EAPG Listing (version 3.8) Effective October 1, 2015

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 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 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

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Effective October 1, 2015

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