

DEMOGRAPHICS AND PATIENT HISTORY (continued)

NRS (M1020/1022/1024) Diagnoses, Symptom Control, and Payment Diagnoses: List each diagnosis for which the patient is receiving home care (Column 1) and enter its ICD-9-CM code at the level of highest specificity (no surgical/procedure codes) (Column 2). Diagnoses are listed in the order that best reflect the seriousness of each condition and support the disciplines and services provided. Rate the degree of symptom control for each condition (Column 3). Choose one value that represents the degree of symptom control appropriate for each diagnosis: V-codes (for M1020 or M1022) or E-codes (for M1022 only) may be used. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. If a V-code is reported in place of a case mix diagnosis, then optional item M1024 Payment Diagnoses (Columns 3 and 4) may be completed. A case mix diagnosis is a diagnosis that determines the Medicare PPS case mix group. Do not assign symptom control ratings for V- or E-codes.

Code each row according to the following directions for each column:

- Column 1:** Enter the description of the diagnosis.
 - Column 2:** Enter the ICD-9-CM code for the diagnosis described in Column 1; Rate the degree of symptom control for the condition listed in Column 1 using the following scale:
 - 0 - Asymptomatic, no treatment needed at this time
 - 1 - Symptoms well controlled with current therapy
 - 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring
 - 3 - Symptoms poorly controlled; patient needs frequent adjustment in treatment and dose monitoring
 - 4 - Symptoms poorly controlled; history of re-hospitalizations
- Note that in Column 2 the rating for symptom control of each diagnosis should not be used to determine the sequencing of the diagnoses listed in Column 1. These are separate items and sequencing may not coincide. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.*

(M1020) Primary Diagnosis & (M1022) Other Diagnoses		(M1024) Payment Diagnoses (OPTIONAL)	
Column 1	Column 2	Column 3	Column 4
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided).	ICD-9-CM and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses.	Complete if a V-code is assigned under certain circumstances to Column 2 in place of a case mix diagnosis.	Complete only if the V-code in Column 2 is reported in place of a case mix diagnosis that is a multiple coding situation (e.g., a manifestation code).
11 (M1020) Primary Diagnosis	ICD-9-CM/Symptom Control Rating (V-codes are allowed)	Description/ICD-9-CM (V- or E-codes NOT allowed)	Description/ICD-9-CM (V- or E-codes NOT allowed)
a. _____ Date: <u>0/E</u>	a. (_____.) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	a. (_____.) _____	a. (_____.) _____
13 (M1022) Other Diagnoses	(V- or E-codes are allowed)	(V- or E-codes NOT allowed)	(V- or E-codes NOT allowed)
b. _____ Date: <u>0/E</u>	b. (_____.) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	b. (_____.) _____	b. (_____.) _____
c. _____ Date: <u>0/E</u>	c. (_____.) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	c. (_____.) _____	c. (_____.) _____
d. _____ Date: <u>0/E</u>	d. (_____.) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	d. (_____.) _____	d. (_____.) _____
e. _____ Date: <u>0/E</u>	e. (_____.) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	e. (_____.) _____	e. (_____.) _____
f. _____ Date: <u>0/E</u>	f. (_____.) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	f. (_____.) _____	f. (_____.) _____
g. _____ Date: <u>0/E</u>	g. (_____.) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	g. (_____.) _____	g. (_____.) _____
h. _____ Date: <u>0/E</u>	h. (_____.) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	h. (_____.) _____	h. (_____.) _____

Patient/Family Knowledge and Coping Level Regarding Present Diagnosis:

Patient: _____ Family: _____

NRS (M1030) Therapies the patient receives at home: *(Mark all that apply.)*

1 - Intravenous or infusion therapy (excludes TPN)

2 - Parenteral nutrition (TPN or lipids)

3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)

4 - None of the above

Advance Directives: Yes No
 Intent: DNR Living Will
 Medical Power of Attorney
 Other: _____

Copies on File at Agency? Yes No

Comments

(M1032) Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? *(Mark all that apply.)*

1 - Recent decline in mental, emotional, or behavioral status

2 - Multiple hospitalizations (2 or more) in the past 12 months

3 - History of falls (2 or more falls or any fall with an injury-in the past year)

4 - Taking five or more medications

5 - Frailty indicators, e.g., weight loss, self-reported exhaustion

6 - Other _____

7 - None of the above

Comments

(M1034) Overall Status: Which description best fits the patient's overall status? *(Check ONE)*

0 - The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age).

1 - The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (beyond those typical of the patient's age).

2 - The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death.

3 - The patient has serious progressive conditions that could lead to death within a year.

UK - The patient's situation is unknown or unclear.

20 PROGNOSIS: 1 Is the patient DNR Yes No
 Poor Fair Good Yes No
 "Do Not Resuscitate"?

Patient Name (Last, First, MI) _____ Record No. _____

