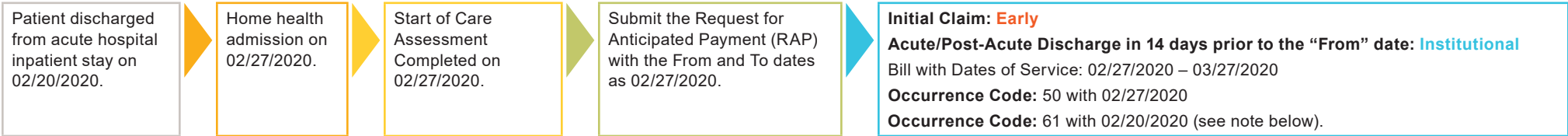


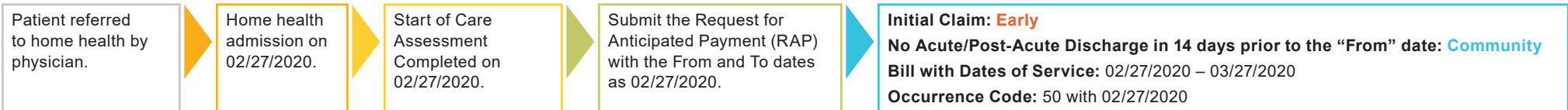
Home Health Patient-Driven Groupings Model (PDGM) Timeline

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.

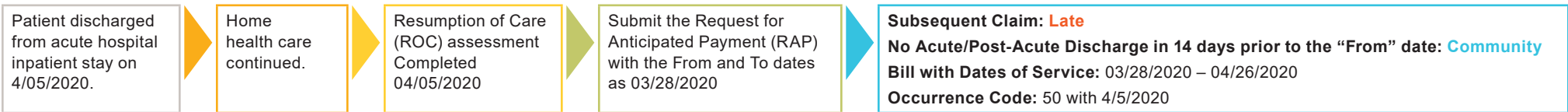
EXAMPLE 1: Initial 30 Day Period of Care with an Acute Stay



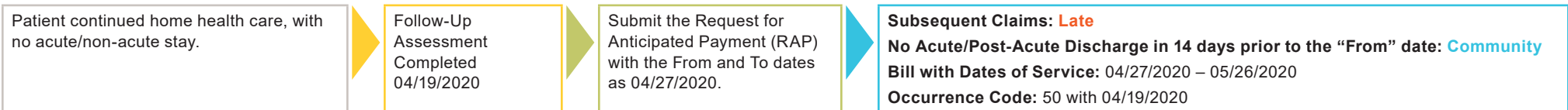
EXAMPLE 1A: Initial 30 Day Period of Care without an Acute Stay



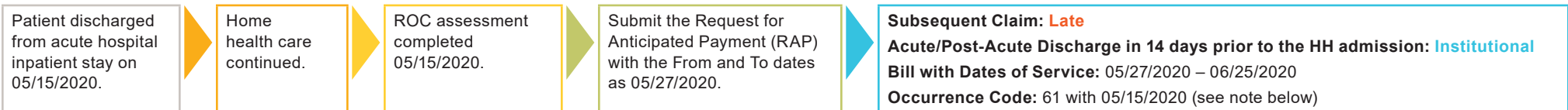
EXAMPLE 2: Subsequent 30 Day Period of Care with an Acute Stay.



EXAMPLE 3: Subsequent 30 Day Period of Care without an Acute Stay



EXAMPLE 4: Subsequent 30 Day Period of Care with an Acute Stay



REFERENCES:

- PDGM Admission Source 14 Day Calculator: https://www.cgsmedicare.com/medicare_dynamic/j15/pdgm_14_day_calc/pdgm_14_day_calc.aspx
- Home Health Patient-Driven Groupings Model (PDGM) 30-Day Period of Care Billing Schedule: https://www.cgsmedicare.com/hhh/education/materials/pdf/pdgm_30_day.pdf
- Submitting a Request for Anticipated Payment (RAP) under the Home Health Patient-Driven Groupings Model: https://www.cgsmedicare.com/hhh/education/materials/anticipated_payment.html
- Submitting a Final Claim under the Home Health Patient Driven Groupings Model: https://www.cgsmedicare.com/hhh/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.