

**PDGM is here Wednesday January 1, 2020!**  
**(A quick guide for clinicians)**

**What is PDGM?**

- Patient Driven Groupings Model
- **Payment** is based on primary diagnoses/focus of care and the functional items on OASIS from your assessment.
- Changes agency reimbursement to two 30 day payment periods every 60 days. Still do OASIS & 485/POC every 60 days.

**OASIS changing from D to D1 → Only change is on Recert OASIS**

- Added M1033 Risk for hospitalization
- Added M1800 Grooming

**PDGM elements:**

1. **Admission Source** - Intake will enter at time of referral
  - a. Institutional = discharged from Hospital, SNF, Inpatient Rehab, Long Term Care Hospital or Inpatient Psych Hospital
  - b. Community = MD referral, ER, no acute or post-acute in past 14 days  
Note - A patient discharged from a SNF at time of ROC, may end up being changed to a new SOC to capture institutional points (per CMS)
2. **Timing** - claims based
  - a. Early – first 30 days
  - b. Late – subsequent 30 day periods
3. **Clinical Grouping**
  - a. Based on **Primary Diagnosis**
  - b. **MUST be specified disease, no symptoms**
  - c. Diagnoses will be entered as much as possible prior to your SOC to limit “Ineligible DX as Primary” warnings in Pointcare. Ineligible DX as Primary DX is a hard stop.
  - d. Ex. Can’t use OA or abnormal gait → where is OA? OA of the R hip or what caused the gait issue? Use that cause
  - e. Ex. Can’t use muscle weakness → what is causing that weakness? Are they weak due to immobility in hospital after CHF exacerbation? Use CHF
4. **Functional Impairment Level** – score items based on their **ability to do the activity safely**. Look at equipment or help needed to be safe. **Consider their needs, deficits and risks** when scoring.
  - M1800 Grooming (new in payment calculation)**
  - M1810 Current ability to dress upper body safely**
  - M1820 Current ability to dress lower body safely**
  - M1830 Bathing**
  - M1840 Toilet transferring**
  - M1850 Transferring**
  - M1860 Ambulation/Locomotion**
  - M1033 Risk for hospitalization (new in payment calculation)**
5. **Comorbidity Adjustment** – based on **all the other diagnoses that affect patient’s plan of care**. Add to your narrative if not on referral. Confirm with MD when you confirm your POC. QA will enter these codes

**LUPA Management**

- **NEW range is 2 – 6 visits in every 30 day payment period; varies based on many factors.** You may see warning messages in Pointcare & Scheduling when plotting, missing or rescheduling visits for you to consider.