

DC Medicaid EAPG Grouper Settings  
Effective October 1, 2017

**DC EAPGs: FY18 Grouper Settings**

**Effective October 1, 2017**

**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**

Visits per claim: Multiple  
Single visit per claim revenue codes: None

**Grouping - EAPG Type Processing**

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

**Grouping - Modifiers**

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  
Ignore all modifiers: No  
Use never event modifiers, -PA, -PB, -PC: No  
Use modifier -57: No  
Use Distinct Procedure Modifier: Yes

**Grouping - Per Diem - Not Used in DC**

**Indirect Per Diem Options**

Mental Health Full:  
Indirect List A Count: 0  
Indirect List B Count: 0  
Mental Health Full:  
Indirect List A Count: 0  
Indirect List B Count: 0  
Mental Health Half:  
Indirect List A Count: 0  
Indirect List B Count: 0  
Substance Abuse Full:  
Indirect List A Count: 0  
Indirect List B Count: 0  
Substance Abuse Half:  
Indirect List A Count: 0  
Indirect List B Count: 0

**Direct Per Diem Options**

Mental Health Full:  
Direct assignment: No  
Mental Health Half:  
Direct assignment: No  
Substance Abuse Full:  
Direct assignment: No  
Substance Abuse Half:  
Direct assignment: No

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<b>Grouping - Inpatient Only / Never Pay</b>
Additional inpatient only HCPCS codes: None Inpatient only HCPCS codes (default or additional) to group to EAPG 994: Default Never pay HCPCS codes: List added Never pay EAPGs: None
<b>Grouping - Packaging</b>
EAPGs added to packaging: None EAPGs deleted from packaging: None
<b>Grouping - Acuity</b>
Acuity secondary diagnosis codes: None Acuity EAPGs: None
<b>Grouping - Conditional</b>
EAPGs conditional upon diagnosis: None Significant procedure or therapy EAPGs allowing medical visit: None User-defined 340B drug list: None
<b>Grouping - Consolidation</b>
EAPGs excluded from same significant procedure consolidation: None Conditional EAPGs diagnosis codes required range list: Empty list
<b>Facility Values</b>
Base rates: UMC - \$649.30; NRH - TBD; All other hospitals - \$636.57 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
<b>Agency Values</b>
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
<b>Agency Other</b>
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: 0.50000 Pediatric age adjustment limit: 20 Modifier JW No Payment Flag: Off
<b>Statistics</b>
Statistics: Effective with Grouper Version V3.11 Fees: None Revenue codes: None
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