

Form

Subject ID	247654
Subject Name	Patient 247654
Assessment Type	Recertification
Reviewer	Demo Reviewer 2700
Assessment Date	8/10/2023
Agency	Demo Agency 1386
Branch	Branch 1386
Team	



Financial Summary

		PDGM First 30 Days	Second 30 Days
Prior-Audit Amount	\$3,131.30	\$1,565.65	\$1,565.65
Post-Audit Amount	\$3,727.12	\$1,863.56	\$1,863.56
Additional Amount	\$595.82	\$297.91	\$297.91

LUPA Thresholds

	PDGM First 30 Days	Second 30 Days
Pre-Audit Threshold	3	3
Post-Audit Threshold	3	3

Case Mix Summary

		PDGM First 30 Days	Second 30 Days
Pre-Audit Case Mix	0.8635	0.8635	0.8635
Post-Audit Case Mix	1.0278	1.0278	1.0278
Case Mix Difference	0.1643	0.1643	0.1643

HIPPS

	PDGM First 30 Days	Second 30 Days
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Pre-HIPPS				3IB11		3IB11
Post-HIPPS				3IC21		3IC21

HHRG

Pre-HHRG

Post-HHRG

Patient History and Diagnoses

Field	Original	HCA	Date	Reason	Agree	Disagree	Severity
M1021a - Primary diagnosis ICD code		E11.42		Type 2 diabetes mellitus with diabetic polyneuropathy	<input type="checkbox"/>	<input type="checkbox"/>	
M1023b - Other diagnosis b: ICD code		E11.51		Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	<input type="checkbox"/>	<input type="checkbox"/>	
M1023c - Other diagnosis c: ICD code		K50.90		Crohn's disease, unspecified, without complications	<input type="checkbox"/>	<input type="checkbox"/>	
M1023d - Other diagnosis d: ICD code		I10		Essential (primary) hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
M1023e - Other diagnosis e: ICD code		J44.9		Chronic obstructive pulmonary disease, unspecified	<input type="checkbox"/>	<input type="checkbox"/>	
M1023f - Other diagnosis f: ICD code		M05.9		Rheumatoid arthritis with rheumatoid factor, unspecified	<input type="checkbox"/>	<input type="checkbox"/>	

Additional diagnoses codes

Field	Original	HCA	Date	Reason	Agree	Disagree	Severity
AC -		M51.26		Other intervertebral	<input type="checkbox"/>	<input type="checkbox"/>	

Field	Original	HCA	Date	Reason	Agree	Disagree	Severity
Additional Code				disc displacement, lumbar region	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		K219		Gastro-esophageal reflux disease without esophagitis	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		M19.91		Primary osteoarthritis, unspecified site	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		F41.9		Anxiety disorder, unspecified	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		F32.A		Depression, unspecified	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		M62.81		Muscle weakness (generalized)	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		E55.9		Vitamin D deficiency, unspecified	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		G47.00		Insomnia, unspecified	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		G43.909		Migraine, unsp, not intractable, without status migrainosus	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		Z91.81		History of falling	<input type="checkbox"/>	<input type="checkbox"/>	
AC - Additional Code		Z86.73		Prsnl hx of TIA (TIA), and cereb infrc w/o resid deficits	<input type="checkbox"/>	<input type="checkbox"/>	

Risk Assessment

Field	Original	HCA	Date	Reason	Agree	Disagree	Severity
M1033 1 Hosp risk: 2+ falls or injury fall in past		1		Z91.81 CODED	<input type="checkbox"/>	<input type="checkbox"/>	

ADL/IADLs

Field	Original	HCA	Date	Reason	Agree	Disagree	Severity
M1830 - Current: bathing	03	05		Considering the medical condition of this patient, it would be unsafe for the patient to perform at this level of independence.	<input type="checkbox"/>	<input type="checkbox"/>	

Please contact HCA if you have any questions regarding this report.

Please verify all diagnoses with the physician.

As always, the clinician has the final say

Signature of authorized clinician: _____ Date: _____

PLEASE CONTACT HCA AT 801-698-8126 OR CAROLYN@HOMECAREANSWERS.COM IF YOU HAVE ANY QUESTIONS REGARDING THIS REPORT.

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