

HOME HEALTH 2017 PPS CALCULATION WORKSHEET

PATIENT NAME: _____ ID NUMBER: _____ DATE: _____

TYPE OF ASSESSMENT: Start of care Follow-up

M0110 - EPISODE TIMING: Is the Medicare home health payment episode for which this assessment define a case mix group an "early" episode or "late" episode in the patient's current sequence of adjacent Medicare home health payment episodes? EARLY LATER UNKNOWN

SERVICE UTILIZATION

M2200-THERAPY NEED: In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? Enter zero ["000"] is no therapy visits indicated). (_____) _____

CLINICAL SEVERITY

CODE EACH ROW AS FOLLOWS:

Column 1: Enter the description of the diagnosis

Column 2: Enter the ICD-10-CM code for the diagnosis described in Column 1

Column 3: (OPTIONAL) HAS NO REIMBURSEMENT IMPACT—can enter underlying condition if a Z Code is found in M1021 and the underlying condition is resolved.

Column 4: (OPTIONAL) If a Z code in Column 2 and the agency chooses to report the resolved underlying condition and this Requires multiple diagnosis codes under ICD-10-CM coding guidelines, enter the diagnosis descriptions and the ICD-10-CM codes in the same row in Column 3 and 4. For example, if the case mix diagnosis is a manifestation code, record the diagnosis description and the ICD-10-CM code for the underlying condition in Column 3 of that row and the diagnosis description and the ICD-10-CM code for the manifestation code in Column 4 of that row.

See Table 3 for case mix adjustment variables and scores

(M1021) Primary Diagnosis (M1023) Other Diagnosis		(M1025) Case-Mix Diagnosis (Optional)						
1	2	3	4	SCORE	EARLY	LATE		
	ICD-10-CM for each condition	OPTIONAL—Complete only if a Z-code in Column 2 is reported in place of a resolved condition	OPTIONAL—Complete only if the Z-code in column 2 is reported in place of a resolved condition that is a multiple code situation	EPISODE	1st or 2nd	1st or 2nd	3rd +	3rd +
Description	(V, W, X, Y codes are NOT allowed)	(V, W, X, Y codes are NOT allowed)	(V, W, X, Y codes are NOT allowed)	THERAPY VISITS	0-13	14+	0-13	14+
M1021 Primary Diagnosis a. _____	a. (____ . ____)	a. _____ a. (____ . ____)	a. _____ a. (____ . ____)					
M1023—Other Diagnoses b. _____	b. (____ . ____)	b. _____ b. (____ . ____)	b. _____ b. (____ . ____)					
c. _____	c. (____ . ____)	c. _____ c. (____ . ____)	c. _____ c. (____ . ____)					
d. _____	d. (____ . ____)	d. _____ d. (____ . ____)	d. _____ d. (____ . ____)					
e. _____	e. (____ . ____)	e. _____ e. (____ . ____)	e. _____ e. (____ . ____)					
f. _____	f. (____ . ____)	f. _____ f. (____ . ____)	f. _____ f. (____ . ____)					
M1030	Therapies the patient receives <u>at home</u> (mark all that apply)	1—Intravenous or Infusion therapy (excludes TPN) 2—Parenteral Nutrition (TPN or lipids) 3—Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)				17	6	17
						16		9
M1200	Vision with corrective lenses if the patient usually wears them	1—Partially impaired 2—Severely impaired						

M1840	Toileting Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode	2- <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance) 3- <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently 4- Is totally dependent in toileting	1	2		
M1850	Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast	2- Able to bear weight and pivot during the transfer process but unable to transfer self 3- Unable to transfer self and is unable to bear weight or pivot when transferred by another person 4- Bedfast, unable to transfer but is able to turn and position self in bed 5- Bedfast, unable to transfer and is unable to turn and position self	3	1	2	
M1860	Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position on a variety of surfaces	1- With the use of a one-handed device, able to independently walk on even and uneven surfaces and negotiate stairs with or without railings 2- Requires use of a two-handed device to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces 3- Able to walk only with the supervision or assistance of another person at all times 4- Chairfast, unable to ambulate and is <u>able to wheel self independently</u> 5- Chairfast, unable to ambulate and is unable to wheel self 6- Bedfast, unable to ambulate or be up in chair	7		4	
			8	9	6	8

