

Table 5: Case-Mix Groups, Average Cost, and Case-Mix Weight

Severity Level for Each Dimension				
Clinical	Functional	Service Utilization	Average Cost	Case-mix weight
1st and 2nd Episodes, 0 to 13 Therapy* Visits				
C1	F1	S1	\$1,322.84	0.5827
C1	F1	S2	\$1,931.39	0.8507
C1	F1	S3	\$2,406.33	1.0599
C1	F1	S4	\$2,893.24	1.2744
C1	F1	S5	\$3,293.37	1.4506
C1	F2	S1	\$1,523.98	0.6713
C1	F2	S2	\$2,132.53	0.9393
C1	F2	S3	\$2,607.47	1.1485
C1	F2	S4	\$3,094.38	1.3630
C1	F2	S5	\$3,494.51	1.5392
C1	F3	S1	\$1,714.01	0.7550
C1	F3	S2	\$2,322.56	1.0230
C1	F3	S3	\$2,797.50	1.2322
C1	F3	S4	\$3,284.41	1.4467
C1	F3	S5	\$3,684.54	1.6229
C2	F1	S1	\$1,665.19	0.7335
C2	F1	S2	\$2,273.73	1.0015
C2	F1	S3	\$2,748.67	1.2107
C2	F1	S4	\$3,235.59	1.4252
C2	F1	S5	\$3,635.71	1.6014
C2	F2	S1	\$1,866.33	0.8221
C2	F2	S2	\$2,474.87	1.0901
C2	F2	S3	\$2,949.81	1.2993
C2	F2	S4	\$3,436.73	1.5138
C2	F2	S5	\$3,836.85	1.6900
C2	F3	S1	\$2,056.36	0.9058
C2	F3	S2	\$2,664.90	1.1738
C2	F3	S3	\$3,139.84	1.3830
C2	F3	S4	\$3,626.76	1.5975
C2	F3	S5	\$4,026.88	1.7737
C3	F1	S1	\$2,045.60	0.9010
C3	F1	S2	\$2,654.15	1.1691
C3	F1	S3	\$3,129.09	1.3783
C3	F1	S4	\$3,616.00	1.5927
C3	F1	S5	\$4,016.13	1.7690
C3	F2	S1	\$2,246.74	0.9896
C3	F2	S2	\$2,855.29	1.2577
C3	F2	S3	\$3,330.23	1.4669
C3	F2	S4	\$3,817.14	1.6813
C3	F2	S5	\$4,217.27	1.8576
C3	F3	S1	\$2,436.77	1.0733
C3	F3	S2	\$3,045.32	1.3414
C3	F3	S3	\$3,520.26	1.5506
C3	F3	S4	\$4,007.17	1.7650
C3	F3	S5	\$4,407.30	1.9413

1st and 2nd Episodes, 14 to 19 Therapy* Visits				
C1	F1	S1	\$3,659.40	1.6118
C1	F1	S2	\$4,012.81	1.7675
C1	F1	S3	\$4,323.95	1.9046
C1	F2	S1	\$3,923.24	1.7281
C1	F2	S2	\$4,276.65	1.8837
C1	F2	S3	\$4,587.78	2.0208
C1	F3	S1	\$4,088.80	1.8010
C1	F3	S2	\$4,442.21	1.9566
C1	F3	S3	\$4,753.35	2.0937
C2	F1	S1	\$4,228.79	1.8626
C2	F1	S2	\$4,582.20	2.0183
C2	F1	S3	\$4,893.34	2.1554
C2	F2	S1	\$4,492.63	1.9789
C2	F2	S2	\$4,846.04	2.1345
C2	F2	S3	\$5,157.17	2.2716
C2	F3	S1	\$4,658.19	2.0518
C2	F3	S2	\$5,011.61	2.2074
C2	F3	S3	\$5,322.74	2.3445
C3	F1	S1	\$4,886.64	2.1524
C3	F1	S2	\$5,240.05	2.3081
C3	F1	S3	\$5,551.18	2.4451
C3	F2	S1	\$5,150.47	2.2686
C3	F2	S2	\$5,503.89	2.4243
C3	F2	S3	\$3,232.21	1.4237
C3	F2	S4	\$3,691.78	1.6261
C3	F2	S5	\$4,194.00	1.8473
C3	F2	S5	\$4,590.55	2.0220
C3	F3	S1	\$2,726.01	1.2007
C3	F3	S2	\$3,520.27	1.5506
C3	F3	S3	\$3,979.84	1.7530
C3	F3	S4	\$4,482.06	1.9742
C3	F3	S5	\$4,878.61	2.1489

