

Home Health Prospective Payment System

Summary of changes

Version 7218 October 2018

PBL-045

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Summary of changes for the Home Health Prospective Payment System

This document describes the clinical logic and software changes effective October 1, 2018 in the Home Health Prospective Payment System (HH-PPS) version 7218.

Clinical content changes

- Added 279 new ICD-10-CM diagnosis codes with Diagnostic Groups and NRS Groups assigned to applicable codes.
- Deleted 51 ICD-10-CM diagnosis codes.
- Revised 127 ICD-10-CM diagnosis code descriptions.
- Added three of the new ICD-10-CM diagnosis codes to the gangrene exclusion list: K3531, K35891, K82A1.
- Change assignment from NRS Diagnostic Group 5 to Group 0 for ICD-10-CM diagnosis code C44191 (due to "unspecified eyelid" in description).
- Assigned Diagnostic Group 11 to ICD-10-CM diagnosis code G7111.
- Added and identified two ICD-10-CM diagnosis codes as manifestation diagnoses per the Medicare Code Editor (K82.A1 and K82.A2) and associated etiology diagnosis codes.
- New ICD-10-CM diagnosis codes that are included in the list of etiology codes for existing manifestation diagnoses are also added to the Diagnosis Etiology pairs file.

Technical changes

The beta release included a technical change that removed the decimal point (fourth position) from all diagnosis code content in all grouper tables and log file output. Decimal points were also removed from all HH-PPS data files within the beta release. Per the final release of HH-PPS this change has been withdrawn and is not being applied. Therefore, no technical changes are in effect for October 1, 2018 within v7218.

Documentation changes

- Updated the HH-PPS Overview document to include grouper version changes and additional grouping detail.
- Added the hexavigesimal table to the documentation folder. The hexavigesimal table is used for date and point conversion in the creation of the Claim-OASIS matching string.