

Medi-Cal DRG 3M Grouper Settings for CA State Fiscal Year 2022-23 (4/1/2023)

This document provides the setup parameters for the 3M Health Information System (3M™) All Patient Refined Diagnosis Related Group (APR-DRG) Core Grouping Software (CGS) desktop grouper for CA State Fiscal Year (SFY) 2022-23 claims with admission dates beginning 7/1/22 through 6/30/23. The required settings shown in this document correspond to the settings used within the California Medicaid Management Information System (CMMIS) mainframe grouper, which pays Medi-Cal DRG claims.

Some important points to consider:

- Medi-Cal policy for each SFY is applied based upon the admission date of the claim. The grouper settings must be set to **Keyed by: Admit date**.
- These settings will vary based on the claims' admission and discharge dates. See Table 1 and Figures 1, 2, and 3 for full details of settings to enter.
 - **Interpretation of undetermined Present of Admission (POA) indicators:** The POA indicators of W and U will be treated as N by the system.
 - **Hospital Acquired Conditions (HAC) version:** For admissions from 7/1/22 through 9/30/22, with a discharge date before 10/1/2022, using HAC version 39.1 for California Medicaid per Table 1: Scenario A and Figure 1. For admissions from 7/1/22 through 3/31/23, with a discharge date on or after 10/1/2022, using HAC version 40.0 for California Medicaid per Table 1: Scenario B and Figure 2. For admissions from 7/1/22 through 6/30/23, with a discharge date on or after 4/1/2023, using HAC version 40.1 for California Medicaid per Table 1: Scenario C and Figure 3.
 - **Birth weight and gestational age option:** For all newborn claims with a birth weight below 2500 grams, the birth weight and gestational age must be entered as a diagnosis code or the system will process the claim with a default of normal birthweight.
 - **Entered code mapping:** For admissions from 7/1/22 through 9/30/22, with a discharge date before 10/1/2022, entered code mapping should be set to "None". For admissions from 7/1/22 through 3/31/23, with a discharge date on or after 10/1/2022, entered code mapping should be set to "ICD-10-CM/PCS version 40.0 effective 10/01/2022". For admissions from 7/1/22 through 6/30/23, with a discharge date on or after 4/1/2023, entered code mapping should be set to "ICD-10-CM/PCS version 40.1 effective 4/1/2023".
 - **Mapping type:** All admissions from 7/1/22 through 6/30/23 require historical mapping.

Table 1: SFY 2022-23 Medi-Cal DRG Claims Grouper Setting Scenarios

Scenario	Admit Date	Discharge Date	Grouper Version	Mapping	Mapper Version	HAC Version
A	7/1/22 to 9/30/22	Before 10/1/22	39.1	Historical	None	39.1 for California Medicaid

Scenario	Admit Date	Discharge Date	Grouper Version	Mapping	Mapper Version	HAC Version
B	7/1/22 to 3/31/23	On or after 10/1/22	39.1	Historical	40.0	40.0 for California Medicaid
C	7/1/22 to 6/30/23	On or after 4/1/23	39.1	Historical	40.1	40.1 for California Medicaid

Note: For new or modified diagnose and procedure codes to be included in the DRG assignment, the appropriate APR-DRG Mapper must be implemented.

For grouper settings for other years of DRG payment, see the Pricing Resources webpages for each state fiscal year on the DHCS [Diagnosis Related Group Hospital Inpatient Payment Methodology](#) webpage.

Scenario A:

Admission date from 7/1/22 through 9/30/22, with discharge date before 10/1/22

Figure 1: ICD10 admit 7/1/22-9/30/22, discharge before 10/1/22

User key1:	SFY22-23A_ICD10	User key2:	
Begin date:	07/01/2022	End date:	09/30/2022
Description:	D10 Admit 7/1/22-9/30/22, Discharge before 10/1/22		
Modified date:	01/19/2023		

Reimbursement scheme:	None
<input type="checkbox"/> Automatically Determine Reimbursement Settings	
<input type="checkbox"/> Automatically Determine Grouper Settings	
Keyed by:	Admit date
Grouper version:	APR DRG Grouper Version 39.1 (04/01/2022)
Interpretation of Undetermined POA Indicators:	0 - W treated as N, U treated as N
PPC version:	None
HAC version:	HAC Version 39.1 for California Medicaid (04/01/2022)
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
Entered code mapping:	None
Mapping type:	

Scenario B:

Admission date from 7/1/22 through 6/30/23, with discharge date on or after 10/1/22

Figure 2: ICD10 admit 7/1/22-3/31/23, discharge on or after 10/1/22

User key1:	SFY22-23B_ICD10	User key2:	
Begin date:	07/01/2022	End date:	03/31/2023
Description:	Admit 7/1/22-3/31/23, Discharge on or after 10/1/22		
Modified date:	10/12/2022		

Reimbursement scheme:	None
<input type="checkbox"/> Automatically Determine Reimbursement Settings	
<input type="checkbox"/> Automatically Determine Grouper Settings	
Keyed by:	Admit date
Grouper version:	APR DRG Grouper Version 39.1 (04/01/2022)
Interpretation of Undetermined POA Indicators:	0 - W treated as N, U treated as N
PPC version:	None
HAC version:	HAC Version 40.0 for California Medicaid (10/01/2022)
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
Entered code mapping:	ICD-10-CM/PCS Version 40.0 effective 10/01/2022
Mapping type:	Historical

Scenario C:

Admission date from 7/1/22 through 6/30/23, with discharge date on or after 4/1/23

Figure 3: ICD10 admit 7/1/22-6/30/23, discharge on or after 4/1/23

User key1:	SFY22-23C_ICD10	User key2:	
Begin date:	07/01/2022	End date:	06/30/2023
Description:	0 Admit 7/1/22-6/30/23, Discharge on or after 4/1/23		
Modified date:	04/07/2023		

Reimbursement scheme:	None
<input type="checkbox"/> Automatically Determine Reimbursement Settings	
<input type="checkbox"/> Automatically Determine Grouper Settings	
Keyed by:	Admit date
Grouper version:	APR DRG Grouper Version 39.1 (04/01/2022)
Interpretation of Undetermined POA Indicators:	0 - W treated as N, U treated as N
PPC version:	None
HAC version:	HAC Version 40.1 for California Medicaid (04/01/2023)
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
Entered code mapping:	ICD-10-CM/PCS Version 40.1 effective 04/01/2023
Mapping type:	Historical

Using CSV files to import grouper settings

A comma separated value (CSV) file containing the grouper settings for this year of DRG is available for download on the [Diagnosis Related Group Hospital Inpatient Payment Methodology](#) webpage in the Pricing Resources section under the applicable SFY. You can use this file to import the grouper settings into the 3M™ CGS Schedule Setup Module instead of manual entry. Instructions for importing the CSV file are posted in the DRG Pricing Resources under each SFY.