3rd+ Episodes, 14 to 19 Therapy* Visits				
C1	F1	S1	\$3,979.89	1.7530
C1	F1	S2	\$4,242.97	1.8689
C1	F1	S3	\$4,597.75	2.0252
C1	F2	S1	\$4,277.03	1.8839
C1	F2	S2	\$4,540.12	1.9998
C1	F2	S3	\$4,894.89	2.1560
C1	F3	S1	\$4,661.16	2.0531
C1	F3	S2	\$4,924.25	2.1690
C1	F3	S3	\$5,279.02	2.3252
C2	F1	S1	\$4,603.33	2.0276
C2	F1	S2	\$4,866.42	2.1435
C2	F1	S3	\$5,221.19	2.2998
C2	F2	S1	\$4,900.48	2.1585
C2	F2	S2	\$5,163.56	2.2744
C2	F2	S3	\$5,518.34	2.4306
C2	F3	S1	\$5,284.61	2.3277
C2	F3	S2	\$5,547.69	2.4436
C2	F3	S3	\$5,902.47	2.5998
C3	F1	S1	\$5,330.40	2.3479
C3	F1	S2	\$5,593.48	2.4637
C3	F1	S3	\$5,948.26	2.6200
C3	F2	S1	\$5,627.54	2.4787
C3	F2	S2	\$5,890.63	2.5946
C3	F2	S3	\$6,245.40	2.7509
C3	F3	S1	\$6,011.67	2.6479
C3	F3	S2	\$6,274.76	2.7638
C3	F3	S3	\$6,629.53	2.9201
All Episodes, 20+ Therapy* Visits				
C1	F1	S1	\$5,788.29	2.5495
C1	F2	S1	\$6,218.42	2.7390
C1	F3	S1	\$6,704.73	2.9532
C2	F1	S1	\$6,413.44	2.8054
C2	F2	S1	\$6,703.56	2.9527
C2	F3	S1	\$7,189.88	3.1669
C3	F1	S1	\$7,000.53	3.0835
C3	F2	S1	\$7,430.66	3.2730
C3	F3	S1	\$7,916.98	3.4872

*Therapy is defined as physical therapy, speech-language pathology, or

TABLE 9. RELATIVE WEIGHTS FOR NON-ROUTINE MEDICAL SUPPLIES—SIX-GROUP APPROACH

Severity level	Percentage of episodes	Points (scoring)	Relative weight	Payment amount
1	63.7	0	0.2698	\$14.12
2	20.6	1 to 14	0.9742	51.00
3	6.7	15 to 27	2.6712	139.84
4	5.4	28 to 48	3.9686	207.76
5	3.2	49 to 98	6.1198	320.37
6	0.3	99+	10.5254	551.00

Note: NRS conversion factor = \$52.35. The NRS conversion factor is the market-basket updated amount CMS originally included in

the HH PPS episode base rate (\$49.62), after adjustment for nominal change in case-mix.

We have also included the final versions of Table 10A and Table 10B below.

