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EAPG v3.14 Change Report

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Table of Contents

- EAPG Change Report5**
- Structural changes/new features 5
- Grouper version retention 5
- Program features and logic changes..... 5
- Application interface changes 7
- Input changes..... 7
- Output changes..... 7
- Clinical content grouping changes..... 8
- General notes for clinical content changes..... 8
- Change tables..... 9

EAPG Change Report

This document describes the changes between Enhanced Ambulatory Patient Groups (EAPG) version 3.13 and version 3.14. We received many external comments and suggestions for EAPG v3.14 and gave very careful consideration to each. During this process, we held many discussions with requesters to further understand their requests and to gather additional information about their applications and their needs. Where necessary in support of the coding changes, clinical consultants in different clinical, surgical, and significant procedure specialties were consulted. A tabular summary of all the coding changes is provided in a separate spreadsheet.

Structural changes/new features

This section contains EAPG structural changes and new features in version 3.14.

Grouper version retention

The EAPG grouper version 3.14 contains versions 3.8 through 3.14; seven years' worth of grouper versions are retained (2013 through 2019). Additionally:

- Grouper Versions 3.4, 3.5, and 3.6 are removed from the grouper component.
- Grouper Version 3.7 remains in the grouper component through 2019 for historical claims processing, however, code set updates are not included. Effective January 1, 2020, versions 3.7 and 3.8 will be removed from the component.

Program features and logic changes

There are several changes made with grouper version 3.14.

Multiple Medical Visit option

A new option which provides a user-configurable option for grouping and assigning multiple medical visit EAPGs (maximum of three visits) for the same service date or same claim. The option includes the following custom selection:

- Option 1: provide up to three same medical EAPGs based on the principal diagnosis code
- Option 2: provide up to three medical EAPGs based on the principal diagnosis, first secondary diagnosis and second secondary diagnosis
- Option 3: provide up to three medical EAPGs based on the first Diagnosis Pointer value at the visit procedure line level

- Option 4: provide up to three medical EAPGs based on the directly linked diagnosis code at the visit procedure line level

If no option is selected, the standard or default grouper processing occurs; for claims containing eligible medical visit lines, a single medical visit EAPG is assigned based on the principal diagnosis code, per date of service or per claim.

340B Modifier Discount Flag

This flag, previously “Modifier UD 340B Flag” is renamed in order to accommodate additional modifiers that may be reported, and which are associated with 340B program discounting. In addition to modifier UD, the following modifiers, when reported with a drug HCPCS line (EAPG type = 6), return this flag on output for facilitation of tracking and monitoring 340B drug rebate programs.

- JG: 340b acquired drug
- SE: State/fed funded program/ser
- TB: Tracking 340b acquired drug
- UD: M/caid care lev 13 state def

Observation Hours Option

The Observation Hours option provides end-users with a flexible approach for assigning separately payable observation hours at varying numbers of hours. Previously, the default setting for the option was ‘0: No observation hours required’. For version 3.14, the default setting is changed to value ‘2: 8 or more observation hours required’. The rationale for the change is associated with the national relative weight development for ancillary observation (EAPG 450), which supports claims containing observation hours reported with HCPCS G0378 with at least 8 hours, to a maximum of 23 hours.

This change is for v3.14 and future grouper versions, it is not retroactive to previous versions.

Single Visit Claim Action Revenue Code List Option

The Single Visit Claim Action Revenue Code list option provides end-users with the ability to group claims into a single encounter or visit regardless of service date, by adding specific revenue codes to the option list. For version 3.14, the default setting of a “blank” list is changed to include emergency department and observation revenue codes (0450-0459, 762). The rationale for the change is also associated with the national relative weight development, which supports emergency department visits or observation encounters that may span multiple service dates to be treated as a single encounter.

This change is for v3.14 and future grouper versions, it is not retroactive to previous versions.

Claim Processed Flag

The Claim Processed Flag contains multiple values which indicate the overall status of the claim. For v3.14, a change in the determination of Claim Processed Flag 5 is updated to include “blank or invalid pdx”. The rationale for the change is to include validation of the pdx and return the error condition consistently with when the pdx is left blank. A blank or invalid pdx should not allow the claim to process.

This change is for v3.14 and future grouper versions, it is not retroactive to previous versions.

Patient Gender Requirements

With grouper version 3.14, the requirement to include patient gender for the assignment of medical EAPGs 744 (Male Reproductive System Infections) and 751 (Female Reproductive System Infections) is no longer necessary. The reproductive system infection diagnosis codes that were non-specific anatomically are now assigned to EAPG 809 (Other Infectious & Parasitic Diseases) which does not require gender.

Application interface changes

The changes described here were made to the EAPG grouper component. For product-specific details regarding any interface changes, consult the product-specific documentation.

Input changes

The following are added input fields for this version:

- **Bill Type.** Optional input from institutional claim form
- **Condition Code.** Optional input from institutional claim form
- **Place of Service.** Optional input from professional claim form
- **Diagnosis Pointer.** Input required if using Multiple Medical Visit option 3
- **Linked Diagnosis.** Input required if using Multiple Medical Visit option 4
- **Multiple Medical Visit Option.** New multi-valued option providing custom selection for assigning multiple medical visit EAPGs (maximum of three) for the same service date or same claim

Output changes

The following are added output fields for this version:

- **Pointed Diagnosis:** outputs the diagnosis code referenced by the first Diagnosis Pointer used for medical EAPG assignment

- **Linked Diagnosis:** outputs the diagnosis code referenced by the directly linked diagnosis used for medical EAPG assignment

The following are revised output fields or values for this version:

- **Claim Processed Flag:** updated description for value 5 to include “invalid pdx”
5 - Claim could not be processed (blank **or invalid** Pdx)
- **Line Item Unassigned Flag**
New value 21. Incorrect or invalid Diagnosis Pointer for multiple medical visit option
New value 22. Incorrect or invalid Linked Diagnosis for multiple medical visit option
Modified value 6. External cause of injury Dx **not appropriate** for medical visit **assignment**

Clinical content grouping changes

All clinical content change details are listed in the attached change table spreadsheets for EAPGs, HCPCS and Diagnosis codes, including any attributable lists or flags that are changed. For a list of the table names, see Change tables on page [9](#).

