



Home Health Claims: New Grouper Edits

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Related CR Title: Home Health Claims - New Grouper Return Code Edits and Informational Unsolicited Response

Provider Types Affected

This MLN Matters Article is for Home Health Agencies (HHAs) billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about:

- New Grouper Edits
- New HH Informational Responses
- Revised processing of some Notices of Admission (NOA)

Background

New Grouper Edits

The HH Grouper program has various data validity edits that make sure it uses consistent and accurate data when calculating payment groups on HH claims. Of these edits, currently only a principal diagnosis not assigned to a clinical group causes HH claims to be returned to the provider. Other principal diagnosis code errors aren't returned to the provider. In some cases, this causes processing problems.

New edits will identify various error conditions helpful to providers in improving claims accuracy. If the diagnosis coding issues are identified, CMS returns the claim to the provider for correction.

These new Grouper edits apply to Types of Bill 032X (except 032A, 032D, and 0320). With this process, we may return some claims to you with 1 of the following messages:

- Unacceptable primary diagnosis, not reportable as primary
- Manifestation code not reportable as primary diagnosis
- Unspecified diagnosis code not acceptable as primary diagnosis
- External cause of injury code not reportable as primary diagnosis
- Primary diagnosis identified as a code first code with condition present
- Primary diagnosis code is not valid for claim dates or is blank

Revised Processing of Some NOAs

When you send us an NOA indicating the patient transferred from another HHA and the NOA From date falls within the HH period of care of the previous HHA, we truncate the End date of the previous period to allow the transfer.

[CR 12790](#) corrected a problem that occurs if you send us a transfer NOA in error and then cancel it. That CR makes sure Medicare systems restore the previous period's End date when a transfer NOA is canceled. It doesn't address the possibility that a claim corresponding to the previous period may have been paid a partial period payment adjustment in error. [CR 12924](#) creates a process to identify these claims and to adjust them to restore full payment for the period of care.

More Information

We issued [CR 12924](#) to your MAC as the official instruction for this change.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
October 6, 2022	Initial article released.

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