

# Summary of Changes

**HRG4+ 2018/19 Reference Costs Grouper**  
from:  
**HRG4+ 2017/18 Reference Costs Grouper**

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## Purpose

The purpose of this summary is to provide an overview of the main changes implemented between the HRG4+ 2017/18 Reference Costs Grouper and the HRG4+ 2018/19 Reference Costs Grouper.

Changes are broken down by:

- **Grouper Input Changes**
- **Grouper Output Changes**
- **Grouper Software Changes**
- **Grouper Algorithm Changes**
- **HRG Design Changes**

This document also includes a high-level description of design changes by subchapter as well as HRG distribution by subchapter, in Table 1.

This document is intended as a high-level summary to be used to form the basis of further analysis and investigation rather than as a comprehensive description of all differences between grouper releases. Further HRG4+ supporting documentation is available from the National Casemix Office website: <https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools>.

## Changes to the HRG4+ Grouper

The following changes have been implemented between the HRG4+ 2017/18 Reference Costs Grouper and the HRG4+ 2018/19 Reference Costs Grouper.

### Grouper Input Changes

#### Admitted Patient Care

In the Admitted Patient Care dataset, the fields PROCODET and PROVSPNO have been made mandatory. This is to ensure that spells are correctly created using the fields PROCODET, PROVSPNO and EPIORDER, and to ensure that when passed to the Grouper, spells are grouped appropriately.

If either PROCODET and/or PROVSPNO are left blank when using Batch grouping, HRG **UZ01Z Data Invalid for Grouping** will be generated at both episode and spell level.

If either PROCODET and/or PROVSPNO are left blank when using Single Spell, an error message is produced indicating the fields are blank and no outputs are generated until a value is entered. Single Spell will also produce an error message if either PROCODET and/or PROVSPNO are inconsistent within a multi-episode spell. Again, no outputs are generated until this is corrected.

### Grouper Output Changes

No changes to the Grouper outputs.

### Grouper Software Changes

#### Sample test data

The sample test data file that is installed as part of the Grouper installation has been renamed from “HRG4+ Non Admitted Care Sample Test Data” to “HRG4+ Non-Admitted Consultations Sample Test Data” to align with the current Grouper database naming convention.

#### Home screen

For consistency, the name of the Grouper product now appears on all screens, i.e. HRG4+ 2018/19 Reference Costs.

#### Navigation pane

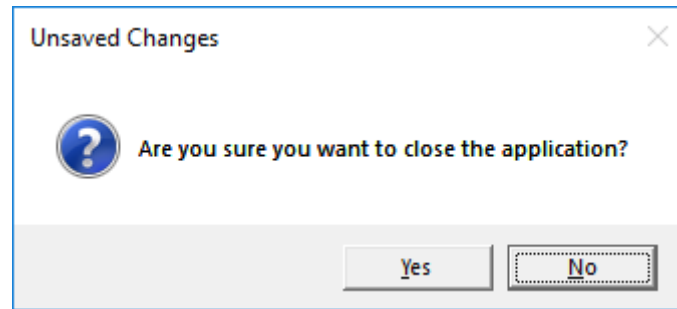
A hyperlink on the Grouper logo within the left-hand navigation pane has been removed. The hyperlink returned a user to the main Grouper home window, but it was felt that this unnecessarily duplicated the functionality of the hyperlink named “Home” in the navigation pane.

## Closure prompt box

A closure prompt box has been introduced to stop the application from being closed accidentally where a user has made updates within the Grouper application.

Previously, where a user clicked on the “x” icon at the top right corner of a window, the Grouper application would close without prompting the user to consider whether they really meant to close the application.

Now, where a user has made changes within the application and the “x” icon at the top right corner of a window is selected, the following closure prompt box will be presented:



Selecting “Yes” will close the Grouper application, and selecting “No” will close the prompt box and return the user to the Grouper application.

## Viewer

In the Viewer, where an appropriate RDF and file is selected, it is possible to load an input record into Single Spell by double-clicking on a line of data within the Viewer window.

Now, in addition to double-clicking, a user can right-click on a relevant line of data in the Viewer window and select “Open in single spell” to load an input record into Single Spell.

## Single Spell

A new “Reset” button has been introduced next to the “Undo” and “Redo” buttons within Single Spell. The new button allows a user to reset the Single Spell input fields to the default values.

The output log windows on the Single Spell, RDF and Viewer windows have been removed as only minimal information was captured about actions performed.

