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TRICARE REIMBURSEMENT MANUAL (TRM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.55-M, issued August 2002.

CHANGE TITLE: HOME HEALTH EPISODES

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): TRICARE Reimbursement Manual guidelines which
will allow continued use of an abbreviated assessment tool required in the coding
and payment of home health claims for children under the age of 18 or for maternity
cases.

EFFECTIVE DATE: October 1, 2008.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

for 
Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Branch

ATTACHMENT(S): 9 PAGE(S)
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F. Abbreviated Assessments for Establishment of Payments Under HHA PPS.

1. Medicare-certified HHAs will be required to conduct abbreviated assessments for TRICARE beneficiaries who are under the age of 18 or receiving maternity care for payment under the HHA PPS. This will require the manual completion and scoring of a HHRG Worksheet (refer to [Chapter 12, Addendum I](#) for copy of worksheet). The HIPPS code generated from this scoring process will be submitted on the CMS 1450 UB-04 for pricing and payment. This abbreviated 23 item assessment (as opposed to the full 79 item comprehensive assessment) will provide the minimal amount of data necessary for reimbursement under the HHA PPS. This is preferable, from an integrity standpoint, to dummied up the missing data elements on the comprehensive assessment. HHAs will also be responsible for collecting the OASIS data element links necessary in reporting the claims-OASIS matching key (i.e., the 18 position code, containing the start of care date (eight positions, from OASIS item M0030), the date the assessment was completed (eight-positions, from OASIS item M0090), and the reason for assessment (two positions, from OASIS item M0100). The claims-OASIS matching key is reported in FL 44 of the CMS 1450 UB-04.

2. Use of Abbreviated Assessments for Episodes Beginning On or After January 1, 2008. Abbreviated assessments will continue to be used for TRICARE beneficiaries who are under the age of 18 or receiving maternity care for payment under the HHA PPS with the following modifications:

a. The first position of the HIPPS code - which assigns differing scores in the clinical, functional and services domains based on whether an episode is an early or later episode in a sequence of adjacent episodes and the number of visits incurred during that episode - will be reported by the HHA in accordance with the HIPPS coding structure outlined in [Figure 12-4-6](#) (i.e., numerical values 1 through 5 based on the EOC and number of visits).

b. The second, third, and fourth positions of the HIPPS code (alphabetical characters) will be assigned based on the scoring of the 23 OASIS items reflected in the HHRG Worksheet **for episodes beginning on or after January 1, 2008** in [Addendum I](#). The OASIS items for use in this abbreviated assessment scoring will be available on the CMS web site (<http://www.cms.hhs.gov/HomeHealthQualityInits/>) as indicated in [Addendum G2](#). However, since Clinical Severity Domain category "C0", Function Status Domain category "F0", and Service Utilization Domain category "S0" are no longer recognized as part of the refined HIPPS coding structure they will default to "C1", "F1", and "S1", respectively, in establishing reimbursement under the abbreviated assessment for TRICARE beneficiaries who are under the age of 18 or receiving maternity care.

c. The fifth position of the HIPPS code will be reported by the HHA using the HIPPS coding structure outlined in [Figure 12-4-6](#) based on the EOC and number of visits, along with whether or not supplies were actually provided during the episode of HHC; i.e., 1-6 in cases where NRSs are not associated with the first four positions of the HIPPS code and S-X where they are.

d. A treatment authorization code will not be required for the processing and payment of home health episodes under the abbreviated assessment process. As a result, the contractors will not have the responsibility of recoding claims and/or validating the 18-

position treatment authorization code that is normally required for the processing and payment of home health claims subject to the full-blown OASIS assessment.