TABLE 10A.—NRS CASE-MIX ADJUSTMENT VARIABLES AND SCORES

Item	Description	Score
SELECTED SKIN CONDITIONS		
1	Primary diagnosis = Anal fissure, fistula and abscess	15
2	Other diagnosis = Anal fissure, fistula and abscess	13
3	Primary diagnosis = Cellulitis and abscess	14
4	Other diagnosis = Cellulitis and abscess	8
5	Primary or other diagnosis = Diabetic ulcers	20
6	Primary diagnosis = Gangrene	11
7	Other diagnosis = Gangrene	8
8	Primary diagnosis = Malignant neoplasms of skin	15
9	Other diagnosis = Malignant neoplasms of skin	4
10	Primary or Other diagnosis = Non-pressure and non-stasis ulcers	13
11	Primary diagnosis = Other infections of skin and subcutaneous tissue	16
12	Other diagnosis = Other infections of skin and subcutaneous tissue	7
13	Primary diagnosis = Post-operative Complications	23
14	Other diagnosis = Post-operative Complications	15
15	Primary diagnosis = Traumatic Wounds and Burns	19
16	Other diagnosis = Traumatic Wounds and Burns	8
17	Primary or other diagnosis = V code, Cystostomy care	16
18	Primary or other diagnosis = V code, Tracheostomy care	23
19	Primary or other diagnosis = V code, Urostomy care	24
20	OASIS M0450 = 1 or 2 pressure ulcers, stage 1	4
21	OASIS M0450 = 3+ pressure ulcers, stage 1	6
22	OASIS M0450 = 1 pressure ulcer, stage 2	14
23	OASIS M0450 = 2 pressure ulcers, stage 2	22
24	OASIS M0450 = 3 pressure ulcers, stage 2	29
25	OASIS M0450 = 4+ pressure ulcers, stage 2	35
26	OASIS M0450 = 1 pressure ulcer, stage 3	29
27	OASIS M0450 = 2 pressure ulcers, stage 3	41
28	OASIS M0450 = 3 pressure ulcers, stage 3	46
29	OASIS M0450 = 4+ pressure ulcers, stage 3	58
30	OASIS M0450 = 1 pressure ulcer, stage 4	48
31	OASIS M0450 = 2 pressure ulcers, stage 4	67
32	OASIS M0450 = 3+ pressure ulcers, stage 4	75
33	OASIS M0450e = 1 (unobserved pressure ulcer(s))	17
34	OASIS M0470 = 2 (2 stasis ulcers)	6
35	OASIS M0470 = 3 (3 stasis ulcers)	-12
36	OASIS M0470 = 4 (4+ stasis ulcers)	21
37	OASIS M0474 = 1 (unobservable stasis ulcers)	9
38	OASIS M0476 = 1 (status of most problematic stasis ulcer; fully granulating)	6
39	OASIS M0476 = 2 (status of most problematic stasis ulcer; early/partial granulation)	25
40	OASIS M0476 = 3 (status of most problematic stasis ulcer; not healing)	36
41	OASIS M0488 = 2 (status of most problematic surgical wound; early/partial granulation)	4
42	OASIS M0488 = 3 (status of most problematic surgical wound; not healing)	14
OTHER CLINICAL FACTORS		
43	OASIS M0550 = 1 (ostomy not related to inpt stay/no regimen change)	27
44	OASIS M0550 = 2 (ostomy related to inpt stay/regimen change)	45
45	Any 'Selected Skin Conditions' (rows 1-42 above) AND M0550 = 1 (ostomy not related to inpt stay/no regimen change).	14
46	Any 'Selected Skin Conditions' (rows 1-42 above) AND M0550 = 2 (ostomy related to inpt stay/ regimen change).	11
47	OASIS M0250 (Therapy at home) =1 (IV/Infusion)	5
48	OASIS M0520 = 2 (patient requires urinary catheter)	9
49	OASIS M0540 = 4 or 5 (bowel incontinence, daily or >daily)	10

Note: Points are additive, however points may not be given for the same line item in the table more than once. Points are not assigned for a secondary diagnosis if points are already assigned for a primary diagnosis

from the same diagnosis/condition group. See Table 12b for definitions of diagnosis/condition groups.

