

## Year 3 Medi-Cal DRG Payment Policy and Grouper Settings SFY 15/16

The purpose of this document is to provide users with the setup for the 3M APR-DRG desktop grouper for state fiscal year (SFY) 15/16 (claims with admission dates on and between 7/1/15 through 6/30/16). The recommended settings shown in this document correspond to the settings used within the California Medicaid Management System (CAMMIS) Mainframe grouper which pays Medi-Cal DRG claims.

Some basic principles that frame this document are:

- Medi-Cal policy for each SFY is applied based upon the admission date of the claim.
- SFY 15/16 must take into account the implementation of ICD-10 CM/PCS codes for claims beginning 10/1/15.
- Each July 1<sup>st</sup> the newest version of the APR-DRG grouper is implemented (V.32 July 1, 2015) which requires the setting for no code mapping for admission between 7/1-9/30/15 in the **Entered Code Mapping field**. **For discharges after 10/1/15 mapping is required due to ICD-10 implementation, even if the admission is prior to 10/1/15. As usual, admissions on and after 10/1/15, mapping is required. Therefore, for SFY 15/16 any claim with a discharge date on or after 10/1/15 will require historical mapping.** (This differs from other fiscal years in which only admissions beginning 10/1 require historical mapping in that SFY.) In Figure 1 Note that Option 2 has the same setting for two scenarios due to ICD-10 implementation during SFY 15/16. Scenario B impacts the historical mapping sooner in SFY 15/16 due to ICD-10 implementation than in any other SFY for DRG payment.

Figure 1 Year 3 SFY 15/16 Medi-Cal DRG Claims Grouper Setting Options						
Scenario	Option	Admit Date	Discharge Date	Mapping	ICD Indicator	Comments
A	1	On or after 7/1/15	On or between 7/1-9/30/15	No mapping required	9	ICD-9 coding and V.32 current version of grouper requires no mapping.
B	2	On or after 7/1/15	On or after 10/1/15	Historical mapping	0	ICD-10 must be mapped to ICD-9 based on discharge date of the claim. This scenario is only meaningful in SFY 15/16.
C	2	On or after 10/1/15	On or after 10/1/15	Historical mapping	0	ICD-10 to ICD-9 mapping as well as mapping due to October 1 version change to V.33.

Notes:

1. The ICD indicator of "9" is used for ICD-9 claims while "0" is used for ICD-10 claims.
2. In all other SFYs, the admission date dictates the need for historical mapping. Due to ICD-10 implementation during SFY 15/16 on October 1, 2015, historical mapping setting must occur based on discharge date.

These settings are used and will not change for claims with admission dates during SFY 15/16 (7/1/15-6/30/16):

**Grouper version:** APR DRG Grouper version 32.0 (10/1/2014)

**PPC version:** n/a

**HAC version:** HAC version 30.0 for Medicaid (10/1/2012)

**Payer Logic indicator:** (None)

**Birth weight option:** Coded weight with default

**Discharge DRG option:** Compute excluding only non-POA Complication of Care codes

**Key by:** admit date (DRG claims for Medi-Cal are based on admission date to apply annual payment policy based on SFY). All schedules key on admit date which means "**Key by**" should always be set to "admit date."

These settings will vary in this document based on the claim admission and discharge dates.

**Entered code mapping:**

**Mapping type:**

**ICD version indicator (located on claim record):**

Figures 1 and 2 follow depicting the two options for Scenarios A, B, & C.