## Drop-down lists

The drop-down boxes on the Batch, Single Spell, RDF and Viewer windows have been increased to store the last eight files selected rather than the last seven files selected.

## Grouper Algorithm Changes

### Age increase across multi-episode spells

In a multi-episode spell, when the Grouper checks the age between episodes (where the age changes), the Grouper previously validated the age difference against the calcepidur value rather than the epidur value provided in the record. This has been changed in the HRG4+ 2018/19 Reference Costs Grouper.

## HRG Design Changes

### Update of base design

The design base for the HRG4+ 2018/19 Reference Costs Grouper is the HRG4+ 2017/18 Reference Costs design.

### Increase in the number of HRGs

The total number of HRGs has increased by a nett of 13 from 2,879 in the HRG4+ 2017/18 Reference Costs Grouper to 2,892 in the HRG4+ 2018/19 Reference Costs Grouper. This increase reflects recent updates to clinical practice, national coding guidance and National Institute for Health and Care Excellence (NICE) guidance. Changes to the HRG design are intended to support service delivery and redesign, to improve identification of the expected resource implications of specialised and complex care, and to enable better local decision-making to facilitate improved patient outcomes.

## Cross-Chapter Design Changes

### Amendments to accommodate NICE guidance

National Institute for Health and Clinical Excellence (NICE) guidance is reviewed annually to assess whether it is appropriate to amend the HRG design to accommodate new technology and innovation. Where appropriate, the design has been amended to accommodate clinical coding guidance as per national coding rules and as issued by NICE.

### Clinical classifications review

There is a continued requirement to ensure that the HRG design is supported by and supportive of national clinical coding guidance. For the 2018/19 Reference Costs design, a review of coding guidance and rules has been undertaken, with a particular focus on OPCS-4 procedure coding.

## Updated Logic and Lists

### Update to CC flag descriptions

All CC documentation flag descriptions have been amended to explicitly identify the CC list underpinning that CC documentation flag.

### Update to multiple-procedure lists

As a result of the redesign of several subchapters, various lists used in multiple-procedure logic have been reviewed and updated.

### Updated Interventions list

The **Interventions** list has been updated to include all procedure codes to which maximum length of stay logic has been applied and to delete those codes from which length of stay logic has been removed.

## Change to PBC code mappings

Programmed Budgeting Category (PBC) code mappings have been updated in the HRG design for the HRG4+ 2018/19 Reference Costs Grouper to mirror those implemented in the design for the HRG4+ 2019/20 Local Payment Grouper in order to provide a stable baseline for future discussions.

## General Enhancements

Cosmetic changes have been made to some documentation flag descriptions and list descriptions to improve clarity and consistency across the design.

Full details of subchapter-specific changes can be found in the Chapter Summaries document that accompanies the HRG4+ 2018/19 Reference Costs Grouper release.

## Table 1: HRG Distribution by Subchapter

The following table includes a high-level description of design changes implemented in the HRG4+ 2018/19 Reference Costs Grouper by subchapter as well as HRG distribution by subchapter in the HRG4+ 2018/19 Reference Costs Grouper compared to the HRG4+ 2017/18 Reference Costs Grouper. For further details of all changes to HRG subchapters, please see the supporting documentation for the HRG4+ 2018/19 Reference Costs Grouper, including the Code to Group Excel workbook and the Chapter Summaries document, available on the National Casemix Office website at <https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools>.

Changes made to the design of one HRG subchapter may have a significant impact on HRG grouping within other subchapters. This is especially true where changes have been made to procedure hierarchy values. Likewise, global design changes may impact HRG grouping within a subchapter even where no changes have been made to the subchapter itself.

Subchapter	RC18/19	RC17/18	Comment
AA Nervous System Procedures and Disorders	101	101	No changes directly impacting this subchapter
AB Pain Management	16	14	HRGs <b>AB17Z Nerve Block or Destruction of Nerve, for Pain Management</b> and <b>AB19Z Injection of Therapeutic Substance into Joint for Pain Management</b> deleted and replaced by <b>AB25Z Nerve Block or Destruction of Nerve, Under Image Control, for Pain Management</b> ; <b>AB26Z Nerve Block or Destruction of Nerve, for Pain Management</b> ; <b>AB27Z Injection of Therapeutic Substance into Joint Under Image Control for Pain Management</b> ; and <b>AB28Z Injection of Therapeutic Substance into Joint for Pain Management</b> , leading to nett increase of two HRGs  Over two dozen combination codes created to classify procedures undertaken under image control to support new “under image control” HRGs
BZ Eyes and Periorbita Procedures and Disorders	93	94	HRG <b>BZ74A Minor Ocular Motility Procedures, 19 years and over</b> and <b>BZ74B Minor Ocular Motility Procedures, 18 years and under</b> deleted and replaced by all-age HRG, <b>BZ74Z Minor Ocular Motility Procedures</b> , leading to nett decrease of one HRG  OPCS-4 procedure codes classifying prosthetic replacement of eyeball and removal of foreign body from eye remapped to lower expected resource HRG roots in line with clinical advice  Procedure hierarchy value of 14 ophthalmic tests reduced

