

DC Medicaid EAPG Grouper Settings  
Effective October 1, 2016

DC EAPGs: EAPG Grouper Settings - Version 3.11
Effective October 1, 2016
<b>Grouping - General</b> 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
<b>Grouping - Visits</b> Visits per claim: Multiple Single visit per claim revenue codes: None
<b>Grouping - EAPG Type Processing</b> 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
<b>Grouping - Modifiers</b> 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
<b>Grouping - Per Diem - Not Used in DC</b> <b>Indirect per diem options</b> 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 <b>Direct per diem options</b> Mental Health Full: Direct assignment: No Mental Health Half: Direct assignment: No Substance Abuse Full: Direct assignment: No Substance Abuse Half: Direct assignment: No
<b>Grouping - Inpatient Only / Never Pay</b> Additional inpatient only HCPCS codes: None

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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 - \$664.18; NRH - \$150.80; All other hospitals - \$651.16
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
<b>Statistics</b>
Statistics: EAPG National Weights 3.11
Fees: None
Revenue codes: None
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