3. The following hierarchy will be adhered to in the placement and reimbursement of home health services for TRICARE eligible beneficiaries under the age of 18 or receiving maternity care. The MCSCs will adhere to this hierarchical placement through their role in establishing primary provider status under the HHA PPS (i.e., designating that HHA which may receive payment under the consolidated billing provisions for home health services provided under a POC.)

a. Authorization for care in and primary provider status designation for a Medicare certified HHA (i.e., in a HHA meeting all Medicare conditions of participation [Sections 1861(o) and 1891 of the Social Security Act and part 484 of the Medicare regulation (42 CFR 484)] will result in payment of home health services under the PPS. The HHA will be reimbursed a fixed case-mix and wage-adjusted 60-day episode payment amount based on the HIPPS code generated from the required abbreviated assessment. For example, if there are two HHAs within a given treatment area that can provide care for a TRICARE beneficiary under the age of 18, and one is Medicare certified and the other is not due to its targeted patient population (HHA specializing solely in the home health needs of patients under the age of 18), the contractor will authorize care in, and designate primary provider status to, the Medicare HHA.

b. If a Medicare-certified HHA is not available within the service area, the MCSC may authorize care in a non-Medicare certified HHA (e.g., a HHA which has not sought Medicare certification/approval due to the specialized beneficiary categories it services - patients receiving maternity care and/or patients under the age 18) that qualifies for corporate services provider status under TRICARE (refer to the TRICARE Policy Manual (TPM), [Chapter 11, Section 12.1](#), for the specific qualifying criteria for granting corporate services provider status under TRICARE.) The following payment provisions will apply to HHAs qualifying for coverage under the corporate services provider class:

(1) Otherwise covered professional services provided by TRICARE authorized individual providers employed by or under contract with a freestanding corporate entity will be paid under the TRICARE Maximum Allowable Charge (TMAC) reimbursement system, subject to any restrictions and limitations as may be prescribed under existing TRICARE policy.

(2) Payment will also be allowed for supplies used by a TRICARE authorized individual provider employed by or contracted with a corporate services provider in the direct treatment of a TRICARE eligible beneficiary. Allowable supplies will be reimbursed in accordance with TRICARE allowable charge methodology as described in [Chapter 5](#).

(3) Reimbursement of covered professional services and supplies will be made directly to the TRICARE authorized corporate services provider under its own tax identification number.

(4) There are also regulatory and contractual provisions currently in place that grant contractors the authority to establish alternative network reimbursement systems

HOME HEALTH RESOURCE GROUP (HHRG) WORKSHEET

Due to the size and nature of the first figure, [Figure 12-I-1](#) can be found on page 2.