Subchapter	RC18/19	RC17/18	Comment
CA Ear, Nose, Mouth, Throat and Neck Procedures	122	122	No change to HRG numbers or labels OPCS-4 procedure codes classifying various maxillofacial surgery procedures remapped to a different HRG root to better reflect clinical practice Four combination codes created to classify sialendoscopy in accordance with updated national clinical coding guidance NICE guidance, and mapped to HRG root <b>CA84 Intermediate, Mouth or Throat Procedures</b>
CB Ear, Nose, Mouth, Throat and Neck Disorders	12	12	No changes directly impacting this subchapter
CD Dental and Orthodontic Procedures	23	23	No changes directly impacting this subchapter
DZ Thoracic Procedures and Disorders	176	176	No change to HRG numbers or labels Combination codes for endobronchial coil and valve procedures amended in accordance with updated national clinical coding guidance, though these procedures still map to HRG root, <b>DZ66 Complex Therapeutic Bronchoscopy</b>
EB Cardiac Disorders	48	48	No changes directly impacting this subchapter
EC Open and Interventional Procedures for Congenital Heart Disease	21	21	No changes directly impacting this subchapter
ED Open Cardiac Procedures for Acquired Conditions	50	50	No changes directly impacting this subchapter
EY Interventional Cardiology for Acquired Conditions	73	69	HRGs <b>EY44A Very Complex Percutaneous Transluminal Coronary Angioplasty with CC Score 12+</b> ; <b>EY44B Very Complex Percutaneous Transluminal Coronary Angioplasty with CC Score 8-11</b> ; <b>EY44C Very Complex Percutaneous Transluminal Coronary Angioplasty with CC Score 4-7</b> ; and <b>EY44D Very Complex Percutaneous Transluminal Coronary Angioplasty with CC Score 0-3</b> created to accommodate multiple complex percutaneous coronary interventions (PCI), leading to net increase of four HRGs  Nine new combination codes created to classify percutaneous coronary interventions (including three involving biodegradable stents ) in support of NICE guidance, and mapped to new HRG root <b>EY44 Very Complex Percutaneous Transluminal Coronary Angioplasty</b>  CC logic amended

Subchapter	RC18/19	RC17/18	Comment
FD Digestive System Disorders	54	54	No changes directly impacting this subchapter
FE Digestive System Endoscopic Procedures	41	41	No change to HRG numbers or labels OPCS-4 code <b>H62.6 Proctoscopy</b> remapped to better reflect expected resource use Combination code created to classify EUS cystogastrostomy of pancreas in line with national coding guidance and mapped to HRG root <b>FE02 Major Therapeutic Endoscopic, Upper or Lower Gastrointestinal Tract Procedures</b>
FF Digestive System Open and Laparoscopic Procedures	115	113	HRGs <b>FF70A Multiple Very Complex Gastrointestinal Tract Procedures, 19 years and over, with CC Score 7+</b> ; <b>FF70B Multiple Very Complex Gastrointestinal Tract Procedures, 19 years and over, with CC Score 0-6</b> ; and <b>FF70C Multiple Very Complex Gastrointestinal Tract Procedures, 18 years and under</b> created to improve identification of highly complex activity, leading to nett increase of three HRGs  HRG <b>FF42A Minor Anal Procedures, 19 years and over</b> and <b>FF42B Minor Anal Procedures, 18 years and under</b> deleted and replaced by all-age HRG, <b>FF42A Minor Anal Procedures</b> , leading to nett decrease of one HRG, to ensure design criteria rules re: volume continue to be met  OPCS-4 code <b>H32.1 Resiting of colostomy</b> remapped to HRG root <b>FF34 Major Large Intestine Procedures, 19 years and over</b> to better reflect the higher expected resource  Combination code for implantation of a duodenal–jejunal bypass sleeve for managing obesity deleted following change in NICE guidance  Logic and lists created/amended to enable/ensure : <ul style="list-style-type: none"> <li>▪ HRG escalation of intestinal surgery where intestinal fistula and/or long-term parenteral nutrition recorded;</li> <li>▪ Appropriate HRG escalation of bariatric surgery procedures (including sleeve gastrectomy where appropriate and not part and parcel procedures)</li> <li>▪ Patients treated for faecal incontinence group to faecal incontinence HRG only when length of stay is 1 day or less</li> </ul> Procedure hierarchy value of stomach partitioning procedures reduced to ensure appropriate grouping
GA Hepatobiliary and Pancreatic System Open and Laparoscopic Procedures	27	27	No change to HRG numbers or labels List amended to ensure sleeve gastrectomy contributes to HRG escalation where appropriate

