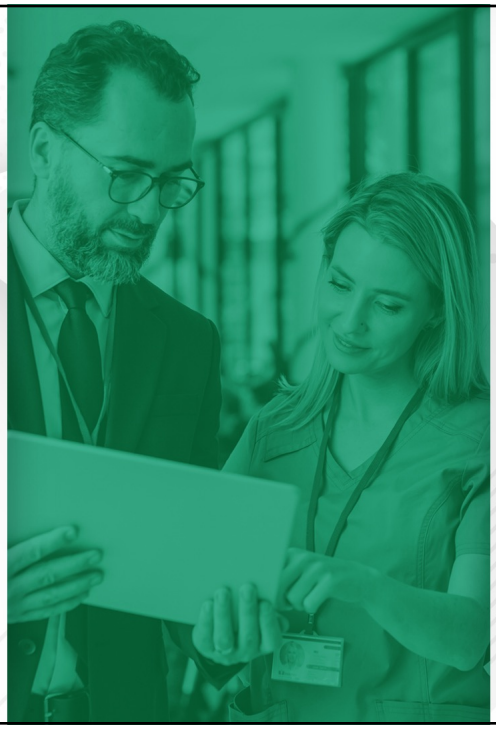
The Reimbursement Engine: Medicare Payment Updates for 2026



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Jennifer Osburn is a credentialed OASIS and ICD-10 expert with over 30 years of home health experience. She brings a wealth of knowledge and expertise which includes education and training, agency management, quality, clinical case management, and software technology.

Jennifer has led numerous seminars for state and national associations, accrediting bodies, and agency clients for the past 12 years. She frequently authors industry publications and has assisted home health software companies with Medicare compliant solutions. Jennifer enjoys translating technical guidance into easily deployed information to facilitate quality care delivery and payment. Her areas of expertise experience include OASIS, ICD-10-CM Coding, Case Management, Medicare Home Health Conditions of Participation, Billing Requirements, Documentation Compliance for Quality and Payment, Emergency Preparedness, Agency Operations, and PDGM.

Objectives

- The attendee will identify key regulatory updates regarding face-to-face encounter and HHVBP measures by the end of the session.
- The attendee will list changes to the updates HHCAHPS survey and the related changes to HHVBP measures and measure weights by the end of the session.
- The attendee will understand which HHQRP measures directly and indirectly impact payment and revenues by the end of the session

Medicare Payment Overview

- Medicare Payment is impacted (directly and indirectly) by a number of factors, including:
  - Compliance with HHQRP reporting requirements
  - Accuracy of Coding and OASIS responses
  - Utilization
  - Coordination of Care
  - Customer Service and the Patient Experience of Care Delivery
  - Quality and Processes of Care
  - Documentation of care provided

How Care Impacts Payment

Medicare Payment Requirements

- Must meet eligibility requirements
- Must have orders for the service
- Service must meet coverage criteria
- Service must be medically necessary

PDGM – HIPPS Code Structure

Position #1	Position #2	Position #3	Position #4	Position #6
Source & Timing	Clinical Group	Functional Level	Comorbidity	Placeholder
1 – Community Early	**A** – MMTA Other	**A** – Low	**1** – None	**1**
2 – Institutional Early	**B** – Neuro Rehab	**B** – Medium	**2** – Low	
3 – Community Late	**C** – Wounds	**C** – High	**3** – High	
4 – Institutional Late	**D** – Complex Nursing Intervention			
	E – MS Rehab			
	F – Behavioral Health			
	G – MMTA Surgical Aftercare			
	H – MMTA Cardiac & Circulatory			
	I – MMTA Endocrine			
	J – MMTA GI/GU			
	K – MMTA Infectious Disease			
	L – MMTA Respiratory			

Payment Based on Patient = PDGM

- Each combination creates a HHRG (Home Health Resource Grouping) core or "case mix"
- There are 436 HHRG/case mix groupings in PDGM payment system
- The 30-day payment period is assigned to one of these 436 case mix groups
- Each of the 436 HHRGs have an assigned LUPA Threshold
- The standardized 30-day payment is then multiplied by the patient's case mix and CBSA (Core Based Statistical Area) labor rates. Any applicable adjustments are then applied
  - adjusted with patient location (zip code where service is provided) and sequestration (if applicable)

PDGM Overview – 2026 Rates

- National Standardized 30-day payment rate for 2026:
- For agencies that submit quality data = $2,038.22
- For agencies that do not submit quality data = $1,998.41
- Adjusted for CBSA and sequestration (if this applies)
- LUPA periods are not calculated using standardized payment rates; they are paid *per visit* using updated payment rates

PDGM Overview – 2026 Final OASIS Points Table

M Item	Responses	CY 2026 Points	% of Periods with this Response Category
M1800: Grooming	0 or 1	0	23.2%
	2 or 3	3	76.8%
M1810: Current Ability to Dress Upper Body	0 or 1	0	17.5%
	2 or 3	5	82.5%
M1820: Current Ability to Dress Lower Body	0 or 1	0	8.5%
	2	4	64.1%
	3	12	27.4%
M1830: Bathing	0 or 1	0	2.2%
	2	2	9.4%
	3 or 4	10	48.7%
	5 or 6	17	39.8%

These 3 also impact what?

Payment is Impacted by Accuracy of OASIS

M Item	Responses	CY 2026 Points	% of Periods with this Response Category
M1840: Toilet Transferring	0 or 1	0	59.4%
	2, 3, or 4	6	40.6%
M1850: Transferring	0	0	1.0%
	1	1	17.3%
	2,3,4 or 5	4	81.7%
M1860: Ambulation/Locomotion	0 or 1	0	2.8%
	2	5	13.1%
	3	1	66.2%
	4,5 or 6	20	17.8%
M1033: Risk of Hospitalization	Three or fewer items marked (Excluding responses 8, 9 or 10)	0	56.4%
	Four or more items	12	43.6%

Payment Impact: OASIS Accuracy – Functional Impairment Thresholds by Clinical Group (2026)

Clinical Group	Level of Impairment	CY 2026 Points
Neuro Rehabilitation	Low	0 – 34
	Medium	35 – 52
	High	53+
Wound	Low	0 – 33
	Medium	34 – 52
	High	53+
MMTA – Surgical Aftercare	Low	0 - 30
	Medium	31 - 42
	High	43+
MMTA – Cardiac and Circulatory	Low	0 – 28
	Medium	29 – 43
	High	44+

Complete list of Impairment thresholds located in session resources

Percentage of Claims by Clinical Grouping

TABLE 6: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY THE 12 PDGM CLINICAL GROUPS, CYs 2018-2024

Clinical Grouping	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
Behavioral Health	1.7%	1.5%	2.3%	2.4%	2.3%	2.2%	2.1%
Complex	2.6%	2.5%	3.5%	3.3%	3.2%	3.1%	3.1%
MMTA – Cardiac	16.5%	16.1%	18.9%	18.5%	17.9%	17.5%	17.1%
MMTA – Endocrine	17.3%	17.4%	7.2%	6.9%	6.8%	7.0%	7.1%
MMTA – GI/GU	2.2%	2.3%	4.7%	4.7%	4.9%	5.0%	5.2%
MMTA – Infectious	2.9%	2.7%	4.8%	4.6%	4.6%	4.7%	4.8%
MMTA – Other	4.7%	4.7%	3.1%	3.6%	3.5%	3.7%	3.8%
MMTA – Respiratory	4.3%	4.1%	7.8%	8.0%	7.8%	7.2%	7.0%
MMTA – Surgical Aftercare	1.8%	1.8%	3.6%	3.4%	3.4%	3.5%	3.5%
MS Rehab	17.1%	17.3%	19.4%	19.8%	20.8%	21.2%	21.4%
Neuro	14.4%	14.5%	10.5%	10.9%	11.0%	10.9%	10.8%
Wound	14.5%	15.1%	14.2%	13.9%	13.7%	14.0%	14.0%

Coding Accuracy: 2026 Low Comorbidity Adjustment Subgroups

HH PPS Final Low Comorbidity Adjustment Subgroups for CY 2026

Low Comorbidity Subgroup	Description
Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae
Circulatory 10	Varicose Veins and Lymphedema
Circulatory 2	Hemolytic, Aplastic, and Other Anemias
Circulatory 9	Other Venous Embolism and Thrombosis
Endocrine 4	Other Combined Immunodeficiencies and Malnutrition, includes graft-versus-host-disease
Gastrointestinal 2	Intestinal Obstruction and Ileus
Heart 10	Dysrhythmias, includes Atrial Fibrillation and Atrial Flutter
Heart 11	Heart Failure
Heart 5	Atherosclerotic Heart Disease with Angina
Musculoskeletal 1	Lupus
Neoplasms 17	Secondary neoplasms of respiratory and GI systems.
Neoplasms 18	Secondary Neoplasms of Urinary and Reproductive Systems, Skin, Brain, and Bone
Neoplasms 2	Malignant Neoplasms of Digestive Organs, includes Gastrointestinal Cancers
Neoplasms 6	Malignant neoplasms of trachea, bronchus, lung, and mediastinum
Neurological 10	Diabetes with neuropathy
Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease
Neurological 7	Paraplegia, Hemiplegia and Quadriplegia
Skin 1	Cutaneous Abscess, Cellulitis, and Lymphangitis
Skin 3	Diseases of arteries, arterioles and capillaries with ulceration and non-pressure chronic ulcers
Skin 4	Stages Two-Four and unstageable pressure ulcers by site