FUNCTIONAL TOTAL POINTS: _____ **HHRG: F =** _____

TABLE 3: SEVERITY GROUP DEFINITIONS: FOUR-EQUATION MODEL	1st & 2nd EPISODES		3rd+ EPISODES		ALL EPISODES	
	0 TO 13 THERAPY VISITS	14 TO 19 THERAPY VISITS	0 TO 13 THERAPY VISITS	14 TO 19 THERAPY VISITS	20+ THERAPY VISITS	
GROUPING STEP	1	2	3	4	5	
EQUATION(S) USED TO CALCULATE POINTS (SEE TABLE 2A)	1	2	3	4	(2&4)	
DIMENSION	SEVERITY LEVELS					
CLINICAL	C1	0 to 1	0 to 1	0 to 1	0 to 3	
	C2	2 to 3	2 to 7	2	4 to 16	
	C3	4+	8+	3+	17+	
FUNCTIONAL	F1	0 to 13	0 to 6	0 to 6	0 to 2	
	F2	14	7 to 13	7 to 10	3 to 6	
	F3	15+	14+	11+	10+	7+
SERVICES UTILIZATION (NUMBER OF THERAPY VISITS)	S1	0 TO 5	14 TO 15	0 TO 5	14 TO 15	20+ (ONE GROUP)
	S2	6	16 TO 17	6	16 TO 17	
	S3	7 TO 9	18 TO 19	7 TO 9	18 TO 19	
	S4	10		10		
	S5	11 TO 13		11 TO 13		

NOTE: FOR EPISODES WITH 20 OR MORE THERAPY VISITS, SCORING FOR CLINICAL AND FUNCTIONAL SEVERITY IS ASSIGNED BASED ON THE FOUR-EQUATION MODEL. THAT IS, SCORING IS ASSIGNED FROM SCORE VALUES OF EITHER EQUATION 2 OR EQUATION 4, ACCORDING TO WHETHER THE EPISODE OCCURRED AS "EARLY" OR "LATER."

NONROUTINE SUPPLIES—TABLE 10A: NRS Case-Mix Adjustment Variables and Scores

Item	Description	Score
1	Primary Diagnosis = Anal fissure, fistula and abscess	15
2	Other Diagnosis = Anal fissure, fistula and abscess	13
3	Primary Diagnosis = Cellulitis and abscess	14
4	Other Diagnosis = Cellulitis and abscess	8
5	Primary Diagnosis = Diabetic Ulcers	20
6	Primary Diagnosis = Gangrene	11
7	Other Diagnosis = Gangrene	8
8	Primary Diagnosis = Malignant Neoplasms of the skin	15

