## DC EAPGs: EAPG Grouper Settings

**Effective October 1, 2015**

### 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 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 modifiers: Yes

### Grouping - Per Diem - Not Used

**Indirect per diem options**

- 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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## 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 - 692.34; NRH - 205.32; All other hospitals - 678.76
- 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

## Statistics
- Statistics: EAPG National Weights 3.8
- Fees: None
- Revenue codes: None
<table>
<thead>
<tr>
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