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
42	Circulatory 9	Other Venous Embolism and Thrombosis	Musculoskeletal 4	Lumbar Spinal Stenosis
43	Circulatory 9	Other Venous Embolism and Thrombosis	Renal 3	Other disorders of the kidney and ureter, excluding chronic kidney disease and ESRD
44	Circulatory 9	Other Venous Embolism and Thrombosis	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
45	Endocrine 1	Hypothyroidism	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy, and Motor Neuron Disease
46	Endocrine 1	Hypothyroidism	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
47	Endocrine 3	Type 1, Type 2, and Other Specified Diabetes	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy, and Motor Neuron Disease
48	Endocrine 3	Type 1, Type 2, and Other Specified Diabetes	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
49	Endocrine 3	Type 1, Type 2, and Other Specified Diabetes	Skin 3	Diseases of arteries, arterioles and capillaries with ulceration and non-pressure chronic ulcers
50	Endocrine 4	Other Combined Immunodeficiencies and Malnutrition, includes graft-vs-host disease	Heart 10	Dysrhythmias, includes Atrial Fibrillation and Atrial Flutter

Complete List of High Comorbidity Subgroup Interactions for 2026 are located in Session Resources

Recalibrated Weight for 2026	LUPA Visit Threshold (LUPAs have fewer visits than the threshold)	HIPPS	Clinical Group and Functional Level	Admission Source and Timing	Comorbidity Adjustment (0 = none, 1 = single comorbidity, 2 = interaction)
1.5771	4	1HA11	MMTA - Cardiac - Low	Early - Community	0
1.7193	4	1HA21	MMTA - Cardiac - Low	Early - Community	1
0.9836	3	1HA31	MMTA - Cardiac - Low	Early - Community	2
1.0404	3	2HA11	MMTA - Cardiac - Low	Early - Institutional	0
1.1826	3	2HA21	MMTA - Cardiac - Low	Early - Institutional	1
1.4519	4	2HA31	MMTA - Cardiac - Low	Early - Institutional	2
1.5086	4	3HA11	MMTA - Cardiac - Low	Late - Community	0
1.6508	4	3HA21	MMTA - Cardiac - Low	Late - Community	1
1.1921	4	3HA31	MMTA - Cardiac - Low	Late - Community	2
1.2489	4	4HA11	MMTA - Cardiac - Low	Late - Institutional	0
1.3911	4	4HA21	MMTA - Cardiac - Low	Late - Institutional	1
1.3964	3	4HA31	MMTA - Cardiac - Low	Late - Institutional	2
1.4531	4	1HB11	MMTA - Cardiac - Medium	Early - Community	0
1.5954	4	1HB21	MMTA - Cardiac - Medium	Early - Community	1
0.8597	3	1HB31	MMTA - Cardiac - Medium	Early - Community	2
0.9164	3	2HB11	MMTA - Cardiac - Medium	Early - Institutional	0
1.0586	3	2HB21	MMTA - Cardiac - Medium	Early - Institutional	1
1.3279	3	2HB31	MMTA - Cardiac - Medium	Early - Institutional	2
1.3847	3	3HB11	MMTA - Cardiac - Medium	Late - Community	0
1.5269	3	3HB21	MMTA - Cardiac - Medium	Late - Community	1

PDGM Overview – LUPA Per-Visit Payments

HH Discipline	2026 Per-Visit Rate for HHAs That Submit Data	2026 Per-Visit Rate for HHAs That DO NOT Submit Data
Home Health Aide	$80.12	$78.55
Medical Social Services	$283.64	$278.10
Occupational Therapy	$194.74	$190.94
Physical Therapy	$193.42	$189.64
Skilled Nursing	$176.96	$173.51
Speech-Language Pathology	$210.25	$206.14

F2F Encounter Implications – Coding and Payment

- Face to Face Encounter is part of **eligibility** – must occur within 90 days prior to or 30 days following the Start of Care and be related to the reason for home health care
- Actual Face to Face Encounter **note/documentation** *must address the reason for home health*; cannot just choose a diagnosis from a list of codes
  - If primary reason for HH is not addressed, would need either an addendum to the encounter note, or a new F2F encounter must occur within the first 30 days
  - Example – referral does not mention wound to hip but the admitting nurse notes this and feels the severity of the wound will drive care. Referral is for PT for spinal stenosis with pain. PT frequency is 2w4 and SN is 3w4, 2w2, 1w2 for wound care, for example
- If a symptom (code) is given as the reason for home health referral, must query for more specific diagnosis, such as reason for the unsteady gait

Face-to-Face Encounter FINAL Update

Finalize to revise § 424.22(a)(1)(v)(A) to state that the face-to-face encounter must be performed by one of the following: a physician, a nurse practitioner, a clinical nurse specialist, or a physician assistant as defined at 42 CFR 484.2; or a certified nurse-midwife as defined in section 1861(gg)) of the Act as authorized by State law. We also finalize to remove § 424.22(a)(1)(v)(C), which limits the face-to-face encounter to the certifying physician or allowed practitioner unless the encounter is performed by either of the following:

- *A certified nurse midwife as described in paragraph (a)(1)(v)(A)(4) of this section.*
- *A physician, physician assistant, nurse practitioner, or clinical nurse specialist with privileges who cared for the patient in the acute or post-acute facility from which the patient was directly admitted to home health and who is different from the certifying practitioner.*

The additional flexibility should decrease ambiguity regarding which providers are able to complete the face-to-face encounter and potentially improve access to home health services by increasing the number of providers allowed to perform the face-to-face encounter.

Face-to-Face Requirements 2026 UPDATE!

We also remind commenters that diagnosis codes are not required to be on the face-to-face documentation and do not exactly have to match the primary diagnosis for which the patient is receiving home health services. Rather, the face-to-face documentation has to sufficiently demonstrate that the encounter was related to the primary reason that home health services were needed (42 CFR 424.22(a)(1)(v)).

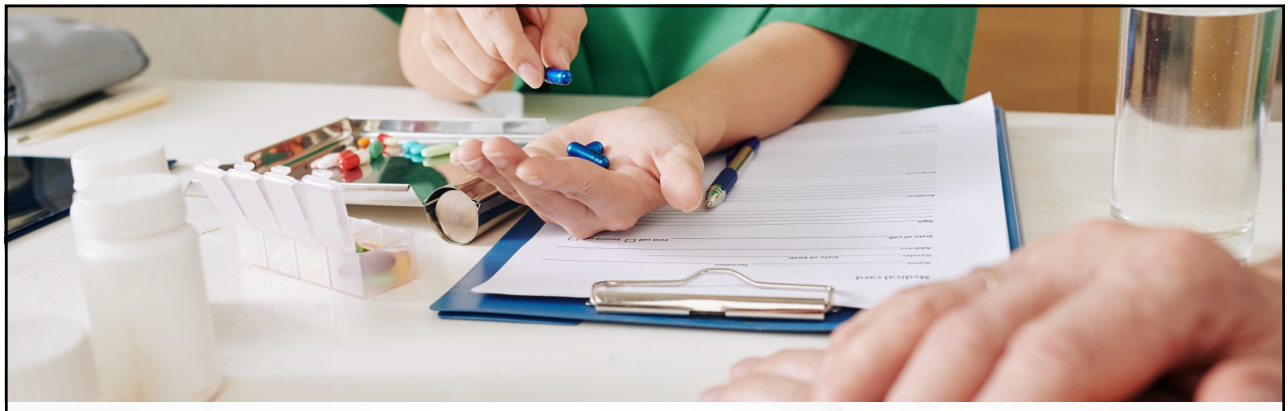
- Medicare Advantage plan requirements, this is outside the scope of our proposed policy, as this policy only applies to Medicare FFS home health payment requirements.

Face-to-Face Requirements 2026 UPDATE!

