



**Your Trusted Business Partner
In Home Health and Hospice**

As we approach the transition to the PDGM for Medicare patients in January 2020, the home health industry is concerned about the 25,000+ codes that CMS says will not be acceptable for home health as primary diagnosis under this payment model. CMS has stated that the reason for these non-acceptable codes is three-fold, either the patient is not appropriate for home health, the codes are too acute for HH or the codes are not specific enough.

Corridor has reviewed recent data over the past six months from our Coding Service clients to determine the top PDGM non-acceptable (non-groupable) codes that we are seeing across our clients. A reminder that these codes are acceptable under our current PPS payment model.

As we transition into PDGM, Corridor recommends that providers work with their referral sources to get the right information to assist with identifying the acceptable primary diagnosis code for the patient so the patient can receive home health services. The goal for all providers should be to identify the acceptable primary diagnosis for the patient early on during the coding of the record, to avoid return to provider issues downstream.

PDGM Top 20 Corridor Non-Groupable Codes

ICD10 Code	Description	Number of Records	% of Total (859,098) Primary DX
M62.81	Muscle weakness (generalized)	5,870	0.68%
M19.91	Primary osteoarthritis, unspecified site	1,923	0.22%
M54.5	Low back pain	1,435	0.17%
R26.89	Other abnormalities of gait and mobility	1,287	0.15%
G62.9	Polyneuropathy, unspecified	784	0.09%
R26.81	Unsteadiness on feet	590	0.07%
M25.561	Pain in right knee	540	0.06%
M06.9	Rheumatoid arthritis, unspecified	494	0.06%
C34.90	Malignant neoplasm of unsp part of unsp bronchus of the lung	491	0.06%
R13.10	Dysphagia, unspecified	487	0.06%
M25.551	Pain in right hip	402	0.05%
R53.1	Weakness	390	0.05%
M54.9	Dorsalgia, unspecified	358	0.04%
M25.511	Pain in right shoulder	347	0.04%
M25.552	Pain in left hip	295	0.03%
R33.9	Retention of urine, unspecified	274	0.03%
M25.562	Pain in left knee	264	0.03%
R60.0	Localized edema	264	0.03%
M48.00	Spinal Stenosis, site unspecified	257	0.03%
R13.12	Dysphagia, oropharyngeal phase	250	0.03%

Corridor DX Oct 2018-March 2019





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Symptom codes:	Unspecified codes:
<ul style="list-style-type: none"> Muscle weakness (generalized) Low back pain Other abnormalities of gait and mobility Unsteadiness on feet Pain in right knee Pain in right hip Weakness <p>Examples:</p> <ul style="list-style-type: none"> Muscle weakness can be further clarified as muscle atrophy. Low back pain – we need to know the underlying diagnosis that is causing the back pain – cause include muscle spasm or osteoarthritis. <p><u>Query:</u> We need to know the underlying cause of the symptom. Symptom codes are not acceptable as primary codes for homecare under PDGM.</p>	<ul style="list-style-type: none"> Dorsalgia, unspecified Pain in right shoulder Pain in left hip Retention of urine, unspecified Pain in left knee Localized edema Spinal stenosis, site unspecified Dysphagia, oropharyngeal phase <ul style="list-style-type: none"> Primary osteoarthritis, unspecified site Polyneuropathy, unspecified Rheumatoid arthritis, unspecified Dysphagia, unspecified Malignant neoplasm of unsp part of unsp bronchus of the lung <p>Examples:</p> <ul style="list-style-type: none"> An unspecified femur fracture could be further clarified by identifying laterality. Osteoarthritis unspecified- We need to know laterality and sites affected. <p><u>Query:</u> We need to know more about this diagnosis, including laterality, site, and/or acuity (acute or chronic). Many unspecified codes are not acceptable as primary diagnoses in homecare under PDGM.</p>



Corridor is committed to partnering with agencies to ensure success under the upcoming PDGM. Our experts take care of billing and coding so you're free to focus on providing quality patient care.

**PDGM Outsourced Coding/
OASIS Review**

Coding accuracy will be crucial to maintain compliance and succeed under PDGM.

Our dedicated coders have extensive knowledge in new regulations and updates. We provide outstanding accuracy, best practices and extensive quality assurance protocols to ensure the reliability you'll need.

**PDGM Outsourced Billing &
Financial Management**

With a shortened 30-day billing period, increased resources will be needed to ensure claims are processed in a timely manner.

Corridor provides the capacity you need to support the doubling of billing periods.

**PDGM Preparedness
Assessment**

It's important to understand the financial impact of PDGM on your agency.

Our experts provide an in-depth evaluation, helping you develop and operationalize your winning strategy while mitigating any potential losses.

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