9	Other Diagnosis	=	Malignant Neoplasms of the skin	4
10	Primary or Other Diagnosis	=	Non-pressure and non-stasis ulcers	13
11	Primary Diagnosis	=	Other infections of skin and subcutaneous tissue	16
12	Other Diagnosis	=	Other infections of skin and subcutaneous tissue	7
13	Primary Diagnosis	=	Post-operative complications	23
14	Other Diagnosis	=	Post-operative complications	15
15	Primary Diagnosis	=	Traumatic wounds and Burns	19
16	Other Diagnosis	=	Traumatic wounds and Burns	8
17	Primary or Other Diagnosis	=	V code, Cystostomy Care	16
18	Primary or Other Diagnosis	=	V code, Tracheostomy Care	23
19	Primary or Other Diagnosis	=	V code, Urostomy Care	24
20	OASIS M1322	=	1 or 2 Pressure Ulcers, Stage 1	4
21	OASIS M1322	=	3+ Pressure Ulcers, Stage 1	6
22	OASIS M1308	=	1 Pressure ulcer, Stage 2	14
23	OASIS M1308	=	2 Pressure ulcers, Stage 2	22
24	OASIS M1308	=	3 Pressure ulcers, Stage 2	29
25	OASIS M1308	=	4+ Pressure ulcers, Stage 2	35
26	OASIS M1308	=	1 Pressure ulcer, Stage 3	29
27	OASIS M1308	=	2 Pressure ulcers, Stage 3	41
28	OASIS M1308	=	3 Pressure ulcers, Stage 3	46
29	OASIS M1308	=	4+ Pressure ulcers, Stage 3	58
30	OASIS M1308	=	1 Pressure ulcer, Stage 4	48
31	OASIS M1308	=	2 Pressure ulcers, Stage 4	67
32	OASIS M1308	=	3+ Pressure ulcers, Stage 4	75
33	OASIS M1308	=	1 Unstageable Dressing/Device or Unstageable Slough/Eschar	17
34	OASIS M1332	=	2 (2 stasis ulcers)	6
35	OASIS M1332	=	3 (3 stasis ulcers)	12
36	OASIS M1332	=	4 (4+ stasis ulcers)	21
37	OASIS M1330	=	1 (or 3 (Unobservable stasis ulcers)	9
38	OASIS M1334	=	1 (status of most problematic stasis ulcer: fully granulating)	6
39	OASIS M1334	=	2(status of most problematic stasis ulcer: early/partial granulation)	25
40	OASIS M1334	=	3(status of most problematic stasis ulcer: not healing)	36
41	OASIS M1342	=	2 (status of most problematic surgical wound: early/partial granulation)	4
42	OASIS M1342	=	3 (status of most problematic surgical wound: not healing)	14
43	OASIS M1630	=	1(ostomy not related to inpatient stay/ no regimen change)	27
44	OASIS M1630	=	2 (ostomy related to inpatient stay/regimen change)	45
45	Any "selected Skin Conditions (row 1-42 above) AND M1630	=	1 (ostomy not related to inpatient stay/no regimen change)	14
46	Any "selected Skin Conditions (row 1-42 above) AND M1630	=	2 (ostomy related to inpatient stay/regimen change)	11
47	OASIS M1030 (Therapy at home)	=	1 (IV infusion)	5
48	OASIS M1610	=	2 (patient requires urinary catheter)	9
49	OASIS M1620	=	4 or 5 (bowel incontinence, daily or >daily)	10

NRS TOTAL POINTS:

TABLE 10B: Non-Routine Medical Supplies—Six-Severity Levels

SEVERITY LEVEL	POINTS (SCORING)	PAYMENT AMOUNT
1	0	\$14.16
2	1 TO 14	\$51.15
3	15 TO 27	\$140.24
4	28 TO 48	\$208.35
5	49 TO 98	\$321.29
6	99+	\$552.58

HOME HEALTH 2017 PPS CALCULATION WORKSHEET

PATIENT NAME:	PATIENT ID NUMBER:	ASSESSMENT DATE:
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60 DAY EPISODE RATE

HHRG:

C = _____ F = _____ S = _____

HIPPS CODE CONVERSION:

Equation = _____ C = _____ F = _____

S = _____ NRS Level = _____

See HIPPS Code Conversion Chart!

Calculated 60-day Payment Amount—Based on 2017 HHRG Calculation Worksheets:

\$ _____ (1)

TOTAL VISIT COSTS:

\$ _____ (2)

TOTAL SUPPLIES:

\$ _____ (3)

AGENCY DIRECT COST ESTIMATIONS:

AGENCY PLANNED VISITS FOR 60 DAY EPISODE

DISCIPLINE	# OF VISITS	X	COST/VISIT	=	TOTAL
SKILLED NURSING:		X		=	
PHYSICAL THERAPY:		X		=	
OCCUPATIONAL THERAPY:		X		=	
SPEECH THERAPY:		X		=	
HOME HEALTH AIDE:		X		=	
MEDICAL SOC WORKER:		X		=	
Other MISC:		X		=	

TOTAL 60 DAY PER EPISODE DIRECT COST:

\$ _____ (2+3)

TOTAL AGENCY PAYMENT NUMBER (1)

\$ _____

TOTAL AGENCY DIRECT COST:

(-) \$ _____ (2+3)

Grand Total Visit Cost: \$ _____ (2)

AGENCY MARGIN:

\$ _____

SUPPLIES PLANNED FOR 60 DAY EPISODE:

_____ @ \$ _____ = _____ Total Cost

_____ @ \$ _____ = _____ Total Cost

_____ @ \$ _____ = _____ Total Cost

_____ @ \$ _____ = _____ Total Cost

_____ @ \$ _____ = _____ Total Cost

_____ @ \$ _____ = _____ Total Cost

Grand Total Supply Cost: \$ _____ (3)