Subchapter	RC18/19	RC17/18	Comment
GB Hepatobiliary and Pancreatic System Endoscopic and Percutaneous Procedures	14	14	No change to HRG numbers or labels Combination code created to classify EUS biopsy of ampulla of Vater and mapped to HRG root <b>GB12 Endoscopic Ultrasound Examination, of Hepatobiliary or Pancreatic Duct, with Biopsy or Cytology</b>
GC Hepatobiliary and Pancreatic System Disorders	24	24	No changes directly impacting this subchapter
HC Spinal Surgery and Disorders	74	74	No changes directly impacting this subchapter
HD Musculoskeletal Disorders	35	35	No changes directly impacting this subchapter
HE Orthopaedic Disorders	84	84	No changes directly impacting this subchapter
HN Orthopaedic Non-Trauma Procedures	111	111	No changes directly impacting this subchapter
HT Orthopaedic Trauma Procedures	87	87	No changes directly impacting this subchapter
JA Breast Procedures and Disorders	35	35	No changes directly impacting this subchapter
JB Burns Procedures and Disorders	38	38	No change to HRG numbers or labels Update to burns logic to acknowledge complex clinical nature of treating electric/lightning burns
JC Skin Surgery	11	11	No changes directly impacting this subchapter
JD Skin Disorders	10	10	No changes directly impacting this subchapter
KA Endocrine System Disorders	18	18	No changes directly impacting this subchapter
KB Diabetic Medicine	12	12	No changes directly impacting this subchapter
KC Metabolic Disorders	9	9	No changes directly impacting this subchapter
LA Renal Procedures and Disorders	48	48	No changes directly impacting this subchapter

Subchapter	RC18/19	RC17/18	Comment
LB Urological and Male Reproductive System Procedures and Disorders	149	148	<p>HRG <b>LB81Z Complex Open Urethra Procedures</b> created to accommodate urethroplasties that involve complex grafts, leading to net increase of one HRG</p> <p>Combination code created to classify transurethral water vapour ablation and mapped to <b>HRG root LB70 Complex Endoscopic, Prostate or Bladder Neck Procedures (Male and Female)</b>, to support NICE guidance</p> <p>Logic amended for one combination code to ensure all codes mapped to HRG root <b>LB26 Intermediate Endoscopic, Prostate or Bladder Neck Procedures (Male and Female)</b> as a base HRG have same logic</p>
LD Renal Dialysis for Chronic Kidney Disease	26	26	No changes directly impacting this subchapter
LE Renal Dialysis for Acute Kidney Injury	4	4	No changes directly impacting this subchapter

