

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10992	Date: September 10, 2021
	Change Request 12429

SUBJECT: Quarterly Update to Home Health (HH) Grouper

I. SUMMARY OF CHANGES: This change request provides a January 2022 update to the HH Grouper software to reflect grouping changes described in the calendar year 2022 HH final rule. This Recurring Update Notification applies to chapter 10, section 80.

EFFECTIVE DATE: January 1, 2022 - Claims with a From date on or after the effective date.

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

IMPLEMENTATION DATE: January 3, 2022

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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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IMPLEMENTATION DATE: January 3, 2022

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. Change request 12303 implemented the most recent annual update.

Additional HH Grouper updates may be needed in quarterly releases if HH rulemaking changes the case-mix grouping policies or if additional ICD-10-CM codes are created throughout the year. This change request provides a quarterly update to reflect the policies published in the calendar year 2022 HH final rule.

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 03.1.22 of the HH Grouper shall be effective for claim From dates on or after January 1, 2022.

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	
12429.1	The contractor shall process HH claims (Type of Bill 032x other than 32A or 320) with From dates on and after January 1, 2022 using HH Grouper version 03.1.22 software.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
12429.2	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"> 1st two digits - main version number, which increases by one with each October annual update. 3rd digit - zero-based counter of releases of a version. Each October is zero. Subsequent releases are 1, 2, etc. Last two digits - the calendar year the release is effective (e.g., 22 for 2022).

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

V. CONTACTS

Pre-Implementation Contact(s): Carla Douglas, carla.douglas@cms.hhs.gov , Wil Gehne, 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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and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0