

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: \geq 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
Use modifier -JW: No

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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| DC EAPGs: FY18 Grouper Settings |
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| Grouping - Inpatient Only / Never Pay |
| 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 |
| Grouping - Packaging |
| EAPGs added to packaging: None EAPGs deleted from packaging: None |
| Grouping - Acuity |
| Acuity secondary diagnosis codes: None Acuity EAPGs: None |
| 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 |
| Facility Values |
| 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 |
| 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: 0.50000 Pediatric age adjustment limit: 20 Modifier JW No Payment Flag: Off |
| Statistics |
| Statistics: Effective with Grouper Version V3.11 Fees: None Revenue codes: None |
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