Please see Medicare Home Health Diagnosis Coding guidance at <http://>

www.cms.hhs.gov/HomeHealthPPS/03_coding%20billing.asp for definitions of primary and secondary diagnoses.

TABLE 10B.—ICD-9-CM DIAGNOSES INCLUDED IN THE DIAGNOSTIC CATEGORIES FOR THE NONROUTINE SUPPLIES (NRS) CASE-MIX ADJUSTMENT MODEL—Continued

Diagnostic Category	ICD-9-CM Code*	Manifestation	Short Description of ICD-9-CM Code	
Furunculitis and abscess	566 .....	.....	ABSCCESS OF ANAL AND RECTAL REGIONS.
	681.00 .....	.....	FINGER—CELLULITIS AND ABSCESS, UNSPECIFIED.
	681.01 .....	.....	FELON.
	681.10 .....	.....	TOE—CELLULITIS AND ABSCESS, UNSPECIFIED.
	681.9 .....	.....	CELLULITIS AND ABSCESS OF UNSPECIFIED DIGIT.
Diabetic Ulcers	682 .....	.....	OTHER CELLULITIS AND ABSCESS.
	250.8x & 707.10-707.9 .....	.....	(PRIMARY OR FIRST OTHER DIAGNOSIS = 250.8x AND PRIMARY OR FIRST OTHER DIAGNOSIS = 707.10-707.9).
Gangrene	440.24 .....	.....	ATHEROSCLER-ART EXTREM W/GANGRENE.
	785.4	M	GANGRENE.	
Malignant neoplasms of skin	172 .....	.....	MALIGNANT MELANOMA OF SKIN.
	173 .....	.....	OTHER MALIGNANT NEOPLASM OF SKIN.
Non-pressure and non-stasis ulcers (other than diabetic).	440.23 .....	.....	ATHEROSCLER-ART EXTREM W/ULCERATION.
	447.2 .....	.....	RUPTURE OF ARTERY.
	447.8 .....	.....	OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES.
	707.10 .....	.....	ULCER OF LOWER LIMB, UNSPECIFIED.
	707.11 .....	.....	ULCER OF THIGH.
	707.12 .....	.....	ULCER OF CALF.
	707.13 .....	.....	ULCER OF ANKLE.
	707.14 .....	.....	ULCER OF HEEL AND MIDFOOT.
	707.15 .....	.....	ULCER OF OTHER PART OF FOOT.
	707.19 .....	.....	ULCER OF OTHER PART OF LOWER LIMB.
	707.8 .....	.....	CHRONIC ULCER OTHER SPECIFIED SITE.
	707.9 .....	.....	CHRONIC ULCER OF UNSPECIFIED SITE.
	Other infections of skin and subcutaneous tissue.	680	CARBUNCLE AND FURUNCLE.
		683	ACUTE LYMPHADENITIS.
	Post-operative Complications	685	PILONIDAL CYST.
686 .....		.....	OTH LOCAL INF SKIN&SUBCUT TISSUE.
998.11 .....		.....	HEMORRHAGE COMPLICATING A PROCEDURE.
998.12 .....		.....	HEMATOMA COMPLICATING A PROCEDURE.
998.13 .....		.....	SEROMA COMPLICATING A PROCEDURE.
998.2 .....		.....	ACC PUNCT/LACERATION DURING PROC NEC.
998.4 .....		.....	FB ACC LEFT DURING PROC NEC.
998.6 .....		.....	PERSISTENT POSTOPERATIVE FIST NEC.
998.83 .....		.....	NON-HEALING SURGICAL WOUND NEC.
870 .....		.....	OPEN WOUND OF OCULAR ADNEXA.
