

Home Health Resource Group (HHRG) Worksheet

FIGURE 12.I-1 HHRG FOR EPISODES BEGINNING ON OR AFTER JANUARY 1, 2008

CLINICAL SEVERITY DOMAIN				
OASIS ITEM	DESCRIPTION	ITEM RESPONSE	I. SCORING RULES	ITEM SCORE
M0230(a)/ M0240(b)	Primary home care diagnosis/ Secondary diagnoses		If Orthopedic DG, add 11 to score If Neurological DG, add 20 to score If Diabetes DG, add 17 to score <i>If Burn/Trauma DG, see under M0440</i>	(max is 20)
M0250	IV/Infusion/ Parenteral/ Enteral Therapies		If box 1, add 14 to score If box 2, add 20 to score If box 3, add 24 to score	(max is 24)
M0390	Vision		If box 1 or 2, add 6 to score	
M0420	Pain		If box 2 or 3, add 5 to score	
M0440	Wound/Lesion		If box 1 and M0230/240 is Burn/Trauma DG, add 21 to score	
M0450	Multiple pressure ulcers		If 2 or more stage 3 or 4 pressure ulcers, add 17 to score	
M0460	Current stage, most problematic pressure ulcer		If box 1 or 2, add 15 to score If box 3 or 4, add 36 to score	(max is 36)
M0476	Stasis ulcer		If box 2, add 14 to score If box 3, add 22 to score	
M0488	Surgical wound		If box 2, add 7 to score If box 3, add 15 to score	
M0490	Dyspnea		If box 2, 3, or 4, add 5 to score	
M0520	Urinary incontinence		If box 1 or 2, add 6 to score	
M0540	Bowel incontinence		If box 2, 3, 4, or 5, add 9 to score	
M0550	Bowel ostomy		If box 1 or 2, add 10 to score	
M0610	Behavioral Problems		If box 2, 3, 4, 5, or 6, add 3 to score	(max is 3)
TOTAL SCORE:				
Categories:	[0-19 = C1]	[20-40 = C2]	[41+ = C3]	CATEGORY: <input type="text" value="C"/>
FUNCTIONAL STATUS DOMAIN				
OASIS ITEM	DESCRIPTION	ITEM RESPONSE	SCORING RULES	ITEM SCORE
M0650 (current)	Dressing upper body		If M0650 = box 1, 2, or 3, Or	(max is 4)
M0660 (current)	Dressing lower body		If M0660 = box 1, 2, or 3, add 4 to score	
M0670 (current)	Bathing		If box 2, 3, 4, or 5, add 8 to score	
M0680 (current)	Toileting		If box 2, 3, or 4, add 3 to score	
M0690 (current)	Transferring		If box 1, add 3 to score If box 2, 3, 4, or 5, add 6 to score	
M0700 (current)	Locomotion		If box 1 or 2, add 6 to score If box 3, 4, or 5, add 9 to score	
M0800	Management of Injections		If box 1, add 1 to score If box 2, add 2 to score	
TOTAL SCORE:				
Categories:	[0-15 = F1]	[16-23 = F2]	[24-29 = F3]	[30 = F4] CATEGORY: <input type="text" value="F"/>
SERVICE UTILIZATION DOMAIN				
OASIS ITEM	DESCRIPTION	ITEM RESPONSE	SCORING RULES	ITEM SCORE
M0175 line 1	Hospital discharge past 14 days		If box 1 IS BLANK, add 1 to score	(max is 2)
M0175 line 2	Rehab dischg. past 14 days		If box 2 or 3, add 2 to score	
M0175 line 3	SNF dischg. past 14 days			
M0826	Total number of therapy (PT, SLP, OT) visits recd. in 60 days		Actual number of visits NA No therapy visits	
TOTAL SCORE:				
Categories:	[0-3 = S1]	[4-6 = S2]	[7 = S3]	CATEGORY: <input type="text" value="S"/>

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Chapter 12, Addendum I

Home Health Resource Group (HHRG) Worksheet

FIGURE 12.I-2 ABBREVIATED OASIS QUESTIONS

(To be used in conjunction with Home Health Resource Group (HHRG) Worksheet for scoring and payment of home health episodes beginning on or after January 1, 2008 for children and maternity cases.)