- *Specifically, the sub regulatory guidance provides additional details on requirements that include the following: specific signature and date requirements; a requirement for an actual clinical note from the certifying practitioners for the face-to-face encounter visit; specific information that must be present in face-to-face encounter documentation; a requirement that a new face-to-face encounter is required if the patient's condition has changed; a requirement that home health eligibility must be supported by other medical entries in the certifying provider's medical record for the patient and this documentation must be available for medical reviews as needed; and a requirement that documentation of the face-to-face encounter can only be from physicians or allowed NPPs who do not have a financial relationship with the HHA.*

TELEHEALTH Face-to-Face

- Telehealth visits allowed to meet the **Face-to-Face (F2F)** requirement for all patients
- These visits are NOT reported on the claim.
- F2F via telehealth is extended through **December 31, 2027**
- Telehealth system utilized must be HIPAA Compliant



Payment Implications: HHQRP and HHVBP

HHVBP Measure Title	CY 2025 Measure Weights		CY 2026 Measure Weights	
	Large Cohort	Small Cohort	Large Cohort	Small Cohort
Improvement in Dyspnea	6.00%	8.57%	7.00%	8.75%
Improvement in Management of Oral Meds	9.00%	12.86%	11.00%	13.75%
Discharge Function Score (DFS)	20.00%	28.57%	15.00%	18.75%
Improvement in Bathing	-	-	3.50%	4.38%
Improvement in Upper Body Dressing	-	-	1.75%	2.19%
Improvement in Lower Body Dressing	-	-	1.75%	2.19%
SUM of OASIS-Based Measures	**35.00%**	**50.00%**	**40.00%**	**50.00%**
Home Health within-stay PPH	26.00%	37.14%	15.00%	18.75%
Discharge to Community – PAC***	9.00%	12.86%	15.00%	18.75%
Medicare Spending Per Beneficiary – PAC	-	-	10.00%	12.50%
SUM of Claims-based Measures	**35.00%**	**50.00%**	**40.00%**	**50.00%**
Care of Patients	6.00%	0.00%	-	-
Communication Between Providers & Patients	6.00%	0.00%	-	-
Specific Care Issues	6.00%	0.00%	-	-
Overall Rating of Home Health Care	6.00%	0.00%	10.00%	0.00%
Willingness to Recommend the Agency	6.00%	0.00%	10.00%	0.00%
SUM of HHCAHPS Survey-based measures	**30.00%**	**0.00%**	**20.00%**	**0.00%**

OASIS- Based: Discharge Function Score

Measure Category	**OASIS-based**
Data Source	**Section GG** – Self-Care [GG0130 three (3) items], Mobility [GG0170 eight (8) items]
Measure Description	Proportion of HHA's episodes where a patient's observed discharge score meets or exceeds their expected discharge score.
Measure Calculation	**Numerator:** Number of quality episodes in an HHA with an observed discharge function score that is equal to or higher than the calculated expected discharge function score. **Observed score: Sum of the individual items at discharge.** **Expected score: Determined by applying a regression equation determined from risk adjustment to each home health episode.** **Denominator:** Total number of home health quality episodes with an OASIS record in the measure target period [four (4) quarters] that do not meet the exclusion criteria. **Measure-specific Exclusions:** Episodes that end with unexpected inpatient facility transfer, death, or discharge to hospice; patient less than 18 years old; coma or vegetative state; episodes less than three (3) days.
Measure Type	End Result Outcome – Health

Items Used to Exclude and Risk Adjust Discharge Function Score

- M1021 Primary Diagnosis
- M1023 Other Diagnoses
- M1700 Cognitive Function
- M2400 Discharge Disposition
- M0100 Reason for Assessment
- Diagnoses of coma, Persistent Vegetative State, Tetraplegia, Locked-in State, Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain PLUS M1700 – totally dependent will exclude a patient from the measure data.

Exclusion diagnoses and codes are listed in presentation resources

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Non-Responsive Primary and Other Diagnoses Codes

Primary or Other Diagnoses	ICD-10-CM Code	Code Description
Persistent vegetative state	R40.3	Persistent vegetative state
Severe Brain Damage	G97.82*	Other postproc complications and disorders of nervous system
	G93.9	Disorder of brain, unspecified
Locked-in State	G83.5*	Locked in state
Severe anoxic brain damage, edema, or compression	G93.1*	Anoxic brain damage, not elsewhere classified
	G93.5*	Compression of brain
	G93.6*	Cerebral edema

* For these slides denotes diagnosis is assigned to Clinical Grouping B, Neuro Rehab, when listed as primary diagnosis in PDGM payment system

Diagnoses on OASIS E2

M1021/M1023: Primary Diagnosis/Other Diagnoses

M1021. Primary Diagnosis & M1023. Other Diagnoses	
Column 1	Column 2
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)	ICD-10-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses
M1021. Primary Diagnosis	
a. _____	V, W, X, Y codes NOT allowed a. ☐☐☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
M1023. Other Diagnoses	
b. _____	All ICD-10-CM codes allowed b. ☐☐☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
c. _____	c. ☐☐☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
d. _____	d. ☐☐☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
e. _____	e. ☐☐☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4
f. _____	f. ☐☐☐☐☐☐ ☐0 ☐1 ☐2 ☐3 ☐4

DFS Risk Adjustment Covariates (from SOC/ROC OASIS Data)

- Patient's age
- Prior Surgery (ICD-10 code between Z40 and Z53)
- Prior Functioning Self-Care (Dependent or Some Help)
- Prior Functioning Indoor Mobility/Ambulation (Dependent or Some Help)
- Prior Functioning Stairs (Dependent or Some Help)
- Prior Functioning Functional Cognition – Dependent
- Prior Mobility Device Use (Walker, Wheelchair, Mechanical Lift, Orthotics/Prosthetics)
- Stage 2, 3, 4, or Unstageable Pressure Ulcer/Injury

DFS Risk Adjustment Covariates

- Cognitive Function – Moderately or Severely impaired
- Bladder Incontinence (incontinent or catheter)
- Bowel Continence (always incontinent or less than daily)
- Availability of assistance (Around the clock, regular daytime, regular nighttime)
- Living arrangements (lives alone, congregate setting)
- SOC Further visits planned, not discharged from a facility in past 14 days
- ROC after inpatient stay
- Low or high (>50) BMI

DFS Risk Adjustment Covariates

- Risk for hospitalization (History of falls, Multiple hospitalizations, multiple ED visits, decline in status, non-compliance, currently taking 5 or more medications)
- Confusion (moderate or severe)
- Needs oral medication management
- Supervision and safety (Non-agency CG currently provides assistance, non-agency CG needs training/support to provide assist, non-agency CG not likely to provide assistance, assistance needed but not available)

Comorbidities (from M1021 and M1023), including:

- Septicemia, Sepsis, SIRS/Shock
- Metastatic cancer and Acute Leukemia; Lung and other severe cancers

DFS Risk Adjustment Covariates

- Breast, prostate, and other cancers and tumors
- Diabetes without complication
- Protein-calorie malnutrition
- Intestinal obstruction/perforation
- Inflammatory bowel disease
- Bone/Joint/Muscle infections/necrosis
- Rheumatoid arthritis and inflammatory connective tissue disease
- Dementia with or without complication

DFS Risk Adjustment Covariates

- Quadriplegia or Paraplegia
- Spinal cord disorders/injuries
- ALS and other motor neuron disease
- Cerebral palsy
- Muscular dystrophy
- Multiple sclerosis
- Parkinson's and Huntington's diseases
- Seizure disorder and convulsions
- Respirator Dependence/Tracheostomy status

DFS Risk Adjustment Covariates

- Congestive Heart Failure
- Acute MI
- Specified Heart Arrhythmias
- Ischemic or Unspecified Stroke
- Hemiplegia/Hemiparesis
- Atherosclerosis of the Extremities with Ulceration or Gangrene
- Pneumococcal Pneumonia, Empyema, Lung abscess
- Exudative Macular Degeneration

DFS Risk Adjustment Covariates

- Dialysis Status
- CKD, Stage 5
- CKE, Moderate, Stage 3
- Hip Fracture/Dislocation
- Complications of Specified Implanted Device or Graft
- Amputation status, Lower Limb/Amputation Complications

HH Within Stay Potentially Preventable Hospitalization (PPH)

Measure Category	**Claims-based**
Data Source	**Claims** – Medicare fee-for-service (FFS)
Measure Description	HHA-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health stay for all eligible stays at each agency.
Measure Calculation	**Numerator:** The risk-adjusted prediction of the number of patients with at least one (1) potentially preventable hospitalization (i.e., in an acute care hospital or long-term care hospital) or observation stay during the home health stay. **Denominator:** The risk-adjusted expected number of hospitalizations or observation stays. The "expected" number of observation stays or admissions is the projected number of risk-adjusted hospitalizations if the same patients were treated at the average HHA appropriate to the measure. **Risk-Standardized Rate:** Numerator over denominator times the national observed PPH rate. **Measure-specific Exclusions:** Home health stays 1) that begin with a Low Utilization Payment Adjustment (LUPA) claim, 2) in which the patient receives service from multiple agencies during the home health stay, or 3) for patients not continuously enrolled in Medicare Part A FFS for the 12 months prior to the home health admission date through the end of the home health stay.
Measure Type	Utilization outcome

** *A HH **stay** is a sequence of HH payment episodes separated from other HH payment episodes by at least two (2) days*

Home Health Within Stay Potentially Preventable Hospitalization (PPH)

- Focuses on inpatient admissions or observation stays that are potentially preventable and unplanned
  - Planned admissions are not counted in the numerator
  - Determining factor = inpatient or outpatient claims
  - If the claim contains a diagnosis code that is a planned procedure it will not "count" against the agency
  - However, if the planned admission or observation stay contains a code indicating one or more acute diagnoses from a designated list, it is reclassified as unplanned.

