

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10834</b>	<b>Date: June 11, 2021</b>
	<b>Change Request 12303</b>

**SUBJECT: Quarterly Update to Home Health (HH) Grouper**

**I. SUMMARY OF CHANGES:** This change request provides an October 2021 update to the HH Grouper software to reflect annual diagnosis code changes.

**EFFECTIVE DATE: October 1, 2021 - Claims with a From date on or after the effective date**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 4, 2021**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

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## I. GENERAL INFORMATION

**A. Background:** The HH Grouper assigns each claim into a Home Health Resource Group (HHRG) based on the reported claim and patient assessment information, including diagnosis codes. The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code set is updated annually, effective October 1. Each year, the Grouper contractor, 3M Health Information Systems (3M-HIS), develops a new HH Grouper software package to reflect these updates. This change request implements this annual update. Additional HH Grouper updates may be needed if additional ICD-10-CM codes are created throughout the year.

The HH Grouper and related documentation for each update is located on the CMS webpage at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/CaseMixGrouperSoftware>. Current instructions regarding the HH Grouper are available in the Claims Processing Manual publication 100-04, chapter 10, section 80.

**B. Policy:** Version 03.0.21 of the HH Grouper shall be effective for claim From dates on or after October 1, 2021.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12303.1	The contractor shall process HH claims (Type of Bill 032x other than 322 and 320) with From dates on and after October 1, 2021 using HH Grouper version 03.0.21 software.					X				

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
12303.2	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.			X		

#### IV. SUPPORTING INFORMATION

##### Section A: Recommendations and supporting information associated with listed requirements:

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
.1	<p>Version numbering scheme:</p> <ul style="list-style-type: none"> <li>• 1st two digits - main version number, which increases by one with each October annual update.</li> <li>• 3rd digit - zero-based counter of releases of a version. Each October is zero. Subsequent releases are 1, 2, etc.</li> <li>• Last two digits - the calendar year the release occurs (e.g., 21 for 2021).</li> </ul>

**Section B: All other recommendations and supporting information:** N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Carla Douglas, [carla.douglas@cms.hhs.gov](mailto:carla.douglas@cms.hhs.gov) , Wil Gehne, [wilfried.gehne@cms.hhs.gov](mailto:wilfried.gehne@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

##### Section A: For Medicare Administrative Contractors (MACs):

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**ATTACHMENTS: 0**