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CHAPTER 12, ADDENDUM I

HOME HEALTH RESOURCE GROUP (HHRG) WORKSHEET

FIGURE 12-I-1 HHRG FOR EPISODES BEGINNING PRIOR TO JANUARY 1, 2008

Clinical Severity Domain				
OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0230(a)/ M0240(b)	Primary home care diagnosis/ First secondary diagnosis		If Orthopedic DG, add 11 to score If Neurological DG, add 20 to score If Diabetes DG, add 17 to score If Burn/Trauma DG, see under M0440	(max is 20)
M0250	IV/Infusion/ Parenteral/ Enteral Therapies		If box 1, add 14 to score If box 2, add 20 to score If box 3, add 24 to score	(max is 24)
M0390	Vision		If box 1 or 2, add 6 to score	
M0420	Pain		If box 2 or 3, add 5 to score	
M0440	Wound/Lesion		If box 1 and M0230/240 is Burn/Trauma DG, add 21 to score	
M0450	Multiple pressure ulcers		If 2 or more stage 3 or 4 pressure ulcers, add 17 to score	
M0460	Current stage, most problematic pressure ulcer		If box 1 or 2, add 15 to score If box 3 or 4, add 36 to score	(max is 36)
M0476	Stasis ulcer		If box 2, add 14 to score If box 3, add 22 to score	
M0488	Surgical wound		If box 2, add 7 to score If box 3, add 15 to score	
M0490	Dyspnea		If box 2, 3, or 4, add 5 to score	
M0530	Urinary incontinence		If box 1 or 2, add 6 to score	
M0540	Bowel incontinence		If box 2, 3, 4, or 5, add 9 to score	
M0550	Bowel ostomy		If box 1 or 2, add 10 to score	
M0610	Behavioral Problems		If box 2, 3, 4, 5, or 6, add 3 to score	(max is 3)
TOTAL SCORE:				
Categories: [0-7 = C0] [8-19 = C1] [20-40 = C2] [41+ = C3] CATEGORY: <input type="text" value="C"/>				
Functional Status Domain				
OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0650 (current)	Dressing upper body		If M0650 = box 1, 2, or 3, Or If M0660 = box 1, 2, or 3, add 4 to score	(max is 4)
M0660 (current)	Dressing lower body			
M0670 (current)	Bathing		If box 2, 3, 4, or 5, add 8 to score	
M0680 (current)	Toileting		If box 2, 3, or 4, add 3 to score	
M0690 (current)	Transferring		If box 1, add 3 to score If box 2, 3, 4, or 5, add 6 to score	
M0700 (current)	Locomotion		If box 1 or 2, add 6 to score If box 3, 4, 5, or 6, add 9 to score	
TOTAL SCORE:				
Categories: [0-2 = F0] [3-15 = F1] [16-23 = F2] [24-29 = F3] [30 = F4] CATEGORY: <input type="text" value="F"/>				
Service Utilization Domain				
OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0175 line 1	Hospital discharge past 14 days		If box 1 IS BLANK, add 1 to score If box 2 or 3, add 2 to score	(max is 2)
M0175 line 2	Rehab dischg. past 14 days			
M0175 line 3	SNF dischg. past 14 days			
M0825	10 or more therapy (PT, SLP, OT) visits planned/recd. in 60 days		If yes, add 4 to score	
TOTAL SCORE:				
Categories: [02 = S0] [3 = S1] [4-6 = S2] [7 = S3] CATEGORY: <input type="text" value="S"/>				