**Figure 1 Option 1 (Scenario A):**

**Year 3 CA DRGs SFY 15/16 Admit and Discharge Date on or after 7/1/15 and before 10/1/15 (ICD-9)**

The screenshot shows a configuration window with the following fields and values:

- User key1: Example 1
- User key2: (empty)
- Begin date: 07/01/2015
- End date: 09/30/2015
- Description: SFY 15/16 Adm/Dschg between 7/1/15 and 9/30/15
- Modified date: 11/19/2015
- Grouper version: APR DRG Grouper version 32.0 (10/01/2014)
- PPC version: None
- HAC version: HAC Version 30.0 for Medicaid (10/01/2012)
- Payer Logic Indicator: None (Standard 3M APR DRG)
- Birth weight option: Coded weight with default
- Discharge DRG option: Compute excluding only non-POA Complication of Care codes
- Keyed by: Admit date
- Entered code mapping: None
- Mapping type: (empty)

Buttons on the right: What's This?, Print, Clear, Cancel, Save, Save as...

These settings will vary in this document based on the claim admission and discharge dates. Other settings do not change and are as specified at the beginning of this document.

**Entered code mapping:** none

**Mapping type:** n/a

**ICD version indicator (located on claim record): 9**

- SFY 15/16 Year 3- claims with admission dates on or after 7/1/15 through 6/30/16
- Use these settings when both the admit date and discharge dates on the claim are on or after 7/1/15 and before 10/1/2015
- Since V.32 of the grouper is used, code mapping is not required. Additionally, since this claim is coded in ICD-9, no mapping is required and the **“Entered code mapping”** is set to “none” and **“Mapping type”** is blank.
- ICD-9-CM/PCS codes in effect during this timeframe; therefore, the **“ICD version indicator”** should be set to “9” on the claim record (not depicted in screenshot above). Discharge date determines this setting as the requirement to code using ICD-10 is determined by discharge date according to Federal regulation.

Figure 2 Option 2 (Scenarios B & C):

Year 3 CA DRGs SFY 15/16 Discharge Date on or after 10/1/15 (ICD-10)

User key1:	Example 2	User key2:	
Begin date:	07/01/2015	End date:	06/30/2016
Description:	SFY 15/16 Dschg date on or after 10/01/2015		
Modified date:			
Grouper version:	APR DRG Grouper version 32.0 (10/01/2014)		
PPC version:	None		
HAC version:	HAC Version 30.0 for Medicaid (10/01/2012)		
Payer Logic Indicator:	None (Standard 3M APR DRG)		
Birth weight option:	Coded weight with default		
Discharge DRG option:	Compute excluding only non-POA Complication of Care codes		
Keyed by:	Admit date		
Entered code mapping:	ICD-10-CM/PCS Version 33.0 effective 10/01/2015		
Mapping type:	Historical		

These settings will vary in this document based on the claim admission and discharge dates. Other settings do not changes and are as specified at the beginning of this document.

**Entered code mapping:** ICD-10 CM/PCS Version 33.0 effective 10/1/2015

**Mapping type:** Historical

**On claim record- ICD version indicator:** 0

- SFY 15/16 Year 3- claims with admission dates on or after 7/1/15 through 6/30/16 and the discharge date is on or after 10/1/2015. For example, a hospital stay with admission date of 9/25/2015 and discharge date of 10/5/2015.
- Claims are required to be coded using ICD-10 when the date of discharge is on or after 10/1/2015; therefore the “ICD version indicator” should be set to “0” on the claim record. (Not depicted in screenshot above.)
- “Entered code mapping” is used to map ICD-10 codes to ICD-9; select “ICD-10 CM/PCS Version 33.0 effective 10/1/2015” and Mapping Type is set to “Historical.”

Currently, DHCS is evaluating the version 33 APR-DRG grouper and mapper solution developed by 3M. Our goal is to install the product into the California Medicaid Management Information System (CAMMIS) at a date that is yet to be determined. As is customary with any new product version release, our team must evaluate and test the product before installation. DHCS will continue to use version 32 of the APR-DRG algorithm and mapper on and after October 1, 2015 and until the update to version 33 of the grouper and mapper occurs. Currently, version 32 of the mapper will not recognize approximately fifty (50) new ICD-10 PCS (surgical) codes effective October 1, 2015. Please continue to monitor the DHCS DRG website for provider bulletins.

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