

The following examples can assist agencies in guiding referral sources to provide additional information to correctly code for PDGM. These examples may be used as a template for agencies to create diagnoses-specific query tools.

**EXAMPLE 1:** Your patient has been referred to home health for wound care of the right great toe. Clinical documentation from the provider states “home health nursing for wound care of open wound of the right great toe.” The assessing clinician states that the wound is pale in color, and has a punched-out appearance with even round edges. There is no hair growth on the lower extremities, and the skin is tight and shiny on both legs. The patient complains of pain with elevation of the legs. As the coder, you know that official coding guidance states the assessing clinician cannot determine the origin of the wound, so you must query the physician.

**OPTION 1:** Dear \_\_\_\_\_,

To provide proper care for our patient, Mr. X, a specific origin of the wound of the right great toe is needed. The assessing clinician documents the following findings:

- Punched-out appearance with even, round wound edges
- No hair growth on the lower extremities
- Skin is tight and shiny bilaterally
- Pain with elevation of lower extremities

What is the origin of this wound? Please document your response in the record below:

- A. Arterial insufficiency with ulcer  
 B. Venous insufficiency with ulcer  
 C. Diabetic ulcer  
 D. Traumatic wound (please state type) \_\_\_\_\_  
 E. Other: Please specify \_\_\_\_\_  
 F. Clinically undetermined

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OPTION 2:** Dear \_\_\_\_\_,

To provide proper care for our patient, Mr. X, a specific origin of the wound of the right great toe is needed. The assessing clinician documents the following findings:

- Punched-out appearance with even, round wound edges
- No hair growth on the lower extremities
- Skin is tight and shiny bilaterally
- Pain with elevation of lower extremities

Is this wound a non-pressure ulcer caused by arterial insufficiency due to atherosclerosis?

Please document your response below:

- YES  
 NO, the underlying condition is: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EXAMPLE 2:** Your patient is referred to home health for skilled nurse (SN) and physical therapist (PT) care following an acute hospital stay for exacerbation of COPD and Pneumonia. On the referral and face-to-face documentation, the provider documents that the SN is to teach on the new medications and nebulizer use and care. The PT is to treat for weakness. Upon PT evaluation, the therapist documents 3-/5 muscle strength of right lower extremity and generalized weakness. You are aware that the codes for muscle weakness and generalized weakness are symptom codes and are not to be used if the patient has a specific underlying condition. The assessing clinician documents the patient’s reported history of stroke two years ago that caused paralysis of the right side, but no documentation of this is in the records from the facility or the provider. As the coder, you are aware the patient’s statement would not support a diagnosis of post-stroke weakness.

**OPTION 1:** Dear \_\_\_\_\_,

Mrs. G was recently referred to a home health PT for treatment of weakness following an acute hospital stay for COPD Exacerbation and Pneumonia. The therapist reports 3-/5 manual muscle strength on the right lower extremity and documents the patient's reported history of stroke two years ago with (R) hemiparesis. What is the cause of the weakness the PT is treating? Please document the cause in the record below:

- Deconditioning
- Sequela of stroke with (R) hemiparesis
- Other condition (please specify) \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OPTION 2:** Dear \_\_\_\_\_,

Mrs. G was recently referred to a home health PT for treatment of weakness following an acute hospital stay for COPD Exacerbation and Pneumonia. The therapist reports 3-/5 manual muscle strength on right lower extremity and documents patient reported history of stroke 2 years ago with (R) hemiparesis. Is the cause of the weakness PT is treating sequela of stroke with hemiparesis? Please document response in the record below:

- Yes
- No
- Other: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_