- | | | | |
|---|--|---|--|
| 1. MO230(a) Primary home care diagnosis | | 15.MO610 Behaviors | <input type="checkbox"/> 1 Memory deficits |
| 2. MO240(b) First secondary diagnosis | | | <input type="checkbox"/> 2 Impaired decisions |
| 3. MO250 Therapies | <input type="checkbox"/> 1 IV Infusion
<input type="checkbox"/> 2 Parenteral
<input type="checkbox"/> 3 Enteral Therapies | | <input type="checkbox"/> 3 Verbal disruptions |
| 4. MO390 Vision | <input type="checkbox"/> 0 Normal vision
<input type="checkbox"/> 1 Partially impaired: cannot see medication labels or newsprint
<input type="checkbox"/> 2 Severe impairment: cannot locate objects | 16 MO650/660 Dress Upper & Lower Body | <input type="checkbox"/> 4 Physical aggression |
| 5. MO420 Frequency of pain | <input type="checkbox"/> 0 No pain
<input type="checkbox"/> 1 Less often than daily
<input type="checkbox"/> 2 Daily, but not constant
<input type="checkbox"/> 3 All of the time | | <input type="checkbox"/> 5 Disruptive |
| 6. MO440 Wound Lesion | <input type="checkbox"/> 0 No
<input type="checkbox"/> 1 Yes | 17.MO670 Bathing | <input type="checkbox"/> 6 Delusional |
| 7. MO450 Pressure ulcers | | | <input type="checkbox"/> 7 None of above |
| 8. MO460 Current stage | <input type="checkbox"/> 1 Stage 1
<input type="checkbox"/> 2 Stage 2
<input type="checkbox"/> 3 Stage 3
<input type="checkbox"/> 4 Stage 4
<input type="checkbox"/> NA No observable stasis ulcer | | <input type="checkbox"/> 0 Able to dress self |
| 9. MO476 Stasis ulcer | <input type="checkbox"/> 1 Fully granulating
<input type="checkbox"/> 2 Early/partial granulation
<input type="checkbox"/> 3 Not healing
<input type="checkbox"/> NA No observable stasis ulcer | 18 MO680 Toileting | <input type="checkbox"/> 1 Clothes laid out |
| 10.MO488 Surgical wound | <input type="checkbox"/> 1 Fully granulating
<input type="checkbox"/> 2 Early/partial granulation
<input type="checkbox"/> 3 Not healing
<input type="checkbox"/> NA No observable surgical wound | | <input type="checkbox"/> 2 Need help |
| 11.MO490 Respiratory | <input type="checkbox"/> 1 Fully granulating
<input type="checkbox"/> 2 Walking 20 ft, climbing stairs
<input type="checkbox"/> 3 Moderate exertion-dressing, using bedpan, walking < 20 ft
<input type="checkbox"/> 4 Minimal exertion - eating talking, agitation
<input type="checkbox"/> NA No observable surgical wound | 19.MO690 Transferring | <input type="checkbox"/> 3 Entirely dependent |
| 12.MO520 Urinary Incontinence | <input type="checkbox"/> 0 Timed-voiding defers
<input type="checkbox"/> 1 During night only
<input type="checkbox"/> 2 During night & day | | <input type="checkbox"/> UK Unknown |
| 13.MO540 Bowel Incontinence | <input type="checkbox"/> 0 Very rarely/never
<input type="checkbox"/> 1 Less than once weekly
<input type="checkbox"/> 2 One to three/week
<input type="checkbox"/> 3 Four to six/week
<input type="checkbox"/> 4 Daily
<input type="checkbox"/> 5 More often than daily
<input type="checkbox"/> NA Has ostomy
<input type="checkbox"/> UK Unknown | 20.MO700 Ambulation | <input type="checkbox"/> 0 Able to bathe self |
| 14.MO550 Ostomy for Bowel | <input type="checkbox"/> 0 No ostomy
<input type="checkbox"/> 1 Ostomy not related to IP stay & no change necessary
<input type="checkbox"/> 2 Ostomy needs change/treatment | | <input type="checkbox"/> 1 Use devices |
| | | 21.MO800 Management of Injections | <input type="checkbox"/> 2 Assistance to bathe |
| | | | <input type="checkbox"/> 3 Participates |
| | | 22.MO826 Total number of therapy visits _____ # | <input type="checkbox"/> 4 Unable to use shower or tub |
| | | | <input type="checkbox"/> 5 Totally dependent |
| | | | <input type="checkbox"/> UK Unknown |
| | | 23.MO175 Discharge | <input type="checkbox"/> 0 Independent w/ or w/o device |
| | | | <input type="checkbox"/> 1 When reminded, assisted, supervised |
| | | | <input type="checkbox"/> 2 Unable get to toilet, use commode |
| | | | <input type="checkbox"/> 3 Use bedpan/urinal |
| | | | <input type="checkbox"/> 4 Totally dependent |
| | | | <input type="checkbox"/> UK Unknown |
| | | | <input type="checkbox"/> 0 Independent |
| | | | <input type="checkbox"/> 1 Minimal assistance/device |
| | | | <input type="checkbox"/> 2 Assist w/ weight-bearing & pivoting |
| | | | <input type="checkbox"/> 3 Transfer w/o wt-bearing & pivoting |
| | | | <input type="checkbox"/> 4 Bedfast, able to turn |
| | | | <input type="checkbox"/> 5 Bedfast, unable to turn |
| | | | <input type="checkbox"/> UK Unknown |
| | | | <input type="checkbox"/> 0 Independent |
| | | | <input type="checkbox"/> 1 Use device |
| | | | <input type="checkbox"/> 2 Walk w/supervision |
| | | | <input type="checkbox"/> 3 Chairfast, able to wheel self |
| | | | <input type="checkbox"/> 4 Chairfast, unable to wheel self |
| | | | <input type="checkbox"/> 5 Bedfast |
| | | | <input type="checkbox"/> UK Unknown |
| | | | <input type="checkbox"/> 0 Independent |
| | | | <input type="checkbox"/> 1 Able to inject w/prepared syringes, reminders |
| | | | <input type="checkbox"/> 2 Administered by another |
| | | | <input type="checkbox"/> NA No injectables |
| | | | <input type="checkbox"/> UK Unknown |
| | | | <input type="checkbox"/> 1 Hospital |
| | | | <input type="checkbox"/> 2 Rehab facility |
| | | | <input type="checkbox"/> 3 SNF |
| | | | <input type="checkbox"/> 4 Other nursing facility |
| | | | <input type="checkbox"/> 5 Other Specify _____ |
| | | | <input type="checkbox"/> NA Patient was not discharged |

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