Traumatic wounds, burns and post-operative complications.	872 .....	.....	OPEN WOUND OF EAR.
	873 .....	.....	OTHER OPEN WOUND OF HEAD.
	874 .....	.....	OPEN WOUND OF NECK.
	875 .....	.....	OPEN WOUND OF CHEST.
	876 .....	.....	OPEN WOUND OF BACK.
	877 .....	.....	OPEN WOUND OF BUTTOCK.
	878 .....	.....	OPEN WND GNT ORGN INCL TRAUMAT AMP.
	879 .....	.....	OPEN WOUND OTH&UNSPEC SITE NO LIMBS.
	880 .....	.....	OPEN WOUND OF SHOULDER&UPPER ARM.
	881 .....	.....	OPEN WOUND OF ELBOW, FOREARM&WRIST.
	882 .....	.....	OPEN WOUND HAND EXCEPT FINGER ALONE.
	883 .....	.....	OPEN WOUND OF FINGER.
	884 .....	.....	MX&UNSPEC OPEN WOUND UPPER LIMB.
	885 .....	.....	TRAUMATIC AMPUTATION OF THUMB.
	886 .....	.....	TRAUMATIC AMPUTATION OTHER FINGER.
	887 .....	.....	TRAUMATIC AMPUTATION OF ARM&HAND.
	890 .....	.....	OPEN WOUND OF HIP AND THIGH.
	891 .....	.....	OPEN WOUND OF KNEE, LEG, AND ANKLE.
	892 .....	.....	OPEN WOUND OF FOOT EXCEPT TOE ALONE.
	893 .....	.....	OPEN WOUND OF TOE.
	894 .....	.....	MX&UNSPEC OPEN WOUND LOWER LIMB.
	895 .....	.....	TRAUMATIC AMPUTATION OF TOE.
	896 .....	.....	TRAUMATIC AMPUTATION OF FOOT.
	897 .....	.....	TRAUMATIC AMPUTATION OF LEG.
	941 except 941.0x and 941.1x .....	.....	BURN OF FACE, HEAD, AND NECK.
	942 except 942.0x and 942.1x .....	.....	BURN OF TRUNK.
	943 except 943.0x and 943.1x .....	.....	BURN OF UPPER LIMB, EXCEPT WRIST AND HAND.
944 except 944.0x and 944.1x .....	.....	BURN OF WRIST(S) AND HAND(S).	
945 except 945.0x and 945.1x .....	.....	BURN OF LOWER LIMB(S).	
946.2 .....	.....	BURNS OF MULTIPLE SPECIFIED SITES, BLISTERS, EPIDERMAL LOSS [SECOND DEGREE].	
946.3 .....	.....	BURNS OF MULTIPLE SPECIFIED SITES, FULL-THICKNESS SKIN LOSS [THIRD DEGREE NOS].	
946.4 .....	.....	BURNS OF MULTIPLE SPECIFIED SITES, DEEP NECROSIS OF UNDERLYING TISSUES [DEEP THIRD DEGREE] WITHOUT MENTION OF LOSS OF A BODY PART.	
946.5 .....	.....	BURNS OF MULTIPLE SPECIFIED SITES, DEEP NECROSIS OF UNDERLYING TISSUES [DEEP THIRD DEGREE] WITH LOSS OF A BODY PART.	
998.31 .....	.....	DISRUPTION OF INTERNAL OPERATION WOUND.	
998.32 .....	.....	DISRUPTION OF EXTERNAL OPERATION WOUND.	
998.51 .....	.....	INFECTED POSTOPERATIVE SEROMA.	
998.59 .....	.....	OTHER POSTOPERATIVE INFECTION.	
code, Cystostomy Care	V55.5 .....	.....	CYSTOSTOMY—CARE.
code, Tracheostomy Care	V55.0 .....	.....	TRACHEOSTOMY—CARE.
code, Urostomy Care	V55.6 .....	.....	OTHER ARTIFICIAL OPENING OF URINARY TRACT—NEPHROSTOMY, URETEROSTOMY, URETHROSTOMY.

