

Medi-Cal DRG 3M Grouper Settings for CA State Fiscal Year 2023-24 (4/1/2024)

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) 2023-24 claims with admission dates beginning 7/1/23 through 6/30/24. 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 7/1/23 through 9/30/23, with a discharge date before 10/1/23, using “HAC version 40.1 for California Medicaid (04/01/2023)” per Table 1: Scenario A and Figure 1. For admissions from 7/1/23 through 3/31/24, with a discharge date on or after 10/1/23, using “HAC version 41.0 for California Medicaid (10/01/2023)” per Table 1: Scenario B and Figure 2. For admissions from 7/1/23 through 6/30/24, with a discharge date on or after 4/1/24, using “HAC version 41.1 for California Medicaid (04/01/2024)” per Table 1: Scenario C and Figure 3.
 - **Birth weight and gestational age option:** For all newborn claims with a birth weight below normal, 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 7/1/23 through 9/30/23, with a discharge date before 10/1/23, entered code mapping should be set to “ICD-10-CM/PCS version 40.1 effective 04/01/2023”. For admissions from 7/1/23 through 3/31/24, with a discharge date on or after 10/1/23, entered code mapping should be set to “ICD-10-CM/PCS version 41.0 effective 10/1/2023”. For admissions from 7/1/23 through 6/30/24, with a discharge date on or after 4/1/24, entered code mapping should be set to “ICD-10-CM/PCS version 41.1 effective 04/01/2024”.
 - **Mapping type:** All admissions from 7/1/23 through 6/30/24 require historical mapping.

Table 1: SFY 2023-24 Medi-Cal DRG Claims Grouper Setting Scenarios

Scenario	Admit Date	Discharge Date	Grouper Version	Mapping	Mapper Version	HAC Version
A	7/1/23 to 9/30/23	Before 10/1/23	40.0	Historical	40.1	40.1 for California Medicaid

Scenario	Admit Date	Discharge Date	Grouper Version	Mapping	Mapper Version	HAC Version
B	7/1/23 to 3/31/24	On or After 10/1/23	40.0	Historical	41.0	41.0 for California Medicaid
C	7/1/23 to 6/30/24	On or After 4/1/24	40.0	Historical	41.1	41.1 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 7/1/23 through 9/30/23, with discharge date before 10/1/23

Figure 1: ICD10 admit 7/1/23-9/30/23, discharge before 10/1/23

User key1:	SFY23-24A_ICD10	User key2:	
Begin date:	07/01/2023	End date:	09/30/2023
Description:	D10 Admit 7/1/23-9/30/23, Discharge before 10/1/23		
Modified date:	05/31/2023		

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 40.0 (10/01/2022)
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

Scenario B:

Admission date from 7/1/23 through 3/31/24, with discharge date on or after 10/1/23

Figure 1: ICD10 admit 7/1/23-3/31/24, discharge on or after 10/1/23

User key1:	SFY23-24B_ICD10	User key2:	
Begin date:	07/01/2023	End date:	03/31/2024
Description:	ICD10 Admit 7/1/23-3/31/24, Discharge on or after 10/1/23		
Modified date:	03/29/2024		

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 40.0 (10/01/2022)
Interpretation of Undetermined POA Indicators:	0 - W treated as N, U treated as N
PPC version:	None
HAC version:	HAC Version 41.0 for California Medicaid (10/01/2023)
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 41.0 effective 10/01/2023
Mapping type:	Historical
Mapping based on:	Discharge date

Scenario C:

Admission date from 7/1/23 through 6/30/24, with discharge date on or after 4/1/24

Figure 1: ICD10 admit 7/1/23-6/30/24, discharge on or after 4/1/24

User key1:	SFY23-24C_ICD10	User key2:	
Begin date:	07/01/2023	End date:	06/30/2024
Description:	ICD10 Admit 7/1/23-6/30/24, Discharge on or after 4/1/24		
Modified date:	03/28/2024		

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 40.0 (10/01/2022)
Interpretation of Undetermined POA Indicators:	0 - W treated as N, U treated as N
PPC version:	None
HAC version:	HAC Version 41.1 for California Medicaid (04/01/2024)
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 41.1 effective 04/01/2024
Mapping type:	Historical
Mapping based on:	Discharge date

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.