MA Female Reproductive System Procedures	60	57	<p>HRGs relating to termination of pregnancy redesigned with deletion of seven HRGs and replacement with 10 new HRGs to better align with current clinical practice, leading to nett increase of three HRGs</p> <p>HRGs deleted:</p> <ul style="list-style-type: none"> <li>➤ <b>MA17C Dilation and Evacuation, less than 14 weeks gestation</b></li> <li>➤ <b>MA17D Dilation and Evacuation, 14 to 20 weeks gestation</b></li> <li>➤ <b>MA18C Medical Termination of Pregnancy, less than 14 weeks gestation</b></li> <li>➤ <b>MA18D Medical Termination of Pregnancy, 14 to 20 weeks gestation</b></li> <li>➤ <b>MA19A Vacuum Aspiration with Cannula, less than 14 weeks gestation</b></li> <li>➤ <b>MA19B Vacuum Aspiration with Cannula, 14 to 20 weeks gestation;</b></li> <li>➤ <b>MA20Z Medical or Surgical Termination of Pregnancy, over 20 weeks gestation</b></li> </ul> <p>HRGs created:</p> <ul style="list-style-type: none"> <li>➤ <b>MA50Z Surgical, Abortion or Miscarriage Care, over 20 weeks Gestation</b></li> <li>➤ <b>MA51Z Surgical, Abortion or Miscarriage Care, from 14 to 20 weeks Gestation</b></li> <li>➤ <b>MA52A Surgical, Abortion or Miscarriage Care, under 14 weeks Gestation, with Insertion of Long-Acting Contraceptive</b></li> <li>➤ <b>MA52B Surgical, Abortion or Miscarriage Care, under 14 weeks Gestation, without Insertion of Long-Acting Contraceptive</b></li> <li>➤ <b>MA53Z Medical, Abortion or Miscarriage Care, over 20 weeks Gestation</b></li> <li>➤ <b>MA54Z Medical, Abortion or Miscarriage Care, from 14 to 20 weeks Gestation</b></li> <li>➤ <b>MA55A Medical, Abortion or Miscarriage Care, from 9 to under 14 weeks Gestation, with Insertion of Long-Acting Contraceptive</b></li> <li>➤ <b>MA55A Medical, Abortion or Miscarriage Care, from 9 to under 14 weeks Gestation, without Insertion of Long-Acting Contraceptive</b></li> <li>➤ <b>MA56A Medical, Abortion or Miscarriage Care, under 9 weeks Gestation, with Insertion of Long-Acting Contraceptive</b></li> </ul>
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Subchapter	RC18/19	RC17/18	Comment
			<p>➤ <b>MA56B Medical, Abortion or Miscarriage Care, under 9 weeks Gestation, without Insertion of Long-Acting Contraceptive,</b></p> <p>Combination code created to classify misoprostol per rectum in accordance with national clinical coding guidance and mapped to <b>MA5* Medical, Abortion or Miscarriage Care</b> HRG roots</p>
MB Female Reproductive System Disorders	17	17	No changes directly impacting this subchapter
MC Assisted Reproduction Medicine	11	11	No changes directly impacting this subchapter
NZ Obstetric Medicine	55	55	No changes directly impacting this subchapter
PB Neonatal Disorders	20	20	No changes directly impacting this subchapter
PC Paediatric Ear Nose and Throat Disorders	4	4	No changes directly impacting this subchapter
PD Paediatric Respiratory Disorders	24	24	No changes directly impacting this subchapter
PE Paediatric Cardiology Disorders	12	12	No changes directly impacting this subchapter
PF Paediatric Gastroenterology Disorders	17	17	No changes directly impacting this subchapter
PG Paediatric Hepatobiliary Disorders	3	3	No changes directly impacting this subchapter
PH Paediatric Rheumatology Disorders	4	4	No changes directly impacting this subchapter
PJ Paediatric Dermatology Disorders	7	7	No changes directly impacting this subchapter
PK Paediatric Diabetology, Endocrinology and Metabolic Disorders	11	11	No changes directly impacting this subchapter
PL Paediatric Renal Disorders	10	10	No changes directly impacting this subchapter

Subchapter	RC18/19	RC17/18	Comment
PM Paediatric Haematological-Oncology Disorders	14	14	No changes directly impacting this subchapter
PN Paediatric Non-Malignant Haematological Disorders	9	9	No changes directly impacting this subchapter
PP Paediatric Ophthalmic Disorders	2	2	No changes directly impacting this subchapter
PQ Paediatric Immune System Disorders	2	2	No changes directly impacting this subchapter
PR Paediatric Nervous System Disorders	22	22	No changes directly impacting this subchapter
PT Paediatric Mental Health Disorders	4	4	No changes directly impacting this subchapter
PV Paediatric Trauma Medicine	7	7	No changes directly impacting this subchapter
PW Paediatric Infectious Diseases	15	15	No changes directly impacting this subchapter
PX Paediatric Medicine	46	46	No changes directly impacting this subchapter
RD Diagnostic Imaging Procedures	49	48	HRG <b>RD28Z Complex Computerised Tomography Scan</b> deleted and replaced by <b>RD60Z Cardiac Computerised Tomography Scan</b> and <b>RD61Z Colon Computerised Tomography Scan</b> , to appropriately differentiate expected resource use between these types of complex CT scans, leading to nett increase of one HRG
RN Nuclear Medicine Procedures	69	69	No changes directly impacting this subchapter
SA Haematological Procedures and Disorders	104	104	No changes directly impacting this subchapter
SB Chemotherapy	18	18	No changes directly impacting this subchapter
SC Radiotherapy	30	30	No changes directly impacting this subchapter
SD Specialist Palliative Care	10	10	No changes directly impacting this subchapter