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HOME HEALTH RESOURCE GROUP (HHRG) WORKSHEET

FIGURE 12-I-2 HHRG FOR EPISODES BEGINNING ON OR AFTER JANUARY 1, 2008

Clinical Severity Domain				
OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0230(a)/ M0240(b)	Primary home care diagnosis/ Secondary diagnoses		If Orthopedic DG, add 11 to score If Neurological DG, add 20 to score If Diabetes DG, add 17 to score <i>If Burn/Trauma DG, see under M0440</i>	(max is 20)
M0250	IV/Infusion/ Parenteral/ Enteral Therapies		If box 1, add 14 to score If box 2, add 20 to score If box 3, add 24 to score	(max is 24)
M0390	Vision		If box 1 or 2, add 6 to score	
M0420	Pain		If box 2 or 3, add 5 to score	
M0440	Wound/Lesion		If box 1 and M0230/240 is Burn/Trauma DG, add 21 to score	
M0450	Multiple pressure ulcers		If 2 or more stage 3 or 4 pressure ulcers, add 17 to score	
M0460	Current stage, most problematic pressure ulcer		If box 1 or 2, add 15 to score If box 3 or 4, add 36 to score	(max is 36)
M0476	Stasis ulcer		If box 2, add 14 to score If box 3, add 22 to score	
M0488	Surgical wound		If box 2, add 7 to score If box 3, add 15 to score	
M0490	Dyspnea		If box 2, 3, or 4, add 5 to score	
M0520	Urinary incontinence		If box 1 or 2, add 6 to score	
M0540	Bowel incontinence		If box 2, 3, 4, or 5, add 9 to score	
M0550	Bowel ostomy		If box 1 or 2, add 10 to score	
M0610	Behavioral Problems		If box 2, 3, 4, 5, or 6, add 3 to score	(max is 3)
TOTAL SCORE:				
Categories: [0-19 = C1] [20-40 = C2] [41+ = C3] CATEGORY: <input type="text" value="C"/>				
Functional Status Domain				
OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0650 (current)	Dressing upper body		If M0650 = box 1, 2, or 3, Or	(max is 4)
M0660 (current)	Dressing lower body		If M0660 = box 1, 2, or 3, add 4 to score	
M0670 (current)	Bathing		If box 2, 3, 4, or 5, add 8 to score	
M0680 (current)	Toileting		If box 2, 3, or 4, add 3 to score	
M0690 (current)	Transferring		If box 1, add 3 to score If box 2, 3, 4, or 5, add 6 to score	
M0700 (current)	Locomotion		If box 1 or 2, add 6 to score If box 3, 4, or 5, add 9 to score	
M0800	Management of Injections		If box 1, add 1 to score If box 2, add 2 to score	
TOTAL SCORE:				
Categories: [0-15 = F1] [16-23 = F2] [24-29 = F3] [30 = F4] CATEGORY: <input type="text" value="F"/>				
Service Utilization Domain				
OASIS Item	Description	Item Response	Scoring Rules	Item SCORE
M0175 line 1	Hospital discharge past 14 days		If box 1 IS BLANK, add 1 to score	(max is 2)
M0175 line 2	Rehab dischg. past 14 days		If box 2 or 3, add 2 to score	
M0175 line 3	SNF dischg. past 14 days			
M0826	Total number of therapy (PT, SLP, OT) visits recd. in 60 days		Actual number of visits NA No therapy visits	
TOTAL SCORE:				
Categories: [0-3 = S1] [4-6 = S2] [7 = S3] CATEGORY: <input type="text" value="S"/>				

