

Year 2 Medi-Cal DRG Payment Policy and Grouper Settings SFY 2014-15 (revised 5/23/16)

The purpose of this document is to provide users with the setup for the 3M™ APR-DRG desktop grouper for state fiscal year (SFY) 2014-15 (claims with admission dates beginning 7/1/14 through 6/30/15). 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 important points to consider specific to SFY 2014-15 are:

- Medi-Cal policy for each SFY is applied based upon the admission date of the claim. However, SFY 2014-15 must take into account the implementation of ICD-10-CM/PCS codes for longer stay claims with dates of admission between 7/1/14 and 6/30/15 and with dates of discharge on or after 10/1/15 (ICD-10 implementation). The grouper settings must be “**keyed by**” admission date as seen in the Figures below.
- Figures 1, 2, and 3 below depict the three grouper options for Scenarios A, B, and C, based on admission and discharge date, which should not be confused with the “**keyed by**” setting. The grouper options have been recently revised due to ICD-10 implementation.
- These settings will vary in this document based on the claim admission and discharge dates:
 - **HAC version:** After 4/25/16, V.32 HAC for ICD-9 is used for ICD-9 coded claims from Year 2 of DRG payment; V.33 HAC ICD-10 is used for ICD-10 coded claims from Year 2 of DRGs.
 - **Entered code mapping:** Each July 1, the newest version of the APR-DRG grouper is implemented (V.31 7/1/14), which requires the setting for *no code mapping* for admissions between 7/1/14-9/30/14 when the V.31 mapper is used. For admissions on or after 10/1/14, *the V.32 Mapper* is most current though CAMMIS continued to use V.31; mapping is necessary. Furthermore, for claims with admissions in SFY 2014-15 and discharges on or after 10/1/15, *the V.33 Mapper* is used. The three figures below illustrate these variations.
 - **Mapping type:** Choose *none* or *historical* based on admission dates. Only *admissions* on or after 10/1/14 require historical mapping. See Table 1 and Figures 1-3 for details on which mapping type to use.
 - **Grouper ICD version qualifier (in grouper settings) and ICD version indicator (on claim record):** ICD-9-CM/PCS codes were in effect during this SFY; therefore, the “**ICD version indicator**” should be set to “9” on the claim record (not depicted in screenshots below) and “**Grouper ICD version qualifier**” should be set to “**ICD-9**” in the grouper settings (shown in Figures 1 and 2) for claims with discharge dates prior to 10/1/15. Claims are required to be coded using ICD-10 when the date of discharge is on or after 10/1/2015. For these claims, the “**ICD version indicator**” should be set to “0” on the claim record and the “**Grouper ICD version qualifier**” should be set to “**ICD-10**” (Figure 3). Discharge date determines this setting as the requirement to code using ICD-10 is determined by discharge date according to federal regulation.

For grouper settings for Years 1 of DRG payment, see the Pricing Resource webpages for each state fiscal year on the DHCS DRG webpage at <http://www.dhcs.ca.gov/provgovpart/Pages/DRG.aspx>.

Table 1						
Year 2 SFY 2014-15 Medi-Cal DRG Claims Grouper Setting Options (revised 5/23/16)						
Scenario	Option	Admit Date	Discharge Date	Mapping	ICD Version	Comments
A	1	On or between 7/1/14-9/30/14	Prior to 10/1/15	No mapping required	ICD-9 (9)	ICD-9 coding and V.31 current version of grouper requires no mapping.
B	2	On or after 10/1/14	Prior to 10/1/15	Historical mapping	ICD-9 (9)	ICD-9 coding and V.31 current version of grouper; V.32 of the mapper.
C	3	On or between 7/1/14-6/30/15	On or after 10/1/15	Historical mapping	ICD-10 (0)	As of 4/25/16, ICD-10 codes are mapped to ICD-10 codes using V.33 of the mapper.