HH Within Stay PPH (Claims Based Measure)

Type	Measure Title	Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS Item(s) Used
Utilization Outcome	Home Health Within-Stay Potentially Preventable Hospitalization	Yes	Not Endorsed	Yes	Home health agency-level rate of risk-adjusted potentially preventable hospitalization (PPH) or potentially preventable observation stays (PPOBS) that occur within a home health stay for all eligible stays.	The risk-adjusted prediction of the number of HH stays with at least one potentially preventable hospitalization (i.e., in an ACH/LTCH) or observation stay. For PPH, an HH stay is a sequence of HH payment episodes separated by two or fewer days. A separation between HH payment episodes greater than two days results in separate HH stays.	The risk-adjusted expected number of hospitalizations or observation stays. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of hospitalizations or observation stays is the projected number of risk-adjusted hospitalizations or observation stays if the same patients were treated at the average HHA appropriate to the measure. Numerator over denominator times the national observed PPH rate equals the reported risk-standardized rate.	1) Stays where the patients are less than 18 years old. 2) Stays where the patients were not continuously enrolled in Part A FFS Medicare for the 12 months prior to the HH admission date through the end of the home health stay. 3) Stays that begin with a Low Utilization Payment Adjustment (LUPA) claim. 4) Stays where the patient receives service from multiple agencies during the home health stay. 5) Stays where the information required for risk adjustment is missing. If one of the four conditions occur, the stays will be excluded: • Missing beneficiary's birth date information. • Beneficiary has gender other than male or female. • Missing payment authorization code information. • Beneficiary has Medicare Status Code other than the following: o Aged without ESRD o Aged with ESRD o Disabled without ESRD o Disabled with ESRD o ESRD only	None – based on Medicare FFS claims

HHVBP Potentially Preventable Hospitalization Measure Diagnoses

See References Pages

Discharge to Community (Claims Based Measure)

Type	Measure Title	Care Compare	NQF Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS Item(s) Used
Utilization Outcome	Discharge to Community (Claims-based)	Yes	Endorsed (3477)	Yes	Percentage of home health stays in which patients were discharged to the community and do not have an unplanned admission to an acute care hospital or LTCH in the 31 days following discharge to community and remain alive in the 31 days following discharge to community. The term "community," for this measure, is defined as home/self-care, without home health services, based on Patient Discharge Status Codes 01 and 81 on the Medicare FFS claim.	The risk-adjusted prediction of the number of HH stays resulting in a discharge to the community (Patient Discharge Status codes equal to 01 or 81), without an unplanned admission to an ACH/LTCH or death in the 31-day post-discharge observation window. For DTC-PAC, an HH stay is a sequence of HH payment episodes separated by two or fewer days. A separation between HH payment episodes greater than two days results in separate HH stays.	The risk-adjusted expected number of discharges to community. This estimate includes risk adjustment for patient characteristics with the HHA effect removed. The "expected" number of discharges to community is the projected number of risk-adjusted discharges to community if the same patients were treated at the average HHA appropriate to the measure. Numerator over denominator times the national observed DTC-PAC rate equals the reported risk-standardized rate.	**Denominator Exclusions:** Excludes claims for patients who are: Under 18 years of age Discharged to a psychiatric hospital Discharged against medical advice. Discharged to disaster alternative care sites or federal hospitals. Discharged to court/law enforcement. Discharged to hospice. Patient was enrolled in hospice during the post-discharge observation window. Not continuously enrolled in Parts A and B FFS Medicare for the12 months prior to the PAC admission date, and at least 31 days after post-acute discharge date, or are ever enrolled in Part C Medicare Advantage during this period. Experience a short-term acute care stay or psychiatric stay for non-surgical treatment of cancer in the 30 days prior to PAC admission. Discharged to another home health agency. Baseline nursing facility residents that return to their nursing home as a place of residence.	None – based on Medicare FFS claims

Medicare Spending Per Beneficiary – Post Acute Care

- "The MSPB-PAC measure is intended to incentivize providers to redesign care systems to provide coordinated, high-quality, and cost-efficient care.
- It holds HHAs accountable for Medicare payments for an episode of care that includes the period during which a patient is directly under HHA care, as well as a defined period after the end of HHA treatment, which may be reflective of and influenced by the services provided by the HHA.
- Evaluating Medicare payments during an episode creates a continuum of accountability between providers and has the potential to improve post-treatment care planning and coordination. In conjunction with the other performance measures used in the expanded HHVBP Model, explicit measurement of costs of care will allow recognition of HHAs that provide high quality care at a lower cost."

Medicare Spending Per Beneficiary – PAC/HH

- **Numerator** = the MSPB-PAC amount, which is the average risk-adjusted episode spending across all episodes for the HH provider, multiplied by the national average spending level for all HH providers.
- To calculate the MSPB-PAC amount for each PAC provider, calculate the average of the ratio of the standardized episode spending over the expected episode spending and then multiply this by the average episode spending level across all HH providers.
- **Denominator** = the episode-weighted national median of the MSPB amounts across all HH providers

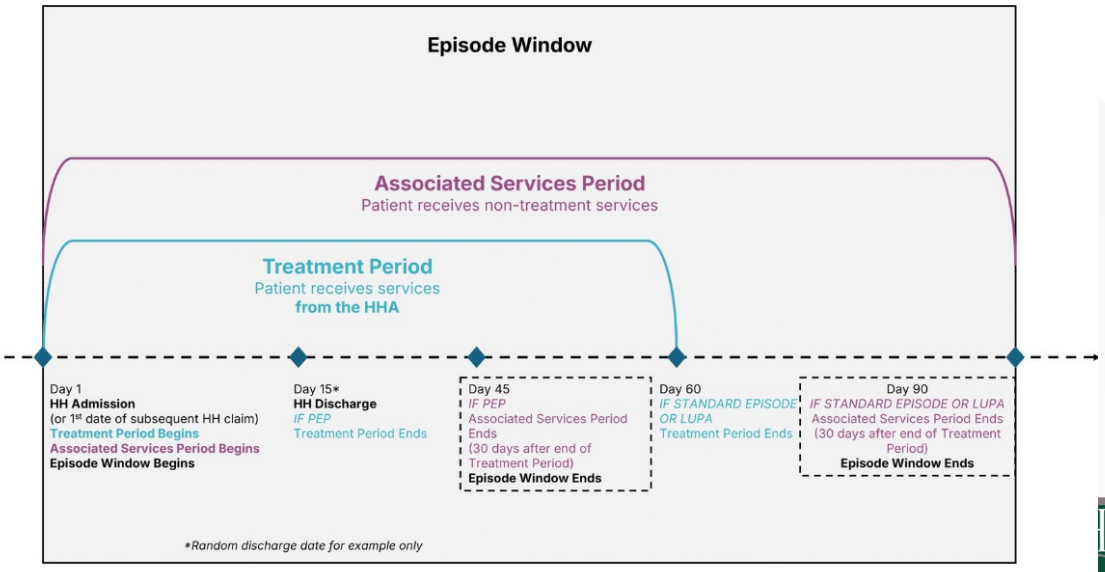
Medicare Spending Per Beneficiary – PAC/HH

- **Episode =** all Medicare Part A and Part B services within the "episode window", which is triggered by the first day of a home health claim. This marks the first day of the treatment period.
- There are three types of "episodes" for the Home Health Post-Acute Care setting:
  - Standard = triggered by a HH claim to which neither a LUPA or PEP adjustment applies
  - LUPA = triggered by a claim to which a LUPA episode applies
  - PEP = triggered by a claim to which a PEP adjustment applies. A PEP is a pro-rated adjustment for shortened adjustment for shortened episodes as a result of patient DC and readmission to the same or another HHA within the same 60-day period.
  - A claim to which both a PEP and LUPA adjustment applies triggers a HHA PEP episode.
  - MSPB-PAC HHA episodes are only compared to HHA episodes of the same type (LUPA to LUPA and PEP to PEP for example)

Medicare Spending Per Beneficiary – PAC/HH

- **Episode windows** are the time periods during which the MSPB-PAC measure assesses Medicare spending for Part A and Part B services delivered to a beneficiary. They consist of a **treatment period** and **associated services period**.
- Treatment period begins on the first day of the home health claim
- Treatment period ends: at discharge for HH Partial Episode Payment episodes *and* after 60 days for standard quality episodes and LUPA episodes (Note: readmission to the same HHA within 7 days or fewer does not trigger a new "episode". Readmissions after 8 days do.)
- **Associated services period starts at first day of the claim and ends 30 days after the end of the treatment period.**
- Both treatment periods and associated services periods are subject to exclusions that are clinically unrelated to PAC treatment

MSPB-PAC Example of Components



MSPB Exclusions

- Any episode that is triggered by a PAC claim outside the 50 states, D.C., Puerto Rico and U.S. Territories
- Any episode where the patient is not enrolled in Medicare FFS for the entirety of a 90-day lookback period plus episode window (including when the beneficiary dies) or is enrolled in part C Medicare for any part of the lookback period plus episode window
- Episodes where the patient has a primary payer other than Medicare for any part of the 90-day lookback plus episode window
- Any episode where the claim(s) constituting the attributed PAC provider's treatment include at least one related condition code indicating that it is not a PPS bill.