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HOME HEALTH RESOURCE GROUP (HHRG) WORKSHEET

FIGURE 12-I-3 ABBREVIATED OASIS QUESTIONS

(To be used in conjunction with Home Health Resource Group (HHRG) Worksheet for scoring and payment of home health episodes beginning on or after January 1, 2008 for children and maternity cases.)

- | | | |
|--|--|--|
| 1. MO230(a) Primary home care diagnosis | 15. MO610 Behaviors | <input type="checkbox"/> 1 Memory deficits |
| 2. MO240(b) First secondary diagnosis | | <input type="checkbox"/> 2 Impaired decisions |
| 3. MO250 Therapies | | <input type="checkbox"/> 3 Verbal disruptions |
| <input type="checkbox"/> 1 IV Infusion | | <input type="checkbox"/> 4 Physical aggression |
| <input type="checkbox"/> 2 Parenteral | | <input type="checkbox"/> 5 Disruptive |
| <input type="checkbox"/> 3 Enteral Therapies | | <input type="checkbox"/> 6 Delusional |
| 4. MO390 Vision | | <input type="checkbox"/> 7 None of above |
| <input type="checkbox"/> 0 Normal vision | 16. MO650/660 Dress Upper & Lower Body | <input type="checkbox"/> 0 Able to dress self |
| <input type="checkbox"/> 1 Partially impaired: cannot see medication labels or newsprint | | <input type="checkbox"/> 1 Clothes laid out |
| <input type="checkbox"/> 2 Severe impairment: cannot locate objects | | <input type="checkbox"/> 2 Need help |
| 5. MO420 Frequency of pain | | <input type="checkbox"/> 3 Entirely dependent |
| <input type="checkbox"/> 0 No pain | | <input type="checkbox"/> UK Unknown |
| <input type="checkbox"/> 1 Less often than daily | 17. MO670 Bathing | <input type="checkbox"/> 0 Able to bathe self |
| <input type="checkbox"/> 2 Daily, but not constant | | <input type="checkbox"/> 1 Use devices |
| <input type="checkbox"/> 3 All of the time | | <input type="checkbox"/> 2 Assistance to bathe |
| 6. MO440 Wound Lesion | | <input type="checkbox"/> 3 Participates |
| <input type="checkbox"/> 0 No | | <input type="checkbox"/> 4 Unable to use shower or tub |
| <input type="checkbox"/> 1 Yes | | <input type="checkbox"/> 5 Totally dependent |
| 7. MO450 Pressure ulcers | | <input type="checkbox"/> UK Unknown |
| 8. MO460 Current stage | 18. MO680 Toileting | <input type="checkbox"/> 0 Independent w/ or w/o device |
| <input type="checkbox"/> 1 Stage 1 | | <input type="checkbox"/> 1 When reminded, assisted, supervised |
| <input type="checkbox"/> 2 Stage 2 | | <input type="checkbox"/> 2 Unable get to toilet, use commode |
| <input type="checkbox"/> 3 Stage 3 | | <input type="checkbox"/> 3 Use bedpan/urinal |
| <input type="checkbox"/> 4 Stage 4 | | <input type="checkbox"/> 4 Totally dependent |
| <input type="checkbox"/> NA No observable stasis ulcer | | <input type="checkbox"/> UK Unknown |
| 9. MO476 Stasis ulcer | 19. MO690 Transferring | <input type="checkbox"/> 0 Independent |
| <input type="checkbox"/> 1 Fully granulating | | <input type="checkbox"/> 1 Minimal assistance/device |
| <input type="checkbox"/> 2 Early/partial granulation | | <input type="checkbox"/> 2 Assist w/ weight-bearing & pivoting |
| <input type="checkbox"/> 3 Not healing | | <input type="checkbox"/> 3 Transfer w/o wt-bearing & pivoting |
| <input type="checkbox"/> NA No observable stasis ulcer | | <input type="checkbox"/> 4 Bedfast, able to turn |
| 10. MO488 Surgical wound | | <input type="checkbox"/> 5 Bedfast, unable to turn |
| <input type="checkbox"/> 1 Fully granulating | | <input type="checkbox"/> UK Unknown |
| <input type="checkbox"/> 2 Early/partial granulation | 20. MO700 Ambulation | <input type="checkbox"/> 0 Independent |
| <input type="checkbox"/> 3 Not healing | | <input type="checkbox"/> 1 Use device |
| <input type="checkbox"/> NA No observable surgical wound | | <input type="checkbox"/> 2 Walk w/supervision |
| 11. MO490 Respiratory | | <input type="checkbox"/> 3 Chairfast, able to wheel self |
| <input type="checkbox"/> 1 Fully granulating | | <input type="checkbox"/> 4 Chairfast, unable to wheel self |
| <input type="checkbox"/> 2 Walking 20 ft, climbing stairs | | <input type="checkbox"/> 5 Bedfast |
| <input type="checkbox"/> 3 Moderate exertion-dressing, using bedpan, walking < 20 ft | | <input type="checkbox"/> UK Unknown |
| <input type="checkbox"/> 4 Minimal exertion - eating talking, agitation | 21. MO800 Management of Injections | <input type="checkbox"/> 0 Independent |
| <input type="checkbox"/> NA No observable surgical wound | | <input type="checkbox"/> 1 Able to inject w/prepared syringes, reminders |
| 12. MO520 Urinary Incontinence | | <input type="checkbox"/> 2 Administered by another |
| <input type="checkbox"/> 0 Timed-voiding defers | | <input type="checkbox"/> NA No injectables |
| <input type="checkbox"/> 1 During night only | | <input type="checkbox"/> UK Unknown |
| <input type="checkbox"/> 2 During night & day | 22. MO826 Total number of therapy visits _____ # | <input type="checkbox"/> NA No therapy visits |
| 13. MO540 Bowel Incontinence | 23. MO175 Discharge | <input type="checkbox"/> 1 Hospital |
| <input type="checkbox"/> 0 Very rarely/never | | <input type="checkbox"/> 2 Rehab facility |
| <input type="checkbox"/> 1 Less than once weekly | | <input type="checkbox"/> 3 SNF |
| <input type="checkbox"/> 2 One to three/week | | <input type="checkbox"/> 4 Other nursing facility |
| <input type="checkbox"/> 3 Four to six/week | | <input type="checkbox"/> 5 Other Specify _____ |
| <input type="checkbox"/> 4 Daily | | <input type="checkbox"/> NA Patient was not discharged |
| <input type="checkbox"/> 5 More often than daily | | |
| <input type="checkbox"/> NA Has ostomy | | |
| <input type="checkbox"/> UK Unknown | | |
| 14. MO550 Ostomy for Bowel | | |
| <input type="checkbox"/> 0 No ostomy | | |
| <input type="checkbox"/> 1 Ostomy not related to IP stay & no change necessary | | |
| <input type="checkbox"/> 2 Ostomy needs change/treatment | | |