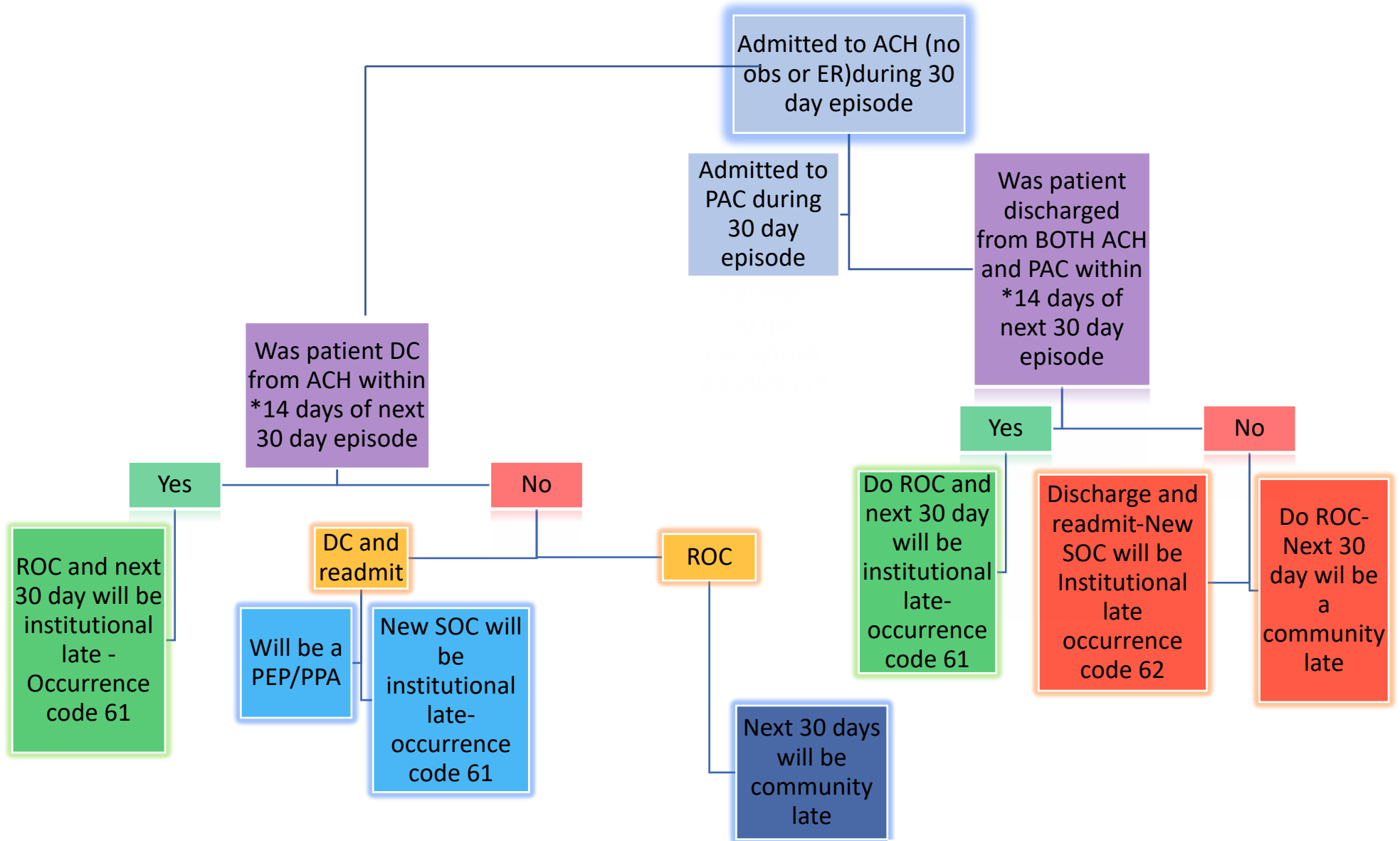
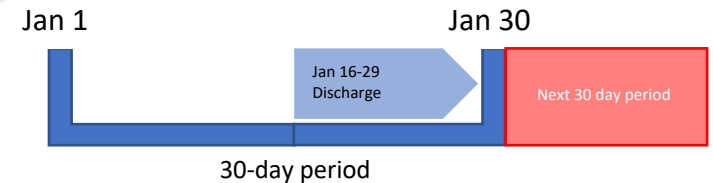


PDGM ROC or DC/SOC Decision Tree



***From date is day before 30 days**

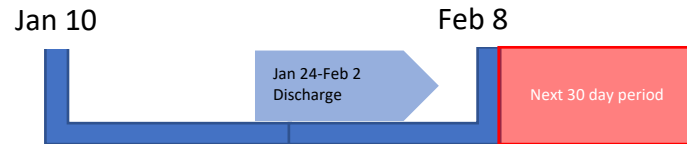
Example "From" date Jan 30; Jan 29 is day 1; 14-day period would be Jan 16-Jan 29



EXAMPLES OF ROC or DISCHARGE

Examples:

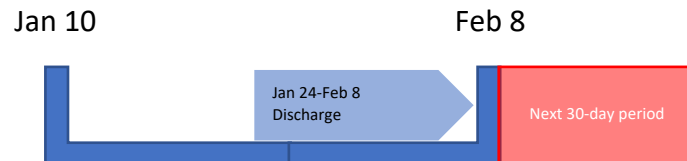
Patient Recert Period starts Jan 10
 Patient hospitalized: Jan 24-Feb 2.
 End of 30-day period: Feb 8



Agency would perform a ROC, and next 30-day episode-Occurrence Code 61 on the claim.

Examples:

Patient Recert Period starts Jan 10
 Patient hospitalized: Jan 24-Feb 1
 Patient to SNF Feb 1-8
 End of 30 -day period: Feb 8



Agency would perform a ROC, and next 30-day episode-Occurrence Code 61 on the claim.

Examples:

Patient Recert Period starts Jan 10
 Patient hospitalized: Jan 14-Jan 16
 End of 30 -day period: Feb 8



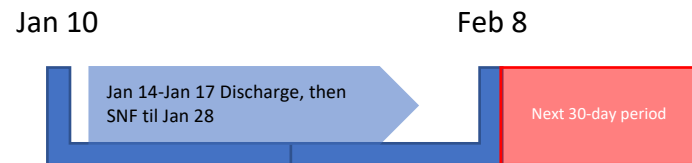
Agency would perform a ROC, and next 30-day episode-Community Late-No occurrence code
 If you choose to DC and readmit, you would PEP yourself, but admission would be Institutional with late timing-Occurrence Code 61 on the claim.

First episode paid at 1/30 of HIPPS amount x 4 days (Jan 10-Jan 14) for PEP.



Examples:

Patient Recert Period starts Jan 10
Patient hospitalized: Jan 14-Jan 17
SNF: Jan 17-28
End of 30-day period: Feb 8



Agency would perform a discharge. The ACH was not within 14 days before the next 30-day period. After admission, the SNF or any post-acute care cannot be considered an institutional admission. Complete a DC summary and readmit when released from hospital. Once readmitted, you will PEP yourself, but the financial benefits outweigh the community referral. In addition, you will receive an institutional admission, with late timing, since you have not had a 60 day gap in care with an occurrence code 62 on the claim.

If the agency chooses, they can perform a ROC. If they perform a ROC, then the next 30 day episode will be a community late