### DC EAPGs: FY20 Grouper Settings

**Effective October 1, 2019**

#### 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
- Use modifier -JW: No

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

<table>
<thead>
<tr>
<th>Indirect Per Diem options</th>
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<tbody>
<tr>
<td>Mental Health Full:</td>
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<tr>
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<td>Substance Abuse Full:</td>
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### DC EAPGs: FY20 Grouper Settings

#### Effective October 1, 2019

**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 - $742.05; NRH - $193.81; All other hospitals - $727.50
- 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: None
- 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: .15000
- Pediatric age adjustment limit: 20
- Modifier JW No Payment Flag: Off

**Statistics**
- Fees: None
- Revenue codes: None

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