

HOME HEALTH PATIENT-DRIVEN GROUPINGS MODEL (PDGM)

30-Day Period of Care Billing Schedule

The dates of service on Home Health PDGM claims should reflect a 30-day period of care unless the patient transfers to another home health provider, is discharged, or dies. This billing schedule will assist in determining the 30-day period beginning with the From date of service through the To or Through date of service.

JANUARY	
From Date of Service	To/Through Date of Service
1/1	1/30
1/2	1/31
1/3	2/1
1/4	2/2
1/5	2/3
1/6	2/4
1/7	2/5
1/8	2/6
1/9	2/7
1/10	2/8
1/11	2/9
1/12	2/10
1/13	2/11
1/14	2/12
1/15	2/13
1/16	2/14
1/17	2/15
1/18	2/16
1/19	2/17
1/20	2/18
1/21	2/19
1/22	2/20
1/23	2/21
1/24	2/22
1/25	2/23
1/26	2/24
1/27	2/25
1/28	2/26
1/29	2/27
1/30	2/28
1/31	2/29

FEBRUARY	
From Date of Service	To/Through Date of Service
2/1	3/1
2/2	3/2
2/3	3/3
2/4	3/4
2/5	3/5
2/6	3/6
2/7	3/7
2/8	3/8
2/9	3/9
2/10	3/10
2/11	3/11
2/12	3/12
2/13	3/13
2/14	3/14
2/15	3/15
2/16	3/16
2/17	3/17
2/18	3/18
2/19	3/19
2/20	3/20
2/21	3/21
2/22	3/22
2/23	3/23
2/24	3/24
2/25	3/25
2/26	3/26
2/27	3/27
2/28	3/28
2/29	3/29

MARCH	
From Date of Service	To/Through Date of Service
3/1	3/30
3/2	3/31
3/3	4/1
3/4	4/2
3/5	4/3
3/6	4/4
3/7	4/5
3/8	4/6
3/9	4/7
3/10	4/8
3/11	4/9
3/12	4/10
3/13	4/11
3/14	4/12
3/15	4/13
3/16	4/14
3/17	4/15
3/18	4/16
3/19	4/17
3/20	4/18
3/21	4/19
3/22	4/20
3/23	4/21
3/24	4/22
3/25	4/23
3/26	4/24
3/27	4/25
3/28	4/26
3/29	4/27
3/30	4/28
3/31	4/29

APRIL	
From Date of Service	To/Through Date of Service
4/1	4/30
4/2	5/1
4/3	5/2
4/4	5/3
4/5	5/4
4/6	5/5
4/7	5/6
4/8	5/7
4/9	5/8
4/10	5/9
4/11	5/10
4/12	5/11
4/13	5/12
4/14	5/13
4/15	5/14
4/16	5/15
4/17	5/16
4/18	5/17
4/19	5/18
4/20	5/19
4/21	5/20
4/22	5/21
4/23	5/22
4/24	5/23
4/25	5/24
4/26	5/25
4/27	5/26
4/28	5/27
4/29	5/28
4/30	5/29

