CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12343	**Date: November 2, 2023**
	Change Request 13418

SUBJECT: Quarterly Update to Home Health (HH) Grouper

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the April 2024 update to the HH Grouper software. This recurring update notification applies to chapter 10, section 80.

EFFECTIVE DATE: April 1, 2024 - Claim "From" Dates on or after this date.
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 1, 2024

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	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

Pub. 100-04	Transmittal: 12343	Date: November 2, 2023	Change Request: 13418

SUBJECT: Quarterly Update to Home Health (HH) Grouper

EFFECTIVE DATE: April 1, 2024 - Claim "From" Dates on or after this date.
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I. GENERAL INFORMATION

A. Background: The HH Grouper assigns each claim into a Home Health Resource Group 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 first. Each year, the Grouper contractor, 3M Health Information Systems, develops a new HH Grouper software package to reflect these updates.

Additional HH Grouper updates may be needed in quarterly releases when HH rulemaking changes the case-mix grouping policies or if additional ICD-10-CM diagnosis codes are created throughout the year. CR 13309 provided the calendar year 2024 update to reflect the HH final rule. This CR provides the April 2024 update to reflect the April coding updates.

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 05.1.24 of the HH Grouper shall be effective for claim From dates on or after April 1, 2024.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13418.1	The contractor shall process HH claims (Type of Bill 032x other than 32A or 320) with claim From dates on and after April 1, 2024 using HH Grouper version 05.1.24 software.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility

		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13418.2	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.			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:
13418.1	Version numbering scheme: • 1st two digits - main version number, which increases by one with each January update. • 3rd digit - zero-based counter of releases of a version. Each January is zero. Subsequent releases are 1, 2, etc. • Last two digits - the calendar year the release is effective (e.g., 23 for 2023).

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

V. CONTACTS

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