

## HOME HEALTH 2012 PPS CALCULATION WORKSHEET

PATIENT NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF ASSESSMENT:  Start of care  Follow-up  Other: \_\_\_\_\_

**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-9-CM code for the diagnosis described in Column 1

**Column 3:** (optional) If a V-code reported in any row in Column 2 is reported in the place of a case mix diagnosis, list the appropriate case mix diagnosis (the description and the ICD-9-CM code) in the same row in Column 3—Otherwise leave blank.

**Column 4:** (Optional) If a V code in Column 2 is reported in place of a case mix diagnosis that requires multiple diagnosis codes under ICD-9-CM coding guidelines, enter the diagnosis descriptions and the ICD-9-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-9-CM code for the underlying condition in Column 3 of that row and the diagnosis description and the ICD-9-CM code for the manifestation code in Column 4 of that row.

**See Table 3 for case mix adjustment variables and scores**

(M1020) Primary Diagnosis (M1022) Other Diagnosis		(M1024) Case-Mix Diagnosis (Optional)						
1	2	3	4	SCORE	EARLY	LATE		
	ICD-9-CM for each condition	Complete <b>only</b> if a V-code in Column 2 is reported in place of a case mix diagnosis	Complete <b>only</b> if the V-code in column 2 is reported in place of a case mix diagnosis that is a multiple code situation (e.g. a manifestation code)	EPISODE	1st or 2nd	1st or 2nd	3rd +	3rd +
Description	(V-codes are allowed)	(V or E codes are NOT allowed)	(V or E codes are NOT allowed)	THERAPY VISITS	0-13	14+	0-13	14+
M1020 Primary Diagnosis A. _____	A. ( ____ . __ )	A. _____ A. ( ____ . __ )	B. _____ B. ( ____ . __ )					
M1022—Other Diagnosis b. _____	b. ( ____ . __ )	A. _____ A. ( ____ . __ )	B. _____ B. ( ____ . __ )					
c. _____	c. ( ____ . __ )	A. _____ A. ( ____ . __ )	B. _____ B. ( ____ . __ )					
d. _____	d. ( ____ . __ )	A. _____ A. ( ____ . __ )	B. _____ B. ( ____ . __ )					
e. _____	e. ( ____ . __ )	A. _____ A. ( ____ . __ )	B. _____ B. ( ____ . __ )					
f. _____	f. ( ____ . __ )	A. _____ A. ( ____ . __ )	B. _____ B. ( ____ . __ )					
<b>M1030</b>	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)			8	15	5	11
					4	11		11
<b>M1200</b>	Vision with corrective lenses if the patient usually wears them	1—Partially impaired 2—Severely impaired			1			2



<b>M1840</b>	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	2	3	2	
<b>M1850</b>	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		1		
<b>M1860</b>	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	1		1	
			3	3	4	5

**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 4	0 TO 6	0 TO 2	0 TO 8	0 TO 7
	C2	5 TO 8	7 TO 14	3 TO 5	9 TO 16	8 TO 14
	C3	9+	15+	6+	17+	15+
FUNCTIONAL	F1	0 TO 5	0 TO 6	0 TO 8	0 TO 7	0 TO 6
	F2	6	7	9	8	7
	F3	7+	8+	10+	9+	8+
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." HOWEVER, SEVERITY LEVEL CLASSIFICATION IS BASED ON THE SAME SCORE INTERVALS FOR ALL EPISODES

**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 9: Non-Routine Medical Supplies—Six-group Approach**

SEVERITY LEVEL	POINTS (SCORING)	PAYMENT AMOUNT
1	0	\$14.39
2	1 TO 14	\$51.96
3	15 TO 27	\$142.48
4	28 TO 48	\$211.69
5	49 TO 98	\$326.43
6	99+	\$561.42

## HOME HEALTH 2012 PPS CALCULATION WORKSHEET

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

<b>HHRG:</b>  C = _____ F = _____ S = _____	<b>HIPPS CODE CONVERSION:</b>  Equation = _____ C = _____ F = _____ S = _____ NRS Level = _____  See HIPPS Code Conversion Chart!
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Calculated 60-day Payment Amount—Based on 2010 HHRG Calculation Worksheets:

\$ \_\_\_\_\_ (1)

**TOTAL VISIT COSTS:**

\$ \_\_\_\_\_ (2)

### 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 SUPPLIES:**

\$ \_\_\_\_\_ (3)

**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)