

Home Health PC Grouper Frequently Asked Questions

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What is the Home Health (HH) PC Grouper?

The Home Health Grouper Software uses clinical information submitted on home health claims and OASIS assessments to categorize patients into clinical categories and provide adjustments based on a patient’s resource needs. After the software has determined the categorization and adjustment, it produces a Health Insurance Prospective Payment System (HIPPS) code on which payment is based. This program is incorporated into Medicare claims processing systems and a batch processing version is made available free to providers and software vendors to be incorporated into their billing systems.

The HH PC Grouper is a stand-alone tool that can be used to determine HIPPS codes based on a user’s input on a data entry screen. It contains the same programming logic that is used in claims processing, presented in a more user-friendly, interactive format. The download package available on this site contain both the batch and PC versions of the HH Grouper.

Is There an Excel version of the HH Grouper?

An Excel spreadsheet Interactive Grouper is not included with new releases of the HH Grouper. The spreadsheet interactive grouper tool was meant for illustration purposes during the CY 2020 regulation comment period. It was to help Home Health Agencies (HHAs) to gain an understanding of how the

PDGM works and how it translates to a case-mix weight. Beginning in 2021, only the PC Grouper is provided.

How Do I Find the HH PC Grouper in the Download Package?

If you have already downloaded the ZIP file of the Java Grouper package:

- open the folder titled 'HomeHealthGrouperSoftware'
- open folder of that labeled 'interactive'
- Click the file named "HomeHealthGUI" to launch the program

You will see a data entry screen where you can key all the needed information. For additional information on installation, open the folder in the download package labeled 'documentation' and open the document titled *HHGS Install and User Manual* in the filename. Chapter 5 contains installation instructions.

How Do I Use the HH PC Grouper?

Open the folder in the download package labeled 'documentation' and open the *HHGS Install and User Manual* in the filename. Chapter 6 contains detailed instructions on the PC data entry fields. Chapter 7 contains information describing the output reports.

How Often is the HH PC Grouper Updated?

The major release of the Home Health Grouper is January 1st each year with changes made as a result of the rulemaking process. There are two other off-cycle updates during the year for new and deleted ICD-10-CM diagnosis codes. These are April 1st and October 1st each year. You should download all new versions of the grouper in order to have access to new codes and logic changes.

How is the HH Grouper version numbering determined?

The Home Health Grouper version number is configured on the calendar year (January) for when the grouper is updated according to HH PPS final rule publication. Each calendar year in January, the grouper version increments by one. Here is an example of the meaning of each section of the version number for the January CY23 release 04.0.23:

- 04 – The 4th version of the HH Grouper based on the CY23 Final Rule
- 0 – The 1st release of that version (zero-based)
- 23 – The last 2 digits of the year of the release

Subsequent releases planned for the version 04 grouper will likely be April 04.1.23 and October 04.2.23

How do I identify the changes for the current version of the HH Grouper Software?

A detailed 'Summary of Changes' is provided with each HH Grouper Software release. From the downloaded ZIP package, open the 'HomeHealthGrouperSoftware' folder, open the 'documentation' folder, and click on the file named, 'General_HHGS_Summary_of_Changes_vXX.X.XX'. A high level Summary of Changes is also provided in Chapter One of the 'TBD Manual Name'. Note that "General" will be titled "Beta" for the beta release of software.

Can the PC Grouper help me determine the Clinical Group or Comorbidity Subgroup for a given diagnosis code?

Providers use the International Classification of Diseases, 10th Revision (ICD–10) coding system to report any applicable diagnoses on a home health claim. However, not all the ICD–10 CM diagnosis codes are appropriate as principal diagnosis codes for grouping home health periods into clinical groups or to be placed into a comorbidity subgroup when listed as a secondary diagnosis. As such, each ICD-10 CM diagnosis code is assigned, including not assigned (NA), to a clinical and comorbidity subgroup within the HH PC Grouper.

Each diagnosis codes assigned (including NA) clinical group and comorbidity subgroup can be found in text files named “Diagnosis_Codes” in the folder of the download package labeled ‘tables.’ However, it is more easily accessible via the HH regulations webpage:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices>

Beginning with CY 2022, each posted final rule is accompanied by a spreadsheet named “HH Clinical Group and Comorbidity Adjustment Diagnosis Code List.”

The PC Grouper provides only the HIPPS code. Where can I find out the corresponding payment amount?

Go to the CMS Web Pricer page at: [Home Health PPS Web Pricer | CMS](#)

Select <https://webpricer.cms.gov/#/pricer/homehealth> to use the HH Web Pricer that estimates Original Medicare payments based on the HIPPS code and other relevant claim information.

In the HH Grouper ‘tables’, how do I know what each column in the tables is referencing?

For information about the table content, open the ‘HomeHealthGrouperSoftware’ folder from the downloaded ZIP package, click on ‘tables’, and open the file named ‘RT_File_Layout’. A listing of each table name and explanation of the column name and contents is provided. Refer to the *HHGS Install and User Manual* for additional details.

How is a period of care defined by the HH Grouper?

Effective January 1, 2020 a home health period of care is defined as a 30-day unit of payment. Each period is defined as either “early” or “late”, where the first 30-day period in a sequence of periods is always considered “early” and all subsequent periods of care after the first 30 days are considered “late.”

Why would a diagnosis code not be assigned to a clinical group?

Although all diagnosis codes are used for grouping and validation purposes, if a diagnosis is not assigned to a clinical group, it is either; not a condition that would be primarily treated in a home health setting,

or the diagnosis should not be reported as a principal diagnosis according to ICD-10-CM coding guidelines.

What is meant by “Primary Awarding” diagnosis in the HH PPS Grouper?

There is one instance in the HH Grouper where the principal diagnosis is not used in clinical group assignment. This occurs when a “Primary Awarding” diagnosis code is reported in the first secondary diagnosis position. If a diagnosis code is identified as Primary Awarding in the ‘Diagnosis_Codes’ table, it is treated as the principal diagnosis and is used to determine the clinical group assignment instead of the reported principal diagnosis. The unused principal diagnosis is excluded from all additional processing, such as the comorbidity adjustment. Currently, only diagnosis code Z45.2 (Encounter for adjustment and management of VAD), is eligible for primary awarding.

Can more than one comorbidity adjustment be applied to a claim?

The Home Health Grouper Software (HHGS) assigns a comorbidity adjustment when a patient has one or more defined comorbid conditions present. Only one comorbidity adjustment is applied per claim, even if two or more comorbidity adjustments are applicable. If conditions for both a high and low adjustment are present, the high comorbidity adjustment takes precedence. The comorbidity adjustment of low or high is not applied when the comorbidity diagnosis and the principal diagnosis are within the same sub-classification in the ICD-10-CM chapter definitions because the conditions are closely related and do not require additional resource use.