

## Reporting new occurrence codes

- Occurrence code 50 – “Assessment Date”
  - Required on all final claims, not on RAPs
  - If this code is missing, the claim will be returned
  - Report the assessment completion date (OASIS item M0090) for the start of care, resumption of care, recertification or other follow-up OASIS that occurred most recently before the claim “From” date
  - This date will be used to match to the OASIS record in iQIES
- Treatment authorization codes are no longer required on all HH final claims

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## Reporting new occurrence codes

- Two new occurrence codes to support the admission source category of the PDGM (Community vs. Institutional)
- Occurrence code 61 – “Hospital Discharge Date”
  - Reported, but not required, on final claims. Not reported on RAPs
  - Reported on admission claims AND continuing claims, if applicable
  - Report the discharge date (“Through” date) of an inpatient hospital admission that ended within 14 days of the “From” date of the HH period of care.
  - Claims with hospital discharges within 14 days are grouped into “Institutional” payment groups

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## Reporting new occurrence codes

- Occurrence code 62 – “Other Institutional Discharge Date”
  - Reported, but not required, on final claims. Not reported on RAPs
  - Reported ONLY on admission claims, if applicable
    - Claim “From” and “Admission” date match
  - Report the discharge date (“Through” date) of a skilled nursing facility (SNF), inpatient rehabilitation facility (IRF), long term care hospital (LTCH) or inpatient psychiatric facility (IPF) stay that ended within 14 days of the “From” date of the H period of care.
  - Admission claims with other institutional discharges within 14 days are grouped in “Institutional” payment groups



## Reporting new occurrence codes

- Determining “within 14 days of the ‘From’ date” of the HH claim
  - Include the ‘From’ date, then count back using the day before the ‘From’ date as day 1
  - If ‘From’ date = 1/20/2020, then 1/19/2020 is day 1
  - Counting back from 1/19/2020, the 14 day period is 1/6/2020 – 1/19/2020
- Use occurrence codes to report discharge dates in this period
  - LTCH discharge date of 1/6/2020 would be reported on an admission HH claim occurrence code 62.
  - An acute hospital discharge date of 1/20/2020 would be reported with occurrence code 61



## Reporting new occurrence codes

- Report only one occurrence code 61 or 62 on a claim. If two inpatient discharges occur during the 14 day window, report the later discharge date. Example:
  - HH claim “From” date – 1/20/2020
  - Inpatient hospital discharge date – 1/10/2020 (10 days prior)
  - SNF discharge date – 1/18/2020 (2 days prior)
  - Report occurrence code 62 and 1/18/2020.
- Claims with both occurrence code 61 and 62 will be returned
- Claims with more than one occurrence code 61 or more than one occurrence code 62 will be returned

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## Reporting new occurrence codes

- What happens if an HHA is not aware of an institutional discharge when they submit the claim?
  - If the inpatient claim has been processed by Medicare before the HH claim is received, Medicare systems will identify it and group the HH claim into an institutional payment group automatically
  - If the inpatient claim has not been processed yet when the HH claim is received, Medicare systems will group the HH claim into a community payment group
  - When the inpatient claim is processed later, Medicare systems will automatically adjust the paid HH claim and pay it using an institutional payment group instead

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