

DC Medicaid EAPG Grouper Settings  
Effective October 1, 2024

**DC EAPGs: FY25 Grouper Settings**

**Effective October 1, 2024**

**Grouping - general**

Direct admit observation logic: Yes  
Repeat ancillary procedure discounting: Yes  
Repeat ancillary discounting for drug: Yes  
Repeat ancillary discounting for DME: Yes  
Bilateral discounting: Yes  
Terminated procedure discounting: Yes  
Cross-type multiple procedure discounting: Yes  
Radiology procedure packaging: Yes  
Observation hours option: >= 8 hours

**Grouping - visits**

Multiple Medical Visits Option: 0-Do not allow assignment of multiple medical visits  
Visits per claim: Multiple  
Single visit per claim revenue codes: 450 451 452 456 459 762

**Grouping - EAPG type processing**

Same procedure consolidation for Significant Procedure: Yes  
Same procedure consolidation for Physical Therapy & Rehab: Yes  
Same procedure consolidation for Behavioral Health & Counseling: Yes  
Same procedure consolidation for Dental: Yes  
Same procedure consolidation for Radiologic Procedure: Yes  
Same procedure consolidation for Diagnostic or Therapeutic Procedure: Yes  
Clinical procedure consolidation for Significant Procedure: Yes  
Clinical procedure consolidation for Physical Therapy & Rehab: Yes  
Clinical procedure consolidation for Behavioral Health & Counseling: Yes  
Clinical procedure consolidation for Dental: Yes  
Clinical procedure consolidation for Radiologic Procedure: Yes  
Clinical procedure consolidation for Diagnostic or Therapeutic Procedure: Yes  
Multiple procedure discounting for Significant Procedure: Yes  
Multiple procedure discounting for Physical Therapy & Rehab: Yes  
Multiple procedure discounting for Behavioral Health & Counseling: Yes  
Multiple procedure discounting for Dental: Yes  
Multiple procedure discounting for Radiologic Procedure: Yes  
Multiple procedure discounting for Diagnostic or Therapeutic Procedure: Yes  
Medical visit processed with Significant Procedure: No  
Medical visit processed with Physical Therapy & Rehab: No  
Medical visit processed with Behavioral Health & Counseling: No  
Medical visit processed with Dental: No  
Medical visit processed with Radiologic Procedure: No  
Medical visit processed with Diagnostic or Therapeutic Procedure: No

**Grouping - modifiers**

Ignore all modifiers: No  
Use modifier -25: Yes  
Use modifier -27: Yes  
Use modifier -59: Yes  
Use therapy modifiers -GN, -GO and -GP: No  
Use anatomical or select modifiers: No  
Use never event modifiers, -PA, -PB, -PC: No  
Use modifier -57: No  
Use Distinct Procedure Modifier: Yes  
Use modifier -JW: No  
Use distinct medical visit: No

**Grouping - Per Diem - not used in DC**

Direct per diem option: 0  
Indirect per diem option: 0

**Grouping - inpatient only / alternate payment**

Inpatient only HCPCS codes: None  
Inpatient only EAPGs: None  
Alternate payment HCPCS codes: None  
Alternate payment EAPGs: None

**Grouping - never pay**

Never pay HCPCS codes - list added  
Never pay EAPGs: None

**Grouping - packaging**

EAPGs added to packaging: None  
EAPGs deleted from packaging: None

**Grouping - acuity**

Acuity secondary diagnosis codes: None  
Acuity EAPGs: None

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**Grouping - conditional**

EAPGs conditional upon diagnosis: None  
Significant procedure or therapy EAPGs allowing medical visit: None  
User-defined 340B drug list: None

**Grouping - consolidation**

EAPGs excluded from same significant procedure consolidation: None  
Conditional EAPGs diagnosis codes required range list: Empty list

**Grouping - midquarter effective date**

Use midquarter effective date option: Yes  
Midquarter effective date ranges: None

**Facility values**

Base rates: UMC - \$1,432.19; NRH - \$478.86; All other hospitals - \$1,404.11  
Non-EAPG rate: None  
Add-on rate 1: None  
Add-on rate 2: None  
Add-on rate 3: None  
Add-on rate 4: None  
Cost to charge ratio: None  
Wage index: 1.00000  
Facility specific percent of charge: None  
Mental health full day per diem: None  
Mental health half day per diem: None  
Substance abuse full day per diem: None  
Substance abuse half day per diem: None  
User-defined adjustment factor: None  
User-defined EAPG adjustment factor: None

**Agency values**

Terminated procedure discount percent: 0.50  
Bilateral procedure discount percent: 1.50  
Low marginal cost factor: None  
High marginal cost factor: None  
High cost outlier limit: None  
High cost outlier factor: None  
Cost outlier threshold fixed amount: None  
Transition percent: None  
Significant procedure discounting percent - 1st percent: 1.00  
Significant procedure discounting percent - 2nd percent: 0.50  
Significant procedure discounting percent - 3rd percent: 0.25  
Repeat ancillary discounting percent - 1st percent: 0.50  
Repeat ancillary discounting percent - 2nd percent: 0.25  
Repeat ancillary discounting percent - 3rd percent: 0.25

**Agency other**

Lesser of charge vs. EAPG payment: Do not apply  
Lesser of charge vs. fee: Do not apply  
Payable line items number: No limit  
Payment path: Line item based  
Alternate line item payment hierarchy: None  
Cost outlier method: None  
Adjustment percent 1: 1.00000  
Adjustment percent 2:  
Therapy significant procedure discounting: Standard  
Pre ranking bilateral adjustment flag: No  
Pre ranking terminated procedure discounting flag: No  
Independent bilateral procedure discount percent: 2.00  
340B drug discount: None  
Cross-type significant procedure discount ranking: Yes  
Pediatric age adjustment: 1.2000 (20%)  
Pediatric age adjustment limit: 20  
Modifier JW No Payment Flag: Off

**Statistics**

Statistics: Effective with Grouper Version V3.18.24 and two DC specific weights for 269 and 493  
Fees: None  
Revenue codes: None

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