TABLE 12.—NATIONAL PER-VISIT AMOUNTS FOR LUPAS (NOT INCLUDING THE INCREASE IN PAYMENT FOR A BENEFICIARY'S ONLY EPISODE OR THE INITIAL EPISODE IN A SEQUENCE OF ADJACENT EPISODES) AND OUTLIER CALCULATIONS UPDATED BY THE HOME HEALTH MARKET BASKET UPDATE FOR CY 2008, BEFORE WAGE INDEX ADJUSTMENT BASED ON THE SITE OF SERVICE FOR THE BENEFICIARY

Home health discipline type	Final CY 2007 per-visit amounts per 60-day episode for LUPAs	Multiply by the home health market basket (3.0 percent) ¹	Adjusted to account for the 5 percent outlier policy	CY 2008 per-visit payment amount per discipline
Home Health Aide	\$46.24	× 1.030	× 1.05	\$47.51
Medical Social Services	163.68	× 1.030	× 0.95	168.17
Occupational Therapy	112.40	× 1.030	× 1.05	115.48
Physical Therapy	111.65	× 1.030	× 0.95	114.71
Skilled Nursing	102.11	× 1.030	× 1.05	104.91
Speech-Language Pathology	121.22	× 1.030	× 0.95	124.54

¹ The estimated home health market basket update of 3.0 percent for CY 2008 is based on Global Insight, Inc, 2nd Qtr, 2007 forecast with historical data through 2nd Qtr, 2007.

Payment for LUPA episodes is changed in that for LUPAs that occur as initial episodes in a sequence of adjacent episodes or as the only episode, a revised payment amount (see our proposal in section II.A.5. of the CY

2008 HH PPS proposed rule and final amount in section III.C.2. of this rule) is to be added to the LUPA payment. Table 12 rates below are before that adjustment and are the rates paid to all other LUPA episodes. LUPA episodes

that occur as the only episode or initial episode in a sequence of adjacent episodes are adjusted by adding \$87.93 to the LUPA payment before adjusting for wage index.

Equation(s) used to calculate points: (see Table 2a)	Grouping Step:	1st & 2nd Episodes		3rd+ Episodes		All Episodes	
		0 to 13 therapy visits	14 to 19 therapy visits	0 to 13 therapy visits	14 to 19 therapy visits		
Clinical	Severity Levels:	C1	0 to 4	0 to 6	0 to 2	0 to 8	0 to 7
		C2	5 to 8	7 to 14	3 to 5	9 to 16	8 to 14
		C3	9+	15+	6+	17+	15+
Functional	Severity Levels:	F1	0 to 5	0 to 6	0 to 8	0 to 7	0 to 6
		F2	6	7	9	8	7
		F3	7+	8+	10+	9+	8+
Services Utilization (number of therapy visits)	Severity Levels:	S1	0 to 5	14 to 15	0 to 5	14 to 15	20+ (One Group)
		S2	6	16 to 17	6	16 to 17	
		S3	7 to 9	18 to 19	7 to 9	18 to 19	
		S4	10		10		
		S5	11 to 13		11 to 13		
		1	2	3	4	5	
		1	2	3	4	(2&4)	

Note: For episodes with 20 or more therapy visits, scoring for clinical and functional severity is assigned based on the four-equation model, that is, scoring is assigned from score values of either Equation 2 or Equation 4, according to whether the episode occurred as "early" or "later." However, severity level classification is based on the same score intervals for all episodes with 20 or more therapy visits (see Grouping Step 5 in Table 3).