HHCAHPS - Measure of Satisfaction

- The HHCAHPS survey is composed of 33 multiple choice questions
- A selection of these are used as HHVBP Quality Measures
  - Each of the five measures below make up 6% each of the HHCAHPS based measure score, which is 30% of HHVBP Total Performance Score for Large Cohorts – in 2026 the 2 remaining questions on HHCAHPS for HHVBP will be 10% each for 20% of the Total Performance Score.
- The CAHPS-based 2025 HHVBP measures are:
  - Care of Patients
  - Communication Between Providers and Patients
  - Specific Care Issues
  - Overall Rating of Home Health Care
  - Willingness to Recommend the Agency
- The CAHPS-based 2026 HHVBP measures are:
  - Overall Rating of Home Health Care
  - Willingness to Recommend the Agency

Planned publicly reported measures with revised survey:*

Measure	Modified or Unchanged Measure	Item(s) in Updated Survey
Care of Patients	Modified	Q6, Q7, Q10, Q11, Q13
Communications Between Providers and Patients	Modified	Q5, Q8, Q9, Q12, Q16
Talk About Home Safety	Modified	Q2
Review Medicines	Modified	Q3
Talk About Medicine Side Effects	Modified	Q4
Overall Rating	Unchanged	Q14
Willingness to Recommend	Unchanged	Q17

TABLE 31: CURRENT AND PROPOSED CHANGES TO HHCAHPS SURVEY MEASURES

Measure	Item(s) in Current Measure	Item(s) in Proposed Revised or New Measure
Care of Patients	• In the last 2 months of care, how often did home health providers from this agency seem informed and up to date about all the care or treatment you got at home? (Q9)	• In the last 2 months of care, how often did home health staff from this agency seem to be aware of all the care or treatment you were getting at home? (Q6)
	• In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible? (Q16)	• In the last 2 months of care, how often did home health staff from this agency treat you with care – for example, when moving you around or changing a bandage? (Q7)
	• In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect? (Q19)	• In the last 2 months of care, how often did home health staff from this agency treat you with courtesy and respect? (Q10)
	• N/A (not on current survey)	• In the last 2 months of care, how often did you feel that home health staff from the agency cared about you as a person? (Q11)
	• N/A (not on current survey)	• In the last 2 months of care, how often have the services you received from this agency helped you take care of your health? (Q13)
	• In the last 2 months of care, did you have any problems with the care you got through this agency? (Q24)	• N/A (removed from revised survey)

Measure	Item(s) in Current Measure	Item(s) in Proposed Revised or New Measure
Communications between Providers and Patients	• When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get? (Q2)	• N/A (removed from revised survey)
	• In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home? (Q15)	• In the last 2 months of care, how often did home health staff from this agency keep you informed about when they would arrive at your home? (Q5)
	• In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand? (Q17)	• In the last 2 months of care, how often did home health staff from this agency explain things in a way that was easy to understand? (Q8)
	• In the last 2 months of care, how often did home health providers from this agency listen carefully to you? (Q18)	• In the last 2 months of care, how often did home health staff from this agency listen carefully to you? (Q9)
	• N/A (not on current survey)	• In the last 2 months of care, did home health staff from this agency provide your family or friends with information or instructions about your care as much as you wanted? (Q12)
	• In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed? (Q22)	• When you contacted this agency's office, did you get the help or advice you needed? (Q16)
	• When you contacted this agency's office, how long did it take for you to get the help or advice you needed? (Q23)	• N/A (removed from revised survey)

OASIS & HHVBP

Exhibit 6. Payers Included in the Expanded HHVBP Model

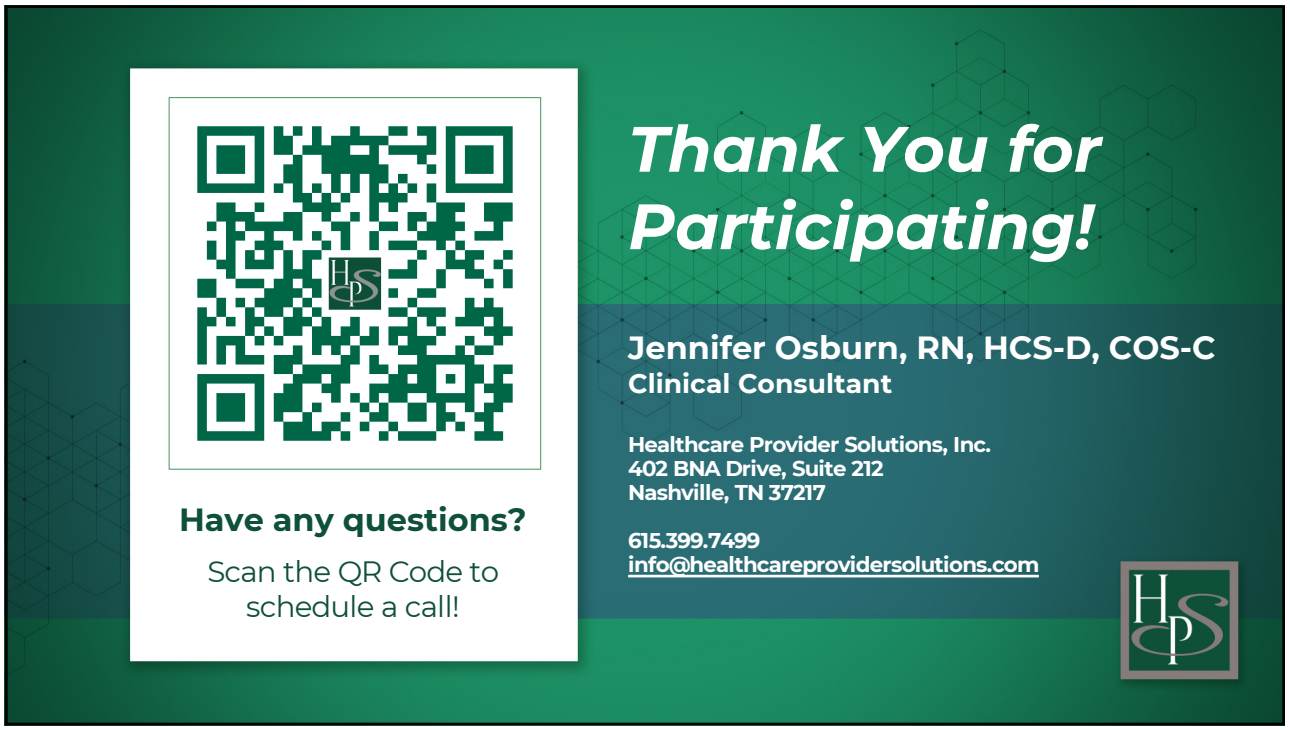
Measure Category	Payer			
	Medicare FFS	Medicare Advantage	Medicaid FFS	Medicaid Managed Care
OASIS-based*	X	X	X	X
Claims-based	X			
HHCAHPS Survey-based	X	X	X	X

*Although HHAs are required to collect and submit OASIS data on all patients, regardless of payer effective 7/1/2025 (with a voluntary phase-in period of 1/1/2025 – 6/30/2025), the OASIS-based quality measures in the expanded HHVBP Model will continue to report only data for Medicare FFS, Medicare Advantage (Medicare managed care), Medicaid, and Medicaid managed care. CMS will monitor the all-payer OASIS data and will notify providers when decisions are made for future uses for quality or payment purposes, including if, when or how non-Medicare/non-Medicaid OASIS data will be used for the expanded HHVBP Model.

Other Areas of Payment Impact: Quality Reporting Programs

- Care Compare
- Star Ratings
- Public data on HHVBP Performance
- Customer Service
- Patient Experience


QUESTIONS?


