

DC Medicaid EAPG Grouper Settings
Effective October 1, 2025

DC EAPGs: FY25 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: >= 8 hours

Grouping - Visits

Multiple medical visits option: 0 - Do not allow assignment of multiple medical visits
Visits per claim: Multiple
Single visit per claim revenue codes: 450 451 452 456 459 762

Grouping - EAPG Type Processing

Same procedure consolidation for Significant Procedure: Yes
Same procedure consolidation for Physical Therapy & Rehab: Yes
Same procedure consolidation for Behavioral 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 Behavioral 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 Behavioral 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 Behavioral 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
Use distinct medical visit: No

Grouping - Per Diem - not used in DC

Direct per diem option: 0 - Do not apply direct per diem criteria
Indirect per diem option: 0 - Do not apply indirect per diem criteria

Grouping - Inpatient Only / Alternate Payment

Inpatient only HCPCS codes: None
Inpatient only EAPGs: None
Alternate payment HCPCS codes: J1411, J1412, J1413, J1414, J3391, J3393, J3398, J3399
Alternate payment EAPGs: None

Grouping - Never Pay

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

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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

Grouping - Midquarter Effective Date

Use midquarter effective date option: Yes

Midquarter effective date ranges: None

Facility Values

Base rates: Cedar Hill - \$1,640.69; NRH - \$574.82; All other hospitals - \$1,193.52

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: 1.2500 (25%)

Pediatric age adjustment limit: 20

Modifier JW No Payment Flag: Off

Dental add on payment: None

Vagus Nerve Stimulator Device Rate: None

Statistics

Statistics: Effective with Grouper Version V3.18.24 and two DC specific weights for 269 and 493

Fees: None

Revenue codes: None

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