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MAY		JUNE		JULY		AUGUST	
From Date of Service	To/Through Date of Service	From Date of Service	To/Through Date of Service	From Date of Service	To/Through Date of Service	From Date of Service	To/Through Date of Service
5/1	5/30	6/1	6/30	7/1	7/30	8/1	8/30
5/2	5/31	6/2	7/1	7/2	7/31	8/2	8/31
5/3	6/1	6/3	7/2	7/3	8/1	8/3	9/1
5/4	6/2	6/4	7/3	7/4	8/2	8/4	9/2
5/5	6/3	6/5	7/4	7/5	8/3	8/5	9/3
5/6	6/4	6/6	7/5	7/6	8/4	8/6	9/4
5/7	6/5	6/7	7/6	7/7	8/5	8/7	9/5
5/8	6/6	6/8	7/7	7/8	8/6	8/8	9/6
5/9	6/7	6/9	7/8	7/9	8/7	8/9	9/7
5/10	6/8	6/10	7/9	7/10	8/8	8/10	9/8
5/11	6/9	6/11	7/10	7/11	8/9	8/11	9/9
5/12	6/10	6/12	7/11	7/12	8/10	8/12	9/10
5/13	6/11	6/13	7/12	7/13	8/11	8/13	9/11
5/14	6/12	6/14	7/13	7/14	8/12	8/14	9/12
5/15	6/13	6/15	7/14	7/15	8/13	8/15	9/13
5/16	6/14	6/16	7/15	7/16	8/14	8/16	9/14
5/17	6/15	6/17	7/16	7/17	8/15	8/17	9/15
5/18	6/16	6/18	7/17	7/18	8/16	8/18	9/16
5/19	6/17	6/19	7/18	7/19	8/17	8/19	9/17
5/20	6/18	6/20	7/19	7/20	8/18	8/20	9/18
5/21	6/19	6/21	7/20	7/21	8/19	8/21	9/19
5/22	6/20	6/22	7/21	7/22	8/20	8/22	9/20
5/23	6/21	6/23	7/22	7/23	8/21	8/23	9/21
5/24	6/22	6/24	7/23	7/24	8/22	8/24	9/22
5/25	6/23	6/25	7/24	7/25	8/23	8/25	9/23
5/26	6/24	6/26	7/25	7/26	8/24	8/26	9/24
5/27	6/25	6/27	7/26	7/27	8/25	8/27	9/25
5/28	6/26	6/28	7/27	7/28	8/26	8/28	9/26
5/29	6/27	6/29	7/28	7/29	8/27	8/29	9/27
5/30	6/28	6/30	7/29	7/30	8/28	8/30	9/28
5/31	6/29			7/31	8/29	8/31	9/29

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30-Day Period of Care Billing Schedule

SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
From Date of Service	To/Through Date of Service	From Date of Service	To/Through Date of Service	From Date of Service	To/Through Date of Service	From Date of Service	To/Through Date of Service
9/1	9/30	10/1	10/30	11/1	11/30	12/1	12/30
9/2	10/1	10/2	10/31	11/2	12/1	12/2	12/31
9/3	10/2	10/3	11/1	11/3	12/2	12/3	1/1
9/4	10/3	10/4	11/2	11/4	12/3	12/4	1/2
9/5	10/4	10/5	11/3	11/5	12/4	12/5	1/3
9/6	10/5	10/6	11/4	11/6	12/5	12/6	1/4
9/7	10/6	10/7	11/5	11/7	12/6	12/7	1/5
9/8	10/7	10/8	11/6	11/8	12/7	12/8	1/6
9/9	10/8	10/9	11/7	11/9	12/8	12/9	1/7
9/10	10/9	10/10	11/8	11/10	12/9	12/10	1/8
9/11	10/10	10/11	11/9	11/11	12/10	12/11	1/9
9/12	10/11	10/12	11/10	11/12	12/11	12/12	1/10
9/13	10/12	10/13	11/11	11/13	12/12	12/13	1/11
9/14	10/13	10/14	11/12	11/14	12/13	12/14	1/12
9/15	10/14	10/15	11/13	11/15	12/14	12/15	1/13
9/16	10/15	10/16	11/14	11/16	12/15	12/16	1/14
9/17	10/16	10/17	11/15	11/17	12/16	12/17	1/15
9/18	10/17	10/18	11/16	11/18	12/17	12/18	1/16
9/19	10/18	10/19	11/17	11/19	12/18	12/19	1/17
9/20	10/19	10/20	11/18	11/20	12/19	12/20	1/18
9/21	10/20	10/21	11/19	11/21	12/20	12/21	1/19
9/22	10/21	10/22	11/20	11/22	12/21	12/22	1/20
9/23	10/22	10/23	11/21	11/23	12/22	12/23	1/21
9/24	10/23	10/24	11/22	11/24	12/23	12/24	1/22
9/25	10/24	10/25	11/23	11/25	12/24	12/25	1/23
9/26	10/25	10/26	11/24	11/26	12/25	12/26	1/24
9/27	10/26	10/27	11/25	11/27	12/26	12/27	1/25
9/28	10/27	10/28	11/26	11/28	12/27	12/28	1/26
9/29	10/28	10/29	11/27	11/29	12/28	12/29	1/27
9/30	10/29	10/30	11/28	11/30	12/29	12/30	1/28
		10/31	11/29			12/31	1/29