Table 4: Regression Coefficients for Calculating Case-Mix Relative Weights	
Intercept (constant for all case mix groups)	\$1,322.84
1st and 2nd Episodes, 0 to 13 Therapy Visits	
C2	\$342.35
C3	\$722.76
F2	\$201.14
F3	\$391.17
S2 (6 therapy visits)	\$608.54
S3 (7-9 therapy visits)	\$1,083.48
S4 (10 therapy visits)	\$1,570.40
S5 (11-13 therapy visits)	\$1,970.53
1st and 2nd Episodes, 14 to 19 Therapy Visits	
Constant	\$2,336.56
C2	\$569.39
C3	\$1,227.24
F2	\$263.84
F3	\$429.40
S2 (16-17 therapy visits)	\$353.41
S3 (18-19 therapy visits)	\$664.54
3rd+ Episodes, 0 to 13 Therapy Visits	
Constant	\$162.52
C2	\$131.92
C3	\$648.48
F2	\$304.11
F3	\$592.17
S2 (6 therapy visits)	\$794.26
S3 (7-9 therapy visits)	\$1,253.83
S4 (10 therapy visits)	\$1,756.05
S5 (11-13 therapy visits)	\$2,152.60
3rd+ Episodes, 14 to 19 Therapy Visits	
Constant	\$2,657.05
C2	\$623.44
C3	\$1,350.51
F2	\$297.14
F3	\$681.27
S2 (16-17 therapy visits)	\$263.08
S3 (18-19 therapy visits)	\$617.86
All Episodes, 20+ Therapy Visits	
Constant	\$4,465.45
C2	\$485.15
C3	\$1,212.24
F2	\$430.13
F3	\$916.44
Note: Regression coefficients were scaled by a multiplier to account for the difference in cost levels between the resource cost estimates in the Abt Associates analytic file and the level of the payments CMS will make in CY2008.	

Table 2A: Case-Mix Adjustment Variables and Scores

	Episode number within sequence of adjacent episodes	1 or 2	1 or 2	3+	3+
	Therapy visits	0-13	14+	0-13	14+
	EQUATION:	1	2	3	4
CLINICAL DIMENSION					
1	Primary or Other Diagnosis = Blindness/Low Vision	3	3	3	3
2	Primary or Other Diagnosis = Blood disorders	2	5		
3	Primary or Other Diagnosis = Cancer, selected benign neoplasms	4	7	3	10
4	Primary Diagnosis = Diabetes	5	12	1	8
5	Other Diagnosis = Diabetes	2	4	1	4
6	Primary or Other Diagnosis = Dysphagia AND Primary or Other Diagnosis = Neuro 3 - Stroke	2	6		6
7	Primary or Other Diagnosis = Dysphagia AND M0250 (Therapy at home) = 3 (Enteral)		6		
8	Primary or Other Diagnosis = Gastrointestinal disorders	2	6	1	4
9	Primary or Other Diagnosis = Gastrointestinal disorders AND M0550 (ostomy) = 1 or 2	3			
10	Primary or Other Diagnosis = Gastrointestinal disorders AND Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis, OR Neuro 2 - Peripheral neurological disorders, OR Neuro 3 - Stroke, OR Neuro 4 - Multiple Sclerosis			2	
11	Primary or Other Diagnosis = Heart Disease OR Hypertension	3	7	1	8
12	Primary Diagnosis = Neuro 1 - Brain disorders and paralysis	3	8	5	8
13	Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis AND M0680 (Toileting) = 2 or more	3	10	3	10
14	Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis OR Neuro 2 - Peripheral neurological disorders AND M0650 or M0660 (Dressing upper or lower body) = 1, 2, or 3	2	4	2	2
15	Primary or Other Diagnosis = Neuro 3 - Stroke		1		