Notes:

1. In the Grouper ICD version qualifier field in the grouper settings, select ICD-9 for ICD-9 claims and ICD-10 for ICD-10 claims. In the claim record, the ICD indicator of "9" is used for ICD-9 claims while "0" is used for ICD-10 claims.
2. Usually, the admission date dictates the need for historical mapping. Due to ICD-10 implementation on 10/1/15, the historical mapping setting must be used if the discharge date occurs after ICD-10 implementation.
3. In order for new diagnoses and procedures to be included in the DRG assignment, the updated APR-DRG Mapper must be implemented. Though the new mapper must be used in the desktop APR-DRG version settings each October 1, this will not match the mainframe CAMMIS claims system if the mapper in the mainframe has not been updated. (The mainframe has been programmed to extend the end date on the mapper allowing for more time for the upgrade.)

Figure 1 Option 1:

Year 2 CA DRG SFY 2014-15 Admission Date from 7/1/14 to 9/30/14 (ICD-9 Claims)

User key1:	<input type="text" value="Y2"/>	User key2:	<input type="text"/>	What's This? Print Clear Cancel Save Save as...
Begin date:	<input type="text" value="07/01/2014"/>	End date:	<input type="text" value="09/30/2014"/>	
Description:	<input type="text" value="Year2"/>			
Modified date:	<input type="text" value="03/18/2016"/>			
Groupers version:	<input type="text" value="APR DRG Grouper version 31.0 (10/01/2013)"/>			
Groupers ICD version qualifier:	<input type="text" value="ICD-9"/>			
PPC version:	<input type="text" value="None"/>			
HAC version:	<input type="text" value="HAC Version 32.0 for California Medicaid (10/01/2014)"/>			
Payer Logic Indicator:	<input type="text" value="None (Standard 3M APR DRG)"/>			
Birth weight option:	<input type="text" value="Coded weight with default"/>			
Discharge DRG option:	<input type="text" value="Compute excluding only non-POA Complication of Care codes"/>			
Keyed by:	<input type="text" value="Admit date"/>			
Entered code mapping:	<input type="text" value="None"/>			
Mapping type:	<input type="text"/>			

Figure 2 Option 2:

Year 2 CA DRG SFY 2014-15 Admission Date from 10/1/14 to 6/30/15 (ICD-9 Claims)

User key1:	<input type="text" value="Y2A"/>	User key2:	<input type="text"/>	What's This? Print Clear Cancel Save Save as...
Begin date:	<input type="text" value="10/01/2014"/>	End date:	<input type="text" value="06/30/2015"/>	
Description:	<input type="text" value="Year 2A"/>			
Modified date:	<input type="text" value="03/18/2016"/>			
Groupers version:	<input type="text" value="APR DRG Grouper version 31.0 (10/01/2013)"/>			
Groupers ICD version qualifier:	<input type="text" value="ICD-9"/>			
PPC version:	<input type="text" value="None"/>			
HAC version:	<input type="text" value="HAC Version 32.0 for California Medicaid (10/01/2014)"/>			
Payer Logic Indicator:	<input type="text" value="None (Standard 3M APR DRG)"/>			
Birth weight option:	<input type="text" value="Coded weight with default"/>			
Discharge DRG option:	<input type="text" value="Compute excluding only non-POA Complication of Care codes"/>			
Keyed by:	<input type="text" value="Admit date"/>			
Entered code mapping:	<input type="text" value="ICD-9-CM Version 32.0 effective 10/01/2014"/>			
Mapping type:	<input type="text" value="Historical"/>			

Figure 3 Option 3:

Year 2 CA DRG SFY 2014-15 Admission Date from 7/1/14 to 6/30/15 with discharge date after 10/1/15 (ICD-10 Claims)