Have any questions?
Scan the QR Code to schedule a call!
Thank You for Participating!
Jennifer Osburn, RN, HCS-D, COS-C
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Resources for This Training

- PDGM Diagram and overview excerpts: https://www.cms.gov/files/document/se19027.pdf
- PDGM 2026 Payment Year Functional Points and Grouping information: Home Health Grouper Software (HHGS) → Downloads → January 2026 HH PPS Grouper Software HH PDGM v.07.0.26 (Posted 12/1/2025) (ZIP) → Jan 2026 HH PPS Grouper Software file → tables → versions → 07026. https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/home-health-grouper-software
- PDGM 2026 Payment Year Low Comorbidity Subgroups, High Comorbidity Adjustment Subgroups and LUPA Threshold Tables: CY 2026 home health prospective payment system final rule, CMS-1828-F (PDF). https://www.govinfo.gov/content/pkg/FR-2025-12-02/pdf/2025-21767.pdf pp. 55369, 55370, 55372, 55373-55378; 55384 - 55394

HHVBP and HH Quality Measures Overview

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS Item(s) Used
End Result Outcome - Functional	Improvement in Upper Body Dressing	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients improved in ability to dress upper body.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in dressing their upper body at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start (or resumption) of care, was able to dress upper body without assistance or supervision, or patient was nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional /home hospice**.	(M1810) Current Ability to Dress Upper Body (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Lower Body Dressing	No	Not endorsed	Yes	Percentage of home health quality episodes during which patients improved in ability to dress lower body.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in dressing their lower body at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start (or resumption) of care, was able to dress lower body without assistance or supervision, or patient was nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice**.	(M1820) Current Ability to Dress Lower Body (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Functional	Improvement in Bathing*	Yes	Endorsed (0174)	Yes	Percentage of home health quality episodes during which the patient got better at bathing self.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start (or resumption) of care, was able to bath self independently, or patient was nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice**.	(M1830) Bathing (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment

HHVBP and HH Quality Measures Overview

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS Item(s) Used
End Result Outcome - Functional	Improvement in Management of Oral Medications*	Yes	Endorsed (0176)	Yes	Percentage of home health quality episodes during which the patient improved in ability to take their oral medications correctly.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start (or resumption) of care, was able to take oral medications correctly without assistance or supervision, or patient was nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice**, or quality episodes that began with the patient not having any oral medications prescribed.	(M2020) Management of Oral Medications (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Health	Improvement in Dyspnea*	Yes	Not endorsed	Yes	Percentage of home health quality episodes during which the patient became less short of breath or dyspneic.	Number of home health quality episodes where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start (or resumption) of care, was not short of breath at any time, quality episodes that end with inpatient facility transfer, death, or a discharge to non-institutional/home hospice**.	(M1400) When is the patient dyspneic? (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Health	Discharge Function Score	Yes	Not endorsed	Yes	The percentage of home health quality episodes in which patients meet or exceed an expected discharge function score.	Number of home health quality episodes where the observed discharge function score for select Section GG function activities is equal to or greater than the calculated expected discharge function score.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes that end in a transfer, death at home, or, or the quality episode is less than 3 days. Home health quality episodes where the patient is considered to be non-responsive, in which the primary diagnosis or other diagnoses indicate the patient has a diagnosis of coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of the brain. Home health quality episodes where the patient is discharged to hospice (home or institutional facility)**.	(GG0130A) Eating (GG0130B) Oral Hygiene (GG0130C) Toileting Hygiene (GG0170A) Roll Left and Right (GG0170C) Lying to Sitting on Side (GG0170D) Sit to Stand (GG0170E) Chair/Bed-to-Chair Transfer (GG0170F) Toilet Transfer (GG0170I) Walk 10 Feet (GG0170J) Walk 50 Feet with 2 Turns (GG0170R) Wheel 50 Feet with 2 Turns (GG0170S) Wheel 150 Feet (M1021) Primary diagnosis (M1023) Other diagnoses (M1700) Cognitive functioning (M2420) Discharge

HHVBP and HH Quality Measures Overview

Type	Measure Title	Posted on Care Compare	CBE Status	Risk Adjusted	Measure Description	Numerator	Denominator	Measure-specific Exclusions	OASIS Item(s) Used
End Result Outcome - Functional	Improvement in Management of Oral Medications*	Yes	Endorsed (0176)	Yes	Percentage of home health quality episodes during which the patient improved in ability to take their oral medications correctly.	Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start (or resumption) of care, was able to take oral medications correctly without assistance or supervision, or patient was nonresponsive, quality episodes that end with inpatient facility transfer, death, or discharge to non-institutional/home hospice**, or quality episodes that began with the patient not having any oral medications prescribed.	(M2020) Management of Oral Medications (M1700) Cognitive Functioning (M1710) When Confused (M1720) When Anxious (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Health	Improvement in Dyspnea*	Yes	Not endorsed	Yes	Percentage of home health quality episodes during which the patient became less short of breath or dyspneic.	Number of home health quality episodes where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes for which the patient, at start (or resumption) of care, was not short of breath at any time, quality episodes that end with inpatient facility transfer, death, or a discharge to non-institutional/home hospice**.	(M1400) When is the patient dyspneic? (M2420) Discharge Disposition (M0100) Reason for Assessment
End Result Outcome - Health	Discharge Function Score	Yes	Not endorsed	Yes	The percentage of home health quality episodes in which patients meet or exceed an expected discharge function score.	Number of home health quality episodes where the observed discharge function score for select Section GG function activities is equal to or greater than the calculated expected discharge function score.	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Home health quality episodes that end in a transfer, death at home, or, or the quality episode is less than 3 days. Home health quality episodes where the patient is considered to be non-responsive, in which the primary diagnosis or other diagnoses indicate the patient has a diagnosis of coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of the brain. Home health quality episodes where the patient is discharged to hospice (home or institutional facility)**.	(GG0130A) Eating (GG0130B) Oral Hygiene (GG0130C) Toileting Hygiene (GG0170A) Roll Left and Right (GG0170C) Lying to Sitting on Side (GG0170D) Sit to Stand (GG0170E) Chair/Bed-to-Chair Transfer (GG0170F) Toilet Transfer (GG0170I) Walk 10 Feet (GG0170J) Walk 50 Feet with 2 Turns (GG0170R) Wheel 50 Feet with 2 Turns (GG0170S) Wheel 150 Feet (M1021) Primary diagnosis (M1023) Other diagnoses (M1700) Cognitive functioning (M2420) Discharge

PDGM Overview – 2026 Final OASIS Points Table

M Item	Responses	CY 2026 Points	% of Periods with this Response Category
M1800: Grooming	0 or 1	0	23.2%
	2 or 3	3	76.8%
M1810: Current Ability to Dress Upper Body	0 or 1	0	17.5%
	2 or 3	5	82.5%
M1820: Current Ability to Dress Lower Body	0 or 1	0	8.5%
	2	4	64.1%
	3	12	27.4%
M1830: Bathing	0 or 1	0	2.2%
	2	2	9.4%
	3 or 4	10	48.7%
	5 or 6	17	39.8%

PDGM Overview – 2026 Final OASIS Points Table

M Item	Responses	CY 2026 Points	% of Periods with this Response Category
M1840: Toilet Transferring	0 or 1	0	59.4%
	2, 3, or 4	6	40.6%
M1850: Transferring	0	0	1.0%
	1	1	17.3%
	2,3,4 or 5	4	81.7%
M1860: Ambulation/Locomotion	0 or 1	0	2.8%
	2	5	13.1%
	3	1	66.2%
	4,5 or 6	20	17.8%
M1033: Risk of Hospitalization	Three or fewer items marked (Excluding responses 8, 9 or 10)	0	56.4%
	Four or more items	12	43.6%

PDGM Overview – Final 2026 Thresholds for Functional Impairment Levels by Clinical Group

Clinical Group	Level of Impairment	CY 2026 Points
MMTA – Other	Low	0 – 30
	Medium	31-45
	High	46+
Behavioral Health	Low	0 – 31
	Medium	32 – 46
	High	47+
Complex Nursing Interventions	Low	0 – 31
	Medium	32 – 54
	High	55+
Musculoskeletal Rehabilitation	Low	0 – 31
	Medium	32 – 45
	High	46+

PDGM Overview – Final 2026 Thresholds for Functional Impairment Levels by Clinical Group

Clinical Group	Level of Impairment	CY 2026 Points
Neuro Rehabilitation	Low	0 – 34
	Medium	35 – 52
	High	53+
Wound	Low	0 – 33
	Medium	34 – 52
	High	53+
MMTA – Surgical Aftercare	Low	0 - 30
	Medium	31 - 42
	High	43+
MMTA – Cardiac and Circulatory	Low	0 – 28
	Medium	29 – 43
	High	44+

PDGM Overview – Final 2026 Thresholds for Functional Impairment Levels by Clinical Group

