Home Health Patient-Driven Groupings Model (PDGM) Timeline

This reference tool provides examples of situations showing acute/post-acute care and the billing information required with home health PDGM, effective January 1, 2020.

EXAMPLE 1: Initial 30 Day Period of Care with an Acute Stay

Patient discharged from acute hospital inpatient stay on 02/20/2020.

Home health admission on 02/27/2020.

Start of Care Assessment Completed on 02/27/2020. Submit the Request for Anticipated Payment (RAP) with the From and To dates as 02/27/2020.

Initial Claim: Early

Acute/Post-Acute Discharge in 14 days prior to the "From" date: Institutional

Bill with Dates of Service: 02/27/2020 - 03/27/2020

Occurrence Code: 50 with 02/27/2020

Occurrence Code: 61 with 02/20/2020 (see note below).

EXAMPLE 1A: Initial 30 Day Period of Care without an Acute Stay

Patient referred to home health by physician.

Home health admission on 02/27/2020.

Start of Care Assessment Completed on 02/27/2020. Submit the Request for Anticipated Payment (RAP) with the From and To dates as 02/27/2020.

Initial Claim: Early

No Acute/Post-Acute Discharge in 14 days prior to the "From" date: Community

Bill with Dates of Service: 02/27/2020 - 03/27/2020

Occurrence Code: 50 with 02/27/2020

EXAMPLE 2: Subsequent 30 Day Period of Care with an Acute Stay.

Patient discharged from acute hospital inpatient stay on 4/05/2020.

Home health care continued.

Resumption of Care (ROC) assessment Completed 04/05/2020 Submit the Request for Anticipated Payment (RAP) with the From and To dates as 03/28/2020 Subsequent Claim: Late

No Acute/Post-Acute Discharge in 14 days prior to the "From" date: Community

Bill with Dates of Service: 03/28/2020 - 04/26/2020

Occurrence Code: 50 with 4/5/2020

EXAMPLE 3: Subsequent 30 Day Period of Care without an Acute Stay

Patient continued home health care, with no acute/non-acute stay.

Follow-Up
Assessment
Completed
04/19/2020

Submit the Request for Anticipated Payment (RAP) with the From and To dates as 04/27/2020.

Subsequent Claims: Late

No Acute/Post-Acute Discharge in 14 days prior to the "From" date: Community

Bill with Dates of Service: 04/27/2020 - 05/26/2020

Occurrence Code: 50 with 04/19/2020

EXAMPLE 4: Subsequent 30 Day Period of Care with an Acute Stay

Patient discharged from acute hospital inpatient stay on 05/15/2020.

Home health care continued.

ROC assessment completed 05/15/2020.

Submit the Request for Anticipated Payment (RAP) with the From and To dates as 05/27/2020.

Subsequent Claim: Late

Acute/Post-Acute Discharge in 14 days prior to the HH admission: Institutional

Bill with Dates of Service: 05/27/2020 – 06/25/2020 Occurrence Code: 61 with 05/15/2020 (see note below)

REFERENCES:

- PDGM Admission Source 14 Day Calculator: https://www.cgsmedicare.com/medicare_dynamic/j15/
 pdgm 14 day calc/pdgm 14 day calc.aspx
- Home Health Patient-Driven Groupings Model (PDGM) 30-Day Period of Care Billing Schedule: https://www.cgsmedicare.com/hhh/education/materials/pdf/pdgm 30 day.pdf
- Submitting a Request for Anticipated Payment (RAP) under the Home Health Patient-Driven Groupings Model: https://www.cgsmedicare.com/hhh/education/materials/anticipated_payment.html
- Submitting a Final Claim under the Home Health Patient Driven Groupings Model: https://www.cgsmedicare.com/hhh/education/materials/final_claim.html

NOTE: Although the submission of occurrence codes 61 and 62 are optional, Medicare systems will use inpatient claim history to assign institutional (61) payment group based on the most current information. Once the home health claim processes, and an acute/post-acute Medicare claims is submitted, if applicable, the home health claim will be adjusted.