Table 2A: Case-Mix Adjustment Variables and Scores

	Episode number within sequence of adjacent episodes	1 or 2	1 or 2	3+	3+
	Therapy visits	0-13	14+	0-13	14+
	<i>EQUATION:</i>	1	2	3	4
16	Primary or Other Diagnosis = Neuro 3 - Stroke AND M0650 or M0660 (Dressing upper or lower body) = 1, 2, or 3	1	3	2	8
17	Primary or Other Diagnosis = Neuro 3 - Stroke AND M0700 (Ambulation) = 3 or more	1	5		
18	Primary or Other Diagnosis = Neuro 4 - Multiple Sclerosis AND AT LEAST ONE OF THE FOLLOWING: M0670 (bathing) = 2 or more OR M0680 (Toileting) = 2 or more OR M0690 (Transferring) = 2 or more OR M0700 (Ambulation) = 3 or more	3	3	12	18
19	Primary or Other Diagnosis = Ortho 1 - Leg Disorders or Gait Disorders AND M0460 (most problematic pressure ulcer stage) = 1, 2, 3 or 4	2			
20	Primary or Other Diagnosis = Ortho 1 - Leg OR Ortho 2 - Other orthopedic disorders AND M0250 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)	5	5		

Table 2A: Case-Mix Adjustment Variables and Scores

	Episode number within sequence of adjacent episodes	1 or 2	1 or 2	3+	3+
	Therapy visits	0-13	14+	0-13	14+
	<i>EQUATION:</i>	1	2	3	4
21	Primary or Other Diagnosis = Psych 1 - Affective and other psychoses, depression	3	5	2	5
22	Primary or Other Diagnosis = Psych 2 - Degenerative and other organic psychiatric disorders	1	2		2
23	Primary or Other Diagnosis = Pulmonary disorders	1	5	1	5
24	Primary or Other Diagnosis = Pulmonary disorders AND M0700 (Ambulation) = 1 or more	1			
25	Primary Diagnosis = Skin 1 - Traumatic wounds, burns, and post-operative complications	10	20	8	20
26	Other Diagnosis = Skin 1 - Traumatic wounds, burns, post-operative complications	6	6	4	4
27	Primary or Other Diagnosis = Skin 1 - Traumatic wounds, burns, and post-operative complications OR Skin 2 - Ulcers and other skin conditions AND M0250 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)	2		2	
28	Primary or Other Diagnosis = Skin 2 - Ulcers and other skin conditions	6	12	5	12
29	Primary or Other Diagnosis = Tracheostomy	4	4	4	
30	Primary or Other Diagnosis = Urostomy/Cystostomy	6	23	4	23

Table 2A: Case-Mix Adjustment Variables and Scores

	Episode number within sequence of adjacent episodes	1 or 2	1 or 2	3+	3+
	Therapy visits	0-13	14+	0-13	14+
	<i>EQUATION:</i>	1	2	3	4
31	M0250 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)	8	15	5	12
32	M0250 (Therapy at home) = 3 (Enteral)	4	12		12
33	M0390 (Vision) = 1 or more	1			1
34	M0420 (Pain) = 2 or 3	1			
35	M0450 = Two or more pressure ulcers at stage 3 or 4	3	3	5	5
36	M0460 (Most problematic pressure ulcer stage) = 1 or 2	5	11	5	11
37	M0460 (Most problematic pressure ulcer stage) = 3 or 4	16	26	12	23
38	M0476 (Stasis ulcer status) = 2	8	8	8	8
39	M0476 (Stasis ulcer status) = 3	11	11	11	11
40	M0488 (Surgical wound status) = 2		2	3	
41	M0488 (Surgical wound status) = 3	4	4	4	4
42	M0490 (Dyspnea) = 2, 3, or 4	2	2		
43	M0540 (Bowel Incontinence) = 2 to 5	1	2	1	
44	M0550 (Ostomy) = 1 or 2	5	9	3	9
45	M0800 (Injectable Drug Use) = 0, 1, or 2	1	1	2	4
FUNCTIONAL DIMENSION					
46	M0650 or M0660 (Dressing upper or lower body) = 1, 2, or 3	2	4	2	2
47	M0670 (Bathing) = 2 or more	3	3	6	6
48	M0680 (Toileting) = 2 or more	2	3	2	
49	M0690 (Transferring) = 2 or more		2		
50	M0700 (Ambulation) = 1 or 2	1		1	
51	M0700 (Ambulation) = 3 or more	3	4	4	5