

DC Medicaid EAPG Grouper Settings
Effective October 1, 2018

DC EAPGs: FY19 Grouper Settings

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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:

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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 - \$706.38; NRH - \$187.29; All other hospitals - \$692.53
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: 0.25000
Pediatric age adjustment limit: 20
Modifier JW No Payment Flag: Off
Statistics
Statistics: Effective with Grouper Version V3.13
Fees: None
Revenue codes: None
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