User key1:	<input type="text" value="Y2B"/>	User key2:	<input type="text"/>	<input type="button" value="What's This?"/> <input type="button" value="Print"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/> <input type="button" value="Save"/> <input type="button" value="Save as..."/>
Begin date:	<input type="text" value="07/01/2014"/>	End date:	<input type="text" value="06/30/2016"/>	
Description:	<input type="text" value="ICD-10 Mapped to V.31"/>			
Modified date:	<input type="text" value="05/19/2016"/>			
Grouper version:	<input type="text" value="APR DRG Grouper version 31.0 (10/01/2013)"/>			
Grouper ICD version qualifier:	<input type="text" value="ICD-10"/>			
PPC version:	<input type="text" value="None"/>			
HAC version:	<input type="text" value="HAC Version 33.0 for California Medicaid (10/01/2015)"/>			
Payer Logic Indicator:	<input type="text" value="None (Standard 3M APR DRG)"/>			
Birth weight option:	<input type="text" value="Coded weight with default"/>			
Discharge DRG option:	<input type="text" value="Compute excluding only non-POA Complication of Care codes"/>			
Keyed by:	<input type="text" value="Admit date"/>			
Entered code mapping:	<input type="text" value="ICD-10-CM/PCS Version 33.0 effective 10/01/2015"/>			
Mapping type:	<input type="text" value="Historical"/>			

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Below are the Grouper Setting instructions prior to April 25, 2016, which is no longer valid since the upgrade to the CAMMIS system was done on April 25, 2016. This is contained below only for historical documentation purposes.

SFY 14-15 Grouper settings based on the admit date on the claim.

GrouperField	Year 2 Setting (7/1/14-6/30/15)
Grouper Version	V.31
Mapping Type	N/A for admission dates 7/1-9/30/14 Historical for admission dates 10/1/14-6/30/15
Birthweight Option	Option 5 Coded weight with default
Discharge DRG Option	Excluding non-POA Complication of Care

SFY 14-15 Admit date from 7/1/2014 to 9/30/2014 (DRG Year 2)

Schedule - New X

User key1:	<input type="text" value="Example"/>	User key2:	<input type="text"/>	<input type="button" value="What's This?"/> <input type="button" value="Print"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/> <input type="button" value="Save"/> <input type="button" value="Save as..."/>
Begin date:	<input type="text" value="7/1/2014"/>	End date:	<input type="text" value="09/30/2014"/>	
Description:	<input type="text" value="V.31"/>			
Modified date:	<input type="text"/>			
grouper version:	<input type="text" value="APR DRG Grouper version 31.0 (10/01/2013)"/>			
PPC version:	<input type="text" value="None"/>			
HAC version:	<input type="text" value="HAC Version 30.0 for Medicaid (10/01/2012)"/>			
Payer Logic Indicator:	<input type="text" value="None (Standard 3M APR DRG)"/>			
Birth weight option:	<input type="text" value="Coded weight with default"/>			
Discharge DRG option:	<input type="text" value="Compute excluding only non-POA Complication of Care codes"/>			
Keyed by:	<input type="text" value="Admit date"/>			
Entered code mapping:	<input type="text" value="None"/>			
Mapping type:	<input type="text"/>			
Reimbursement scheme:	<input type="text" value="None"/>			

SFY 14-15 Claim admit date from 10/1/2014 to 6/30/2015 (DRG Year 2)

Schedule - New X

User key1:	<input type="text" value="Example"/>	User key2:	<input type="text"/>	<input type="button" value="What's This?"/> <input type="button" value="Print"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/> <input type="button" value="Save"/> <input type="button" value="Save as..."/>
Begin date:	<input type="text" value="10/01/2014"/>	End date:	<input type="text" value="6/30/2015"/>	
Description:	<input type="text" value="V.31"/>			
Modified date:	<input type="text"/>			
Groupers version:	<input type="text" value="APR DRG Grouper version 31.0 (10/01/2013)"/> ▼			
PPC version:	<input type="text" value="None"/> ▼			
HAC version:	<input type="text" value="HAC Version 30.0 for Medicaid (10/01/2012)"/> ▼			
Payer Logic Indicator:	<input type="text" value="None (Standard 3M APR DRG)"/> ▼			
Birth weight option:	<input type="text" value="Coded weight with default"/> ▼			
Discharge DRG option:	<input type="text" value="Compute excluding only non-POA Complication of Care codes"/> ▼			
Keyed by:	<input type="text" value="Admit date"/> ▼			
Entered code mapping:	<input type="text" value="ICD-9-CM or ICD-10-CM/PCS Version 32.0 effective 10/01/2014"/> ▼			
Mapping type:	<input type="text" value="Historical"/> ▼			
Reimbursement scheme:	<input type="text" value="None"/> ▼			