Clinical Group	Level of Impairment	CY 2026 Points
MMTA – Endocrine	Low	0 – 27
	Medium	28 – 41
	High	42+
MMTA – GI and GU	Low	0 – 34
	Medium	35 – 48
	High	49+
MMTA – Infectious Diseases, Neoplasms, and Blood-Forming Diseases	Low	0 – 32
	Medium	33 – 46
	High	47+
MMTA – Respiratory	Low	0 – 33
	Medium	34 – 46
	High	47+

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
1	Behavioral 2	Mood disorders, includes Depression and Bipolar Disorder	Circulatory 10	Varicose Veins and Lymphedema
2	Behavioral 2	Mood disorders, includes Depression and Bipolar Disorder	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy, and Motor Neuron Disease
3	Behavioral 2	Mood disorders, includes Depression and Bipolar Disorder	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
4	Behavioral 2	Mood disorders, includes Depression and Bipolar Disorder	Skin 3	Diseases of arteries, arterioles and capillaries with ulceration and non-pressure chronic ulcers
5	Behavioral 2	Mood disorders, includes Depression and Bipolar Disorder	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
6	Behavioral 4	Psychotic, major depressive, and dissociative disorders, includes unspecified dementia, eating disorder and intellectual disabilities	Circulatory 10	Varicose Veins and Lymphedema
7	Behavioral 4	Psychotic, major depressive, and dissociative disorders, includes unspecified dementia, eating disorder and intellectual disabilities	Skin 3	Diseases of arteries, arterioles and capillaries with ulceration and non-pressure chronic ulcers
8	Behavioral 4	Psychotic, major depressive, and dissociative disorders, includes unspecified dementia, eating disorder and intellectual disabilities	Skin 4	Stages Two – Four and unstageable pressure ulcers by site

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
9	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Endocrine 3	Type 1, Type2, and Other Specified Diabetes
10	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Heart 11	Heart Failure
11	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Heart 12	Other Heart Diseases
12	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Infectious 1	C-diff, MRSA, E-coli
13	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Neurological 10	Diabetes with neuropathy
14	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease
15	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Respiratory 2	Whooping Cough

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
16	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Skin 3	Diseases of arteries, arterioles and capillaries with ulceration and non-pressure chronic ulcers
17	Cerebral 4	Sequelae of Cerebrovascular Diseases, includes Cerebral Atherosclerosis and Stroke Sequelae	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
18	Circulatory 1 `	Nutritional, Enzymatic, and Other Heredity Anemias	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
19	Circulatory 1	Nutritional, Enzymatic, and Other Heredity Anemias	Skin 1	Cutaneous Abscess, Cellulitis, and Lymphangitis
20	Circulatory 1	Nutritional, Enzymatic, and Other Heredity Anemias	Skin 3	Diseases of arteries, arterioles and capillaries with ulceration and non-pressure chronic ulcers
21	Circulatory 10	Varicose Veins and Lymphedema	Endocrine 1	Hypothyroidism
22	Circulatory 10	Varicose Veins and Lymphedema	Endocrine 5	Obesity, and Disorders of Metabolism and Fluid Balance
23	Circulatory 10	Varicose Veins and Lymphedema	Heart 8	Other Pulmonary Heart Diseases

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
24	Circulatory 10	Varicose Veins and Lymphedema	Heart 9	Valve Disorders
25	Circulatory 10	Varicose Veins and Lymphedema	Musculoskeletal 4	Lumbar Spinal Stenosis
26	Circulatory 10`	Varicose Veins and Lymphedema	Neurological 10	Diabetes with neuropathy
27	Circulatory 10	Varicose Veins and Lymphedema	Renal 1	Chronic kidney disease and ESRD
28	Circulatory 10	Varicose Veins and Lymphedema	Renal 3	Other disorders of the kidney and ureter, excluding chronic kidney disease and ESRD
29	Circulatory 10	Varicose Veins and Lymphedema	Respiratory 5	Chronic Obstructive Pulmonary Disease, and Asthma, and Bronchiectasis
30	Circulatory 10	Varicose Veins and Lymphedema	Skin 1	Cutaneous Abscess, Cellulitis, and Lymphangitis
31	Circulatory 10	Varicose Veins and Lymphedema	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
32	Circulatory 2	Hemolytic, Aplastic, and Other Anemias	Neoplasms 2	Malignant Neoplasms of Digestive Organs, includes Gastrointestinal Cancers

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
33	Circulatory 2	Hemolytic, Aplastic, and Other Anemias	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
34	Circulatory 4	Hypertensive Chronic Kidney Disease	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease
35	Circulatory 4`	Hypertensive Chronic Kidney Disease	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
36	Circulatory 4	Hypertensive Chronic Kidney Disease	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
37	Circulatory 7	Atherosclerosis, includes PVD, Aortic Aneurysms, and Hypotension	Circulatory 9	Other Venous Embolism and Thrombosis
38	Circulatory 7	Atherosclerosis, includes PVD, Aortic Aneurysms, and Hypotension	Skin 1	Cutaneous Abscess, Cellulitis, and Lymphangitis
39	Circulatory 7	Atherosclerosis, includes PVD, Aortic Aneurysms, and Hypotension	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
40	Circulatory 9	Other Venous Embolism and Thrombosis	Endocrine 4	Other combined Immunodeficiencies and Malnutrition, includes graft-vs-host-disease
41	Circulatory 9	Other Venous Embolism and Thrombosis	Heart 11	Heart Failure

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
42	Circulatory 9	Other Venous Embolism and Thrombosis	Musculoskeletal 4	Lumbar Spinal Stenosis
43	Circulatory 9	Other Venous Embolism and Thrombosis	Renal 3	Other disorders of the kidney and ureter, excluding chronic kidney disease and ESRD
44	Circulatory 9	Other Venous Embolism and Thrombosis	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
45	Endocrine 1	Hypothyroidism	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy, and Motor Neuron Disease
46	Endocrine 1	Hypothyroidism	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
47	Endocrine 3	Type 1, Type 2, and Other Specified Diabetes	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy, and Motor Neuron Disease
48	Endocrine 3	Type 1, Type 2, and Other Specified Diabetes	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
49	Endocrine 3	Type 1, Type 2, and Other Specified Diabetes	Skin 3	Diseases of arteries, arterioles and capillaries with ulceration and non-pressure chronic ulcers
50	Endocrine 4	Other Combined Immunodeficiencies and Malnutrition, includes graft-vs-host disease	Heart 10	Dysrhythmias, includes Atrial Fibrillation and Atrial Flutter

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
51	Endocrine 4	Other Combined Immunodeficiencies and Malnutrition, includes graft-vs-host disease	Neoplasms 2	Malignant Neoplasms of Digestive Organs, includes Gastrointestinal Cancers
52	Endocrine 4	Other Combined Immunodeficiencies and Malnutrition, includes graft-vs-host disease	Neurological 10	Diabetes with neuropathy
53	Endocrine 4	Other Combined Immunodeficiencies and Malnutrition, includes graft-vs-host disease	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
54	Endocrine 5	Obesity, and Disorders of Metabolism and Fluid Balance	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
55	Endocrine 5	Obesity, and Disorders of Metabolism and Fluid Balance	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
56	Heart 10	Dysrhythmias, includes Atrial Fibrillation and Atrial Flutter	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
57	Heart 10	Dysrhythmias, includes Atrial Fibrillation and Atrial Flutter	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
58	Heart 11	Heart Failure	Neoplasms 2	Malignant Neoplasms of Digestive Organs, includes Gastrointestinal Cancers
59	Heart 11	Heart Failure	Neoplasms 6	Malignant Neoplasms of trachea, bronchus, lung, and mediastinum

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
60	Heart 11	Heart Failure	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
61	Heart 11	Heart Failure	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
62	Heart 12	Other Heart Diseases	Skin 1	Cutaneous Abscess, Cellulitis, and Lymphangitis
63	Heart 12	Other Heart Diseases	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
64	Heart 5	Atherosclerotic Heart Disease with Angina	Neurological 4	Alzheimer's disease and related dementias
65	Heart 7	Chronic Ischemic Heart Disease	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
66	Heart 8	Other Pulmonary Heart Diseases	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
67	Heart 8	Other Pulmonary Heart Diseases	Skin 4	Stages Two – Four and unstageable pressure ulcers by site

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
68	Infectious 1	C-diff, MRSA, E-coli	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease
69	Infectious 1	C-diff, MRSA, E-coli	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
70	Infectious 1	C-diff, MRSA, E-coli	Skin 1	Cutaneous Abscess, Cellulitis, and Lymphangitis
71	Infectious 1	C-diff, MRSA, E-coli	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
72	Musculoskeletal 3	Joint Pain	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
73	Musculoskeletal 3	Joint Pain	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
74	Musculoskeletal 4	Lumbar Spinal Stenosis	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
75	Musculoskeletal 4	Lumbar Spinal Stenosis	Skin 4	Stages Two – Four and unstageable pressure ulcers by site

