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 04/05/2020.
- **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

### REFERENCES:

- PDGM Admission Source 14 Day Calculator: [https://www.cgsmedicare.com/medicare_dynamic/i15/pdgm_14_day_calc/pdgm_14_day_calc.aspx](https://www.cgsmedicare.com/medicare_dynamic/i15/pdgm_14_day_calc/pdgm_14_day_calc.aspx)
- Submitting a Request for Anticipated Payment (RAP) under the Home Health Patient-Driven Groupings Model: [https://www.cgsmedicare.com/ hh/education/materials/anticipated_payment.html](https://www.cgsmedicare.com/ hh/education/materials/anticipated_payment.html)
- Submitting a Final Claim under the Home Health Patient Driven Groupings Model: [https://www.cgsmedicare.com/ hh/education/materials/final_claim.html](https://www.cgsmedicare.com/ hh/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.

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