3M™ Enhanced Ambulatory Patient Groups (EAPGs)
Outline

- History, definitions, and purpose
- EAPG Classification: Groups, types, categories, service lines
- EAPG Grouping: Discounting, packaging, and consolidation
- Modifiers
- EAPG Process Overview
- 3M™ 360 Encompass™ Health Analytics Hospital Compare
- Questions
Outpatient prospective payment system (OPPS): A brief history

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>3M Health Information Systems delivers an OPPS under contract with HCFA (now CMS) — APGs are introduced</td>
</tr>
<tr>
<td>1994</td>
<td>Iowa Medicaid implements the first APG-based OPPS, and other payers follow. APG v2.0 released.</td>
</tr>
<tr>
<td>2000</td>
<td>CMS implements APCs (an APG derivative) as the Medicare OPPS. APCs are Medicare-focused and not fully prospective. Payers move to APC-based OPPS.</td>
</tr>
<tr>
<td>2007</td>
<td>Non-Medicare cost controls renew interest in APG-based OPPS. 3M undertakes a major clinical update and introduces 3M™ Enhanced APG System.</td>
</tr>
<tr>
<td>2008</td>
<td>New York Medicaid implements the first 3M EAPG-based OPPS.</td>
</tr>
<tr>
<td>2012</td>
<td>Massachusetts Medicaid implements 3M EAPG-based OPPS.</td>
</tr>
<tr>
<td>Today</td>
<td>Other major payers continue to adopt 3M EAPGs. 3M Health Information Systems consistently delivers quarterly regulatory updates to the 3M EAPG methodology and grouping software and also continues to refine the 3M EAPG products to reflect current outpatient clinical practice.</td>
</tr>
</tbody>
</table>

3M EAPGs are ICD-10 ready.
Publicly Announced Use of 3M Patient Classification Systems by Major Payers as of September 2018
Definition of EAPGs

- Classification system designed specifically for outpatient services
  - Clinically meaningful
  - Comprehensive and flexible
  - Describe every patient in a full range of outpatient care settings
  - Be simple and cost effective to develop, implement and maintain
  - Promote equity in payment
- Groups services with similar resource use and costs
- Applicable in all ambulatory settings
  - Same Day Surgery, Hospital Emergency Department, Outpatient Clinics/Diagnostic and Treatment Centers
  - Can address home visits, physician services
Definition of EAPGs (continued)

- Designed to be applicable to all patients, all ages, all outpatient settings
  - APC applies only to the Medicare population
- A “visit” is the basic unit of payment for EAPGs:
  - A “visit” is defined as the contact between a provider and patient. It includes all services provided on a claim OR for a given date of service
  - The “visit” can be for a procedure, a medical evaluation, and/or an ancillary service
- In order to control costs, the prospective price for the “visit” is inclusive of all associated routine services provided for the encounter. Examples: drugs, supplies, equipment, use of room, treatment time, etc.
Definition of EAPGs (continued)

- EAPGs are dependent on data typically provided on the claim: diagnosis, HCPCS/CPT codes, modifiers, demographics (e.g., gender)
  - A medical visit EAPG is recognized when an E/M or Observation code is reported. The principal diagnosis reported is used to determine EAPG payment for the medical visit
- Based on the ambulatory “visit”
  - Generally reported by date of service, not length of stay
  - EAPGs allow for segregation of multiple visits reported on a single claim using line item dates of service (for example: therapy for a rotator cuff that would include 8 visits in a month, billed monthly on one claim)
  - EAPGs allow for consolidation of multiple visits reported on a single claim into an ‘episode’ (for example: an emergency room visit with additional services that extends into an additional day(s))
Claims, Visits, Lines, Dates of Service

*The unit of analysis for the EAPG is the visit*

- Multiple visits (dates of service) on one claim
  - For example, several Physical Therapy visits all on one claim
  - The EAPG grouper splits these so that 1 visit = 1 claim
- Exception: ED visits/Observation

- One visit can have several services
  - For example, setting a bone fracture, stitches, cast
  - These are generally different lines of the same claim
  - Each claim line can have a different EAPG, reflecting the different services
  - We need rules to identify the primary EAPG of the visit
## APCs and EAPGs: Key Differences

<table>
<thead>
<tr>
<th>Methodology</th>
<th>APCs</th>
<th>EAPGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primarily a payment classification system and fee schedule of individual outpatient procedures / services</td>
<td>Outpatient visit classification system, which places patients and services into clinically coherent groups</td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td>Minimal packaging of ancillaries and bundling of procedures</td>
<td>Comprehensive packaging and bundling</td>
</tr>
<tr>
<td>Comprehensiveness</td>
<td>Excludes many services, which are then covered under other fee schedules</td>
<td>Covers all medical outpatient services</td>
</tr>
<tr>
<td>Medical Payment Basis</td>
<td>Medical APCs pay based on self-reported effort (duration of patient contact)</td>
<td>Medical EAPGs pay based on patient’s condition and service intensity (i.e. diagnosis and procedure)</td>
</tr>
<tr>
<td>Setting and Scope</td>
<td>Applicability limited to payment for facility cost for hospital-based outpatient services and ambulatory surgery centers</td>
<td>Broader applicability to other services and settings (i.e. Mental Hygiene, PT and OT) and to performance reporting</td>
</tr>
<tr>
<td>Unit of Service</td>
<td>Payment structure based on utilization of services (volume)</td>
<td>Payment structure based on visits</td>
</tr>
</tbody>
</table>
Payment Equity is Achieved Through:

- One set of payment weights that reflect the relativity of costs for all services in the payment system
- Cost-based weights that use the same hospital RCCs for both inpatient and outpatient to ensure payment consistency
- Base rates that reflect the cost of similar providers, services, and service settings
- Consistent definition of the ‘unit of service’ to be paid. The unit of service will be defined as a visit
EAPG Pay-for-performance: Potentially Preventable Events

- Emergency room visits that may result from a lack of adequate access to care or ambulatory care coordination.
- High rates of PPVs represent access issues, failure of primary care, and patient adherence
- 236 PPVs based on EAPGs (80% associated with top 20)

- Ancillary Services, such as procedures or treatments in ambulatory care settings (e.g. radiology, laboratory tests) which may not provide useful information for diagnosis and treatment and are susceptible to overuse.
- 134 PPSs, based on 3M EAPGs
EAPG Classification:
Groups, Types, Categories, Service Lines
How Does Classification Work?

Significant Procedure or other Procedural EAPG type?

Type of Procedure or Therapy

Yes

Medical Visit Indicator?

NO

Ancillary Tests or Procedures?

NO

Error

YES

Significant Procedure and Other Visit EAPG

NO

Ancillary Only EAPG

YES

Major Signs, Symptoms or Findings?

NO

Principal Diagnosis

ANCILLARY ONLY EAPG

YES

Major SSF EAPG

Medical Visit EAPG

Yes

Type of Procedure or Therapy
Inputs for Defining EAPGs

- ICD-10-CM or ICD-9-CM diagnosis codes (RVDX, PDX, SDX)
- HCPCS level I (CPT) and level II (Alphanumeric) procedure codes
- From and through dates (from-date used to determine code sets used)
- Service Date
- Gender
- Age
- Optional:
  - HCPCS level I and level II modifiers
  - Units
  - Revenue code (for clinics)
- Claims can be submitted for either UB-04 or CMS-1500 claim format
Outputs

- Overall claim type
- EAPG groups (specific EAPGs)
- EAPG types (general type of procedure)
- EAPG categories (based on body part or disease type)
- EAPG Service Lines (aggregation on a high level)
- EAPG visits
- Flags used for determining payment (bundling):
  - Consolidation
  - Packaging
  - Discounting
  - Grouper options
EAPG Group Examples

1. Photochemotherapy
2. Superficial needle biopsy and aspiration
3. Skin Incision and drainage
4. Nail procedures
5. Skin debridement and destruction
6. Excision and biopsy of skin and soft tissue
7. Skin repair
8. Breast procedures
9. Musculoskeletal procedures excluding hand and foot
10. Hand procedures
11. Foot procedures
EAPG Groups

- EAPG assigned based on 3M crosswalk of CPT4/HCPCS procedure code. Multiple procedure codes can go to one EAPG.
- Only Medical Visits use Diagnosis codes to assign the Medical EAPGs.
- HCPCS/CPT-4 code crosswalk example:

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88299</td>
<td>Cytogenetic study</td>
</tr>
<tr>
<td>D0422</td>
<td>Collect &amp; prep genetic samp</td>
</tr>
<tr>
<td>D0423</td>
<td>Genetic test spec analysis</td>
</tr>
<tr>
<td>S3800</td>
<td>Genetic testing als</td>
</tr>
</tbody>
</table>

- The Unassigned EAPG (999) can result for any of the following reasons:
  - User Ignored
  - Inpatient Procedure
  - Invalid Procedure Code
  - Code not used by EAPGs
  - Invalid Dx for Medical Visit
  - E-code Dx for Medical Visit
  - Non-covered care or settings
  - Invalid date (out of range)
  - Invalid Procedure
  - Direct Per Diem code w/o qualifying Pdx
  - Observation condition error
  - DAO condition error
  - Gender Unknown
  - No HCPCS code (Revenue Code Only)
EAPG Types (classify services in a visit)

1. Per Diem
2. Significant Procedure
3. Medical Visit
4. Ancillary
5. Incidental
6. Drug
7. Durable Medical Equipment (DME)
8. Unassigned
Type 2: Significant Procedures

- Normally scheduled procedures, constitute the reason for the visit and dominate the time and resources expended during the visit.

- For example:

<table>
<thead>
<tr>
<th>Echocardiography</th>
<th>Bone/Joint Manipulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernia Repair</td>
<td>Cat Scans</td>
</tr>
<tr>
<td>Stress tests</td>
<td>Insertion of a pacemaker</td>
</tr>
</tbody>
</table>
Type 2: Significant Procedures: Consolidation and Discounting

- EAPG payment includes an algorithm for consolidation
  - Collapsing of multiple, related significant procedