

HOME HEALTH PPS ESTIMATOR WORKSHEET

Patient Name (First, MI, Last) _____ Patient ID No. _____ Assessment Date _____

ASSESSMENT TYPE: Preadmission Screen Start Of Care Follow-Up Other _____

M0110 - Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes? Early Later Unknown

SERVICE UTILIZATION

OASIS+ Item	DESCRIPTION	SERVICE TOTAL
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"] if no therapy visits indicated)	HHRG S = _____

CLINICAL SEVERITY

OASIS+ Item	DESCRIPTION	CLINICAL SEVERITY
M1020/ M1022/ M1024	<p>Code each row as follows:</p> <p>Column 1: Enter the description of the diagnosis</p> <p>Column 2: Enter the ICD-9-CM code for the diagnosis described in Column 1</p> <p>Column 3: (OPTIONAL) If a V-code is assigned to any row in Column 2, in place of a case mix diagnosis, it may be necessary to complete optional item M1024 Payment Diagnoses (Columns 3 and 4). See OASIS-C Guidance Manual.</p> <p>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 description and the ICD-9-CM codes in the same row in Columns 3 and 4. For example, if the case mix diagnosis is a manifestation code, record the diagnosis description and ICD-9-CM code for the underlying condition in Column 3 of that row and the diagnosis description and ICD-9-CM code for the manifestation in Column 4 of that row. Otherwise, leave Column 4 blank in that row.</p> <p>* Go to www.cms.hhs.gov/HomeHealthPPS/05_CaseMixGroupersoftware.asp for case mix adjustment variables and scores.</p>	

*(M1020) Primary Diagnosis & *(M1022) Other Diagnoses	*(M1024) Payment Diagnoses (OPTIONAL)	SCORE	EARLY	LATE	For 20+ visits in any episode see Note under Table 3 on page 2	
1	2	3	1st	2nd		3rd+

DIAGNOSES	ICD-9-CM for each condition	Complete if a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis	Complete <u>only</u> if a V-code is reported in place of a case mix diagnosis that is a multiple coding situation (i.e., a manifestation code)	THERAPY VISITS	1-13	14+	0-13	14+
Description	(V codes are allowed)	(V or E codes NOT allowed)	(V or E codes NOT allowed)	EPISODE	1st	2nd	3rd+	3rd+
M1020 - Primary Diagnosis	a. (____.____)	a. (____.____)	a. (____.____)					
M1022 - Other Diagnoses	b. (____.____)	b. (____.____)	b. (____.____)					
	c. (____.____)	c. (____.____)	c. (____.____)					
	d. (____.____)	d. (____.____)	d. (____.____)					
	e. (____.____)	e. (____.____)	e. (____.____)					
	f. (____.____)	f. (____.____)	f. (____.____)					
	g. (____.____)	g. (____.____)	g. (____.____)					
	h. (____.____)	h. (____.____)	h. (____.____)					

M1030 Therapies the patient receives at home (Mark all that apply)	1 - Intravenous 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

M1200 Vision (with corrective lenses if the patient usually wears them)	1 - Partially impaired 2 - Severely impaired	1			2
--	---	---	--	--	---

M1242 Frequency of pain interfering with patient's activity or movement	1 - Daily, but not constantly 2 - Often 3 - Frequently 4 - All of the time	1			
--	---	---	--	--	--

M1308 Current number of unhealed non-epithelializing pressure ulcers at each Stage	_____ Qty. Stage III _____ Qty. Stage IV	3	3	5	5
---	---	---	---	---	---

M1327 Stage of Most Problematic (Observable) Pressure Ulcer	1 - Stage I 2 - Stage II 3 - Stage III 4 - Stage IV	5	11	5	11
--	--	---	----	---	----

M1334 Stage of Most Problematic (Observable) Surgical Wound	2 - Early/partial granulation 3 - Not healing	7	7	7	7
		11	11	11	11

M1342 Stages of Most Problematic (Observable) Surgical Wound	2 - Early/partial granulation 3 - Not healing	4	4	4	4
---	--	---	---	---	---

M1400 When patient dyspneic or noticeably short of breath	2 - With moderate exertion 3 - With minimal exertion or with agitation 4 - At rest (during day or night)	2	2		
--	--	---	---	--	--

M1420 Ostomy Continence Frequency	2 - One to three times weekly 3 - Four to six times weekly 4 - On a daily basis 5 - More often than once daily	1	2	1	
--	---	---	---	---	--

M1630 Ostomy or Bowel Elimination: Does this patient have an ostomy or bowel elimination that was related to an inpatient facility stay, or necessitated a change in medical or treatment regimen?	1 - Patient's ostomy was <u>not</u> related to an inpatient stay and did <u>not</u> necessitate change in medical or treatment regimen 2 - The ostomy <u>was</u> related to an inpatient stay or <u>did</u> necessitate change in medical or treatment regimen	5	9	3	9
---	---	---	---	---	---

M2030 Management of Injectable Medications	0 - Able to independently take the correct medication(s) and proper dosage(s) at the correct times 1 - Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; OR (b) another person develops a drug diary or chart 2 - Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection 3 - <u>Unable</u> to take injectable medication unless administered by another person		1	2	3
---	---	--	---	---	---

CLINICAL TOTAL

HHRG

C = _____

Form # HC1311H (Rev. 12/11)

©2007 MED-PASS, Inc.

Reorder From: MED-PASS® 800-438-8884

HOME HEALTH PPS ESTIMATOR WORKSHEET

(continued)

Patient Name (First, MI, Last)

Patient ID No.

Assessment Date

FUNCTIONAL STATUS

OASIS+ Item	DESCRIPTION	SCORE	EARLY		LATE		
			EPISODE		THERAPY VISIT		
			1st	2nd	3rd+	3rd+	
			0-13	14+	0-13	14+	
M1810	Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps	1 - Able to dress without assistance if clothing is laid out or handed to the patient 2 - Someone must help the patient put on upper body clothing 3 - Patient depends entirely upon another person to dress the upper body		2	4	2	2
M1820	Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes	1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes 3 - Patient depends entirely upon another person to dress lower body					
M1830	Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair)	2 - Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminder OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision 4 - Unable to use the shower or tub, but able to bathe independently with or without the use of devices at the sink, in chair, or on commode 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath 6 - Unable to participate effectively in bathing and is bathed totally by another person		3	3	6	6
M1840	Toilet 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		
M1850	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 a 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			
M1860	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-hand held device (e.g., cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings 2 - Requires use of two-hand held device (e.g., walker or crutches) to walk on a level surface and/or requires human supervision or assistance to negotiate stairs or uneven surfaces 3 - Able to walk only with the supervision or assistance of another person at all times 4 - Unable to ambulate but is able to wheel self independently 5 - Chair-bound, unable to ambulate and is unable to wheel self 6 - Bedfast, unable to ambulate or be up in a chair	1		1		
FUNCTIONAL TOTAL							
			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> HHRG F = _____ </div>				

Severity Group	Definition	Episode 1 or 2 (EARLY)		After Second Episode (LATE)		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
Equation 1	Grouping Step 1	1	2	3	4	5
Equation 2	Grouping Step 2	1	2	3	4	(2 & 4)
DIMENSION SEVERITY LEVELS						
Clinical	C1 (Low)	0 to 4	0 to 6	0 to 2	0 to 8	0 to 7
	C2 (Moderate)	5 to 8	7 to 14	3 to 5	9 to 16	8 to 14
	C3 (High)	9+	15+	6+	17+	15+
Functional	F1 (Low)	0 to 5	0 to 6	0 to 8	0 to 7	0 to 6
	F2 (Moderate)	6	7	9	8	7
	F3 (High)	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 with 20 or more therapy visits (see Grouping Step 5 above).

©2007 MED-PASS, Inc. MED-PASS 800-438-8894

Patient Name (First, MI, Last)

Patient ID No.

Assessment Date

NON-ROUTINE SUPPLIES

Circle score on OASIS Assessment time point for this worksheet

NRS Case-Mix Adjustment Variables and Scores

SELECTED SKIN CONDITIONS

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 skin	15
9	Other diagnosis = Malignant neoplasms of 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 = 4+ pressure ulcers, stage 4	83
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 2 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

OTHER CLINICAL FACTORS

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	OASIS M1630 = 1 (ostomy not related to inpatient stay/no regimen change)	14
46	OASIS M1630 = 2 (ostomy related to inpatient stay/regimen change)	11
47	OASIS M1030 (Thrombocytopenia) = 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

Note: Points are additive. However points may not be given for the same line item in the table more than once. Points are not assigned for secondary diagnosis if points are already assigned for a primary diagnosis from the same diagnosis/condition group.

*If episode receives points for diabetic ulcers, it cannot also receive points for "Non-pressure and Non-stasis ulcers"

Please refer to Medicare Home Health Diagnosis Coding guidance at http://www.cms.gov/HomeHealthPPS/03_coding_billing.asp for definitions of primary and secondary diagnoses

NRS TOTAL POINTS

▶

Non-Routine Medical Supplies - Six-group Approach

Severity Level	Points (Scoring)	Payment Amount	Severity Level	Points (Scoring)	Payment Amount
1	0	\$14.37	4	28 to 48	\$211.45
2	1 to 14	\$51.91	5	49 to 98	\$326.06
3	15 to 27	\$142.32	6	99 +	\$560.79

Note: NRS conversion factor = \$53.28. The NRS conversion factor is the market-basket-updated amount CMS originally included in the HH PPS episode base rate, after adjustment for nominal change in case-mix.

NRS PAYMENT AMOUNT

▶

HOME HEALTH PPS ESTIMATOR WORKSHEET

(continued)

Patient Name (First, MI, Last)

Patient ID No.

Assessment Date

60 DAY EPISODE RATE

CASE MIX GROUPEE

C = ___ F = ___ S = ___
Refer to Case Mix Table

Determine the patient's PPS rate based on Case Mix Weight:

X 2,138.52 =
Case Mix Weight Standardized Rate (CMA 60 Day Rate)

X *.77082 X =
CMA 60 Day Rate Labor Part Wage Index

X *.22918 =
CMA 60 Day Rate Non-Labor Part

+ + =
(NRS Payment Amount) **TOTAL 60 DAY EPISODE RATE**

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 Social Worker		x		=	
Other/Misc.		x		=	

TOTAL VISIT COSTS
\$

SUPPLIES PLANNED FOR 60 DAY EPISODE

- | | |
|---|---|
| <input type="checkbox"/> ABDs @ _____ ea. = \$ _____ | <input type="checkbox"/> Kerlix _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Ace Wrap @ _____ ea. = \$ _____ | <input type="checkbox"/> Leg Bag _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Alcohol _____ @ _____ ea. = \$ _____ | <input type="checkbox"/> _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Betadine Swabs @ _____ ea. = \$ _____ | <input type="checkbox"/> NC _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Chux/Underpads @ _____ ea. = \$ _____ | <input type="checkbox"/> Sterile _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Drainage Bag @ _____ ea. = \$ _____ | <input type="checkbox"/> Syringe _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Dressing Supplies @ _____ ea. = \$ _____ | <input type="checkbox"/> Tape _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Exam Gloves @ _____ ea. = \$ _____ | <input type="checkbox"/> Specialty _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Urinary Catheter @ _____ ea. = \$ _____ | <input type="checkbox"/> _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Gauze Pads @ _____ ea. = \$ _____ | <input type="checkbox"/> Other (specify) _____ @ _____ ea. = \$ _____ |
| <input type="checkbox"/> Insertion Kit @ _____ ea. = \$ _____ | |
| <input type="checkbox"/> Irrigation Set @ _____ ea. = \$ _____ | |

TOTAL SUPPLIES
\$

Refer to _____ tables for LUPA, and Outlier rates

TOTAL 60 DAY PER EPISODE DIRECT COST

2 \$

TOTAL AGENCY REIMBURSEMENT: **1** \$

TOTAL AGENCY DIRECT COST: **2** - \$

AGENCY MARGIN: \$

*Disclaimer: The information contained herein is designed to serve only as an estimation guide. The criteria presented is correct to the best of the knowledge of the developers. The developers are not responsible for discrepancies in estimated versus actual post assessment reimbursement rates. For current rate information go to www.cms.hhs.gov.