In the future most non-specific and all symptom codes will no longer be allowed as primary.

Under PDGM there are two source designations for the referral: institutional and community. If a patient has been discharged from a hospital or post-acute care

facility in the 14 days prior to a home health admission, they are considered an institutional referral.

There will be a change in the unit of home health payment from a 60-day episode to a 30-day period. CMS believes this will give patients a higher standard of care. This means all orders and Face-to-Face documentation needs to be back, signed and dated prior to billing each 30-day end of episode claim.

For the past year, UR Medicine Home Care has been working to modify practices to align with the new CMS changes.

Please be assured that we will assist you as we all navigate through these upcoming changes. We appreciate the opportunity to provide care to your patients. Although significant changes are coming, UR Medicine Home Care is well positioned to manage the changes and will continue to preserve and enhance the quality of life for the people and communities we serve by providing comprehensive, high quality health care at home, delivered with compassion and integrity.

In-Services

The breadth and depth of care and services that home health

agencies provide is vast. It continues to become more sophisticated offering a full range of medical interventions that can be equivalent to the acute level of care provided in the hospital.

It is critical that we provide a quality partnership with the physicians we serve becoming their eyes and ears in the patients home. In turn, following their care plans to manage medication prescriptions, handle disease complications, provide in-home infusion therapy or intensive rehabilitation after a stroke.

Communication is key to the success of patient care. We invite you to schedule an in-service with our team to learn more about our services or share ideas about better ways we can support your practice. and patients.

If you would like to schedule an in-service to learn more about any of our programs or services, please call one of our Community Relations Representatives:

Heather Rowley 585-734-9680

Karen Ihrman 585-690-5212

Karen Quartaro 315-719-2405

Please see below chart for your counties representative(s).

Top Ten Diagnosis Codes No Longer Accepted

1. M62.81 Muscle weakness (*generalized*) (*unknown etiology*)
2. R26.89 Other abnormalities of gait and mobility (*unknown etiology*)
3. M54.5 Low back pain
4. R26.81 Unsteadiness on feet (*unknown etiology*)
5. M25.561 Pain in right knee (*unknown etiology*)
6. R33.9 Retention of urine, *unspecified*
7. M25.551 Pain in right hip (*unknown etiology*)
8. R78.81 Bacteremia
9. R29.6 Repeated falls (*unknown etiology*)
10. R13.10 Dysphagia, *unspecified* (*unknown etiology*)

Under PDGM CHHA's are required to receive far more specific diagnosis codes or face rejected claims (Return To Provider).

URMHC Intake

At UR Medicine Home Care our intake department strives to provide an easy and efficient intake process while providing you with excellent customer service.

Our intake specialists have been busy preparing and training for the transition to the PDGM. They are prepared to answer any of your questions and help provide specific diagnosis's needed for a viable referral for services.

For any questions you may have regarding a referral please contact one of our Intake Specialists or nurses at 585-274-4255.

Our Mission

We exist to preserve and enhance the quality of life for the people and communities we serve by providing comprehensive, high quality health care at home delivered with compassion and integrity.



<u>Counties:</u>	<u>Monroe, Wyoming & Livingston</u>	<u>Ontario, Wayne, Seneca & Yates</u>
<u>Referrals:</u>	(800) 253-4439	(800) 253-4439
<u>Questions & In-services:</u>	Heather Rowley & Karen Ihrman	Karen Quartaro



Home Care