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
76	Neoplasms 17	Secondary neoplasms of respiratory and GI systems	Neoplasms 2	Malignant Neoplasms of Digestive Organs, includes Gastrointestinal Cancers
77	Neoplasms 17	Secondary neoplasms of respiratory and GI systems	Renal 1	Chronic kidney disease and ESRD
78	Neurological 10	Diabetes with Neuropathy	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia
79	Neurological 10	Diabetes with neuropathy	Skin 3	Disease of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
80	Neurological 12	Nondiabetic neuropathy	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease
81	Neurological 12	Nondiabetic neuropathy	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
82	Neurological 4	Alzheimer's disease and related dementias	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
83	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
84	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease	Respiratory 4	Bronchitis, Emphysema, and Interstitial Lung Disease
85	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease	Respiratory 5	Chronic Obstructive Pulmonary Disease, and Asthma, and Bronchiectasis
86	Neurological 5	Spinal Muscular Atrophy, Systemic atrophy and Motor Neuron Disease	Skin 3	Disease of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
87	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia	Neurological 8	Epilepsy
88	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia	Renal 3	Other disorders of the kidney and ureter, excluding chronic kidney disease and ESRD
89	Neurological 7	Paraplegia, Hemiplegia, and Quadriplegia	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
90	Renal 1	Chronic kidney disease and ESRD	Skin 1	Cutaneous Abscess, Cellulitis, and Lymphangitis
91	Renal 1	Chronic kidney disease and ESRD	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
92	Renal 3	Other disorders of the kidney and ureter, excluding chronic kidney disease and ESRD	Skin 1	Cutaneous Abscess, Cellulitis and Lymphangitis

2026 High Comorbidity Interaction Subgroups

Comorbidity Subgroup Interaction	Comorbidity Group	Description	Comorbidity Group	Description
93	Renal 3	Other disorders of the kidney and ureter, excluding chronic kidney disease and ESRD	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
94	Respiratory 2	Whooping Cough	Skin 4	Stages Two – Four and unstageable pressure ulcers by site
95	Respiratory 5	Chronic Obstructive Pulmonary Disease, and Asthma, and Bronchiectasis	Skin 3	Disease of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
96	Respiratory 9	Respiratory Failure and Atelectasis	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
97	Skin 1	Cutaneous Abscess, Cellulitis, and Lymphangitis	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers
98	Skin 3	Diseases of arteries, arterioles, and capillaries with ulceration and non-pressure chronic ulcers	Skin 4	Stages Two – Four and unstageable pressure ulcers by site

Non-Responsive Primary and Other Diagnoses Codes

Primary or Other Diagnoses	ICD-10-CM Code	Code Description
Coma	R40.20	Unspecified coma
	R40.21-	Coma scale, eyes open
	R40.211-	Coma scale, eyes open never
	R40.212-	Coma scale, eyes open to pain
	R40.213-	Coma scale, eyes open to sound
	R40.214-	Coma scale, eyes open spontaneous
	R40.2120	Coma scale, eyes open to pain, unspecified time
	R40.2121	Coma scale, eyes open to pain, in the field [EMT or ambulance]
	R40.2122	Coma scale, eyes open to pain, at arrival to emergency department
	R40.2123	Coma scale, eyes open to pain, at hospital admission
	R40.2124	Coma scale, eyes open to pain, 24 hours or more after hospital admission
	R40.2210	Coma scale, best verbal response, none, unspecified time
	R40.2221 (?R40.2211)	Coma scale, best verbal response, none, in the field [EMT or Ambulance]

Non-Responsive Primary and Other Diagnoses Codes

Primary or Other Diagnoses	ICD-10-CM Code	Code Description
Coma	R40.2212	Coma scale, best verbal response, none, at arrival to emergency department
	R40.2213	Coma scale, best verbal response, none, at hospital admission
	R40.2214	Coma scale, best verbal response, none, 24 hours or more after hospital admission
	R40.2220	Coma scale, best verbal response, incomprehensible words, unspec. time
	R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT/ambu]
	R40.2222	Coma scale, best verbal response, incomprehensible words, at arrival to ED
	R40.2223	Coma scale, best verbal response, incomprehensible words, at hospital admission
	R40.2224	Coma scale, best verbal response, incomprehensible words, 24 hours or more…
	R40.2310	Coma scale, best motor response, none, unspecified time
	R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]
	R40.2312	Coma scale, best motor response, none, at arrival to ED
	R40.2313	Coma scale, best motor response, none, at hospital admission
	R40.2314	Coma scale, best motor response, none, 24 hours or more after hospital admission

Non-Responsive Primary and Other Diagnoses Codes

Primary or Other Diagnoses	ICD-10-CM Code	Code Description
Coma	R40.2320	Coma scale, best motor response, extension, unspecified time
	R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambul-]
	R40.2322	Coma scale, best motor response, extension, at arrival to ED
	R40.2323	Coma scale, best motor response, extension, at hospital admission
	R40.2324	Coma scale, best motor response, extension, 24+ hours
	R40.2340	Coma scale, best motor, flexion withdrawal, unspec time
	R40.2341	Coma scale, best motor, flexion withdrawal, in the field
	R40.2342	Coma scale, best motor, flexion withdrawal, at arrival to ED
	R40.2343	Coma scale, best motor, flexion withdrawal, at hospital admission
	R40.2344	Coma scale, best motor, flexion withdrawal, 24+ hours
	R40.243-	Glasgow coma scale score 3 - 8
	R40.244-	Other coma without Glasgow or with part score

Non-Responsive Primary and Other Diagnoses Codes

Primary or Other Diagnoses	ICD-10-CM Code	Code Description
Persistent vegetative state	R40.3	Persistent vegetative state
Severe Brain Damage	G97.82*	Other postproc complications and disorders of nervous system
	G93.9	Disorder of brain, unspecified
Locked-in State	G83.5*	Locked in state
Severe anoxic brain damage, edema, or compression	G93.1*	Anoxic brain damage, not elsewhere classified
	G93.5*	Compression of brain
	G93.6*	Cerebral edema

* For these slides denotes diagnosis is assigned to Clinical Grouping B, Neuro Rehab, when listed as primary diagnosis in PDGM payment system

Non-Responsive Primary and Other Diagnoses Codes

Primary or Other Diagnoses	ICD-10-CM Code	Code Description
Complete Tetraplegia	G82.51*	Quadriplegia, C1 – C4, complete
	G82.53*	Quadriplegia, C5 – C7, complete
	S14.111A*	Complete lesion at C1 level of cervical spinal cord, initial
	S14.111D*	Complete lesion at C1 level of cervical spinal cord, subsequent
	S14.111S*	Complete lesion at C1 level of cervical spinal cord, sequela
	S14.112A*	Complete lesion at C2 level of cervical spinal cord, initial
	S14.112D*	Complete lesion at C2 level of cervical spinal cord, subsequent
	S14.112S*	Complete lesion at C2 level of cervical spinal cord, sequela
	S14.113A*	Complete lesion at C3 level of cervical spinal cord, initial
	S14.113D*	Complete lesion at C3 level of cervical spinal cord, subsequent
	S14.113S*	Complete lesion at C3 level of cervical spinal cord, sequela

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Non-Responsive Primary and Other Diagnoses Codes

Primary or Other Diagnoses	ICD-10-CM Code	Code Description
Complete Tetraplegia	S14.114A*	Complete lesion at C4 level of cervical spinal cord, initial
	S14.114D*	Complete lesion at C4 level of cervical spinal cord, subsequent
	S14.114S*	Complete lesion at C4 level of cervical spinal cord, sequela
	S14.115A*	Complete lesion at C5 level of cervical spinal cord, initial
	S14.115D*	Complete lesion at C5 level of cervical spinal cord, subsequent
	S14.115S*	Complete lesion at C5 level of cervical spinal cord, sequela
	S14.116A*	Complete lesion at C6 level of cervical spinal cord, initial
	S14.116D*	Complete lesion at C6 level of cervical spinal cord, subsequent
	S14.116S*	Complete lesion at C6 level of cervical spinal cord, sequela
	S14.117A*	Complete lesion at C7 level of cervical spinal cord, initial
	S14.117D*	Complete lesion at C7 level of cervical spinal cord, subsequent
	S14.117S*	Complete lesion at C7 level of cervical spinal cord, sequela

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Non-Responsive Primary and Other Diagnoses Codes

Primary or Other Diagnoses	ICD-10-CM Code	Code Description
Complete Tetraplegia	S14.118A*	Complete lesion at C8 level of cervical spinal cord, initial
	S14.118D*	Complete lesion at C8 level of cervical spinal cord, subsequent
	S14.118S*	Complete lesion at C8 level of cervical spinal cord, sequela
	S14.119A*	Complete lesion at unspecified level of cervical spinal cord, initial
	S14.119D*	Complete lesion at unspecified level of cervical spinal cord, subsequent
	S14.119S*	Complete lesion at unspecified level of cervical spinal cord, sequela

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