General notes for clinical content changes

As coding systems are revised, and new technology and advances in medicine occur, the need for new EAPG groups, as well as code assignment changes to EAPG groups, are reviewed and evaluated each year. New EAPG groups may be added, and obsolete groups may be deleted. Modifications occur due to code assignment changes and groups are reviewed for clinical homogeneity across current industry trends, claim reporting frequency and reimbursement. Additional details for specific EAPG, DIAGNOSIS and/or HCPCS code assignment changes are included in the specific change tables.

EAPG drug groups are monitored annually. As a result of comments and suggestions from end-users, research of current clinical indications and pricing information, codes are reassigned among existing groups. When necessary to clarify or confirm the decision, clinical experts from the appropriate medical specialties are consulted.

Annual reviews continue to be performed for the following items:

- Add-on procedure codes for consistency of standard grouping assignment associated with the primary procedure code(s)' placement
- Inpatient-only procedures for presence in claims data and review of industry trends and end-user feedback of inpatient only procedures migrating to outpatient/ambulatory surgery
- Review of the Medicare OPPS/APC annual rulemaking for the calendar year for any impact in code revisions that may impact EAPG code assignments

- Ancillary packaging for review of current industry trends and coding revisions as evidenced in claims data for changes to the standard default packaging list. Users are reminded that EAPGs may be removed or added to their user-defined packaging list, per individual payer policy.
- Clinical consolidation for review of current industry trends and coding revisions impacting the current consolidation algorithm, and to assess the need for consolidation across new EAPG groups
- Preventive services for review of any coding revisions or industry articles that may consider the service as preventive; also, for any new coding revisions impacting preventive procedures or diagnoses for diabetic patients
- Feedback from the payer community for specific requests or items requiring changes in code assignment

Change tables

The spreadsheets attached to this document contain the detailed clinical content changes. The individual table names and definitions are listed below.

Change-Reports-EAPG

- **EAPG_NUMBER_AND_DESCRIPTION.** Contains the list of current EAPGs for the new grouper version.
- **ADD_DEL_EAPGs.** Contains the newly added EAPGs and deleted EAPGs effective for the new grouper version, and the clinical rationale for the addition or deletion.
- **MOD_EAPG_DESCRIPTION.** Contains the EAPGs with revised descriptions and the clinical rationale requiring the change for the new grouper version.
- **ADD_DEL_EAPG_CONSOL_PAIRS.** Contains the EAPGs added and deleted to the clinical consolidation algorithm for the new grouper version.
- **ADD_DEL_EAPG_STANDARD_PKG.** Contains the list of EAPGs added and deleted to the standard, default packaging list for the new grouper version. A reminder to end-users that the standard packaging list is customizable via the grouper options.
- **MOD_EAPG_CATEGORY.** Contains the EAPGs that had a category change for the new version.
- **MOD_EAPG_CATEGORY_DESCRIPTION.** Contains the EAPG categories that had a description change for the new grouper version.
- **MOD_EAPG_TYPE.** Contains the EAPGs that had a type change for the new version.
- **MOD_EAPG_TYPE_DESCRIPTION.** Contains the EAPG types that had a description change for the new grouper version.

Change-Reports-HCPCS

- **HCPCS_CHANGES_IN_CODE_ORDER.** Contains the list of HCPCS codes in descending code order that had a change in EAPG assignment for the new grouper version.
- **ADD_DEL_HCPCS.** Contains the newly added and deleted HCPCS codes for the new grouper version, with EAPG assignments. Note: this report is in descending code order.
- **MOD_HCPCS_DESCRIPTION.** Contains the list of HCPCS codes that had a modified description for the new grouper version.
- **ADD_DEL_CODE_PAIRS.** Contains the HCPCS for primary/add-on code pairs that are added or removed for the new grouper version. The code pairings included in this report are part of the inpatient only/add-on code logic.
- **ADD_DEL_HCPCS_BILATERAL.** Contains the list of HCPCS codes that are added or deleted from the bilateral listing for the new grouper version.
- **ADD_DEL_HCPCS_PREVENTIVE.** Contains the list of HCPCS codes that are added or deleted from the preventive listing for the new grouper version.
- **ADD_DEL_HCPCS_UNASSIGNED_VALUE.** Contains the list of HCPCS codes requiring an unassigned flag value for the new grouper version.

Change-Reports-DxI10:

- **MOD_EAPG_DXI10.** Contains the list of diagnosis codes that had EAPG assignment changes for the new grouper.
- **ADD_DEL_EAPG_DXI10_PD_PAIRINGS.** Contains the list of diagnosis codes that are added or deleted from the Per Diem lists as qualifying diagnoses for Behavioral Health and Substance Abuse Per Diem EAPGs for the new grouper version.

Change-Reports-Service-Line

- **ADD_DEL_SERVICE_LINE.** Contains the list of service lines that are added and deleted for the new grouper version.
- **ADD_DEL_SERVICE_LINE_EAPG.** Contains the list of EAPGs that have a newly added or deleted service line for the new grouper version.
- **MOD_EAPG_SERVICE_LINE.** Contains the list of EAPGs that had a modified service line for the new grouper version.
- **MOD_SERVICE_LINE_DESCRIPTION.** Contains the service lines that had a modified description for the new grouper version.