

## Medi-Cal DRG 3M Grouper Settings for CA State Fiscal Year 2021-22 (4/1/2022)

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) 2021-22 claims with admission dates beginning 7/1/21 through 6/30/22. The required settings shown in this document correspond to the settings used within the California Medicaid Management Information System (CAMMIS) 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 Figure 1 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 7/1/21 through 9/30/21, use HAC version 38.1 for California Medicaid per Table 1: Scenario A and Figure 1. For admissions from 7/1/21 through 3/31/2022 with discharges on or after 10/1/21, use HAC version 39.0 for California Medicaid per Table 1: Scenario B and Figure 2. For admissions from 7/1/21 through 6/30/2022 with discharges on or after 4/1/22, use HAC version 39.1 for California Medicaid per Table 1: Scenario C and Figure 3.
  - **Birth weight option:** For all newborn claims with a birth weight below normal, the reduced weight 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 7/1/21 through 9/30/21, with a discharge date before 10/1/2021, entered code mapping should be set to "ICD-10-CM/PCS Version 38.1 effective 01/01/2021". For admissions from 7/1/21 through 3/31/22, with a discharge date on or after 10/1/2021, entered code mapping should be set to "ICD-10-CM/PCS Version 39.0 effective 10/01/2021." For admissions from 7/1/21 through 6/30/22, with a discharge date on or after 4/1/2022, entered code mapping should be set to "ICD-10-CM/PCS Version 39.1 effective 04/01/2022."
  - **Mapping type:** All admissions from 7/1/21 through 6/30/22 require historical mapping.

**Table 1: SFY 2021-22 Medi-Cal DRG Claims Grouper Setting Scenarios**

| Scenario | Admit Date        | Discharge Date      | Grouper Version | Mapping    | Mapper Version | HAC Version                  |
|----------|-------------------|---------------------|-----------------|------------|----------------|------------------------------|
| A        | 7/1/21 to 9/30/21 | Before 10/1/21      | 38              | Historical | 38.1           | 38.1 for California Medicaid |
| B        | 7/1/21 to 3/31/22 | On or after 10/1/21 | 38              | Historical | 39.0           | 39.0 for California Medicaid |
| C        | 7/1/21 to 6/30/22 | On or after 4/1/22  | 38              | Historical | 39.1           | 39.1 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 7/1/21 through 9/30/21, with discharge date before 10/1/21**

**Figure 1: ICD10 admit 7/1/21 - 9/30/21, discharge before 10/1/21**

**Scenario B:**

**Admission date from 7/1/21 through 3/31/22, with discharge date on or after 10/1/21**

**Figure 1: ICD10 admit 7/1/21 - 3/31/22, discharge on or after 10/1/21**

|                |   |            |            |
|----------------|---|------------|------------|
| User key1:     | SFY21-22B_ICD10                                       | User key2: |            |
| Begin date:    | 07/01/2021  | End date:  | 03/30/2022 |
| Description:   | I Admit 7/1/21-3/31/22, Discharge on or after 10/1/21 |            |            |
| Modified date: | 03/28/2022  |            |            |

  

Reimbursement scheme: **None** ▾

Automatically Determine Reimbursement Settings

Automatically Determine Grouper Settings

Keyed by: **Admit date** ▾

Grouper version: **APR DRG Grouper version 38.0 (10/01/2020)** ▾

Interpretation of Undetermined POA Indicators: **0 - W treated as N, U treated as N** ▾

PPC version: **None** ▾

HAC version: **HAC Version 39.0 for California Medicaid (10/01/2021)** ▾

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 39.0 effective 10/01/2021** ▾

Mapping type: **Historical** ▾

## Scenario C:

Admission date from 7/1/21 through 6/30/22, with discharge date on or after 4/1/22

Figure 1: ICD10 admit 7/1/21 – 6/30/22, discharge on or after 4/1/22

|                |  |            |            |
|----------------|--|------------|------------|
| User key1:     | SFY21-22C_ICD10                                      | User key2: |            |
| Begin date:    | 07/01/2021   | End date:  | 06/30/2022 |
| Description:   | ICD10 Admit 7/1/21-6/30/22, Discharge on or after 4/ |            |            |
| Modified date: | 03/28/2022   |            |            |

  

|   |   |
|---|---|
| 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 38.0 (10/01/2020)                 |
| 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:   | ICD-10-CM/PCS Version 39.1 effective 04/01/2022           |
| 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.