Subchapter	RC18/19	RC17/18	Comment
UZ Undefined Groups	1	1	No changes directly impacting this subchapter
VA Multiple Trauma	24	24	No changes directly impacting this subchapter
VB Emergency Medicine	12	12	No changes directly impacting this subchapter
VC Rehabilitation	23	23	No changes directly impacting this subchapter
WD Treatment of Mental Health Patients by Non-Mental Health Service Providers	9	9	No changes directly impacting this subchapter
WF Non-admitted Consultations	8	8	No changes directly impacting this subchapter
WH Poisoning, Toxic Effects, Special Examinations, Screening and Other Healthcare Contacts	68	68	No changes directly impacting this subchapter
WJ Infectious Diseases and Immune System Disorders	38	38	No changes directly impacting this subchapter
XA Neonatal Critical Care	6	6	No changes directly impacting this subchapter
XB Paediatric Critical Care	9	9	No changes directly impacting this subchapter
XC Adult Critical Care	7	7	No changes directly impacting this subchapter
XD High Cost Drugs	58	58	No changes directly impacting this subchapter
YA Neurological Imaging Interventions	11	11	No changes directly impacting this subchapter
YC Neck Imaging Interventions	3	3	No changes directly impacting this subchapter
YD Thoracic Imaging Interventions	5	5	No changes directly impacting this subchapter
YF Gastrointestinal Imaging Interventions	9	9	No changes directly impacting this subchapter

Subchapter	RC18/19	RC17/18	Comment
YG Hepatobiliary and Pancreatic Imaging Interventions	16	16	No changes directly impacting this subchapter
YH Musculoskeletal Imaging Interventions	11	11	No changes directly impacting this subchapter
YJ Breast Imaging Interventions	9	9	No changes directly impacting this subchapter
YL Urological Imaging Interventions	9	9	No change to HRG numbers or labels Combination codes for irreversible electroporation of prostate procedures and vascular targeted photodynamic therapy of prostate created and mapped to HRG root <b>YL30 Percutaneous Ablation of Lesion of Prostate</b> , in support of NICE guidance
YQ Vascular Open Procedures and Disorders	64	64	No changes directly impacting this subchapter
YR Vascular Imaging Interventions	75	74	HRG <b>YR59Z Prostate Artery Embolisation</b> created in support of NICE guidance, leading to nett increase of one HRG List amended to enable escalation of EVAR where endostapling recorded to better reflect current clinical practice

## The Documentation Suite

Below is a list of the various documents which are available to download from the National Casemix Office website: <https://digital.nhs.uk/services/national-casemix-office/downloads-groupers-and-tools>.

This documentation suite provides a comprehensive resource intended to help users understand HRG design concepts and logic as well as use the Grouper.

- The **Casemix Companion** is a starting point and general reference guide for anyone interested in learning about the casemix classification system used by the NHS in England. This document provides an introduction to HRGs, groupers, HRG4+ design concepts and grouping logic, and it contains links to additional resources.
- The **Grouper User Manual** provides instructions on how to prepare and group data using the Grouper software application. Sample data with expected results is provided. This document is updated with each grouper release.
- The **Summary of Changes** document provides an overview of the main differences between the current grouper design and its relevant predecessor.
- The **Chapter Summaries** document provides an overview of the scope, composition and relevant grouping logic of individual HRG subchapters, and it highlights significant changes made in the latest HRG design.
- The **Code to Group Workbook** is an Excel workbook that embodies the casemix design. It provides details of the constituent elements that contribute to HRG grouping, and it contains reference data such as the ICD-10 and OPCS-4 codes utilised in the design, the procedure and diagnosis hierarchies pertinent to a specific design, and the Complication and Comorbidities (CC) lists for HRG subchapters. The workbook also includes information on Programme Budgeting Category (PBC) mapping as well as a comprehensive list of HRG codes and labels.
- The **Trimpoints Workbook** identifies the episode and spell-level trimpoints used to collect reference costs for each HRG in a given year. This workbook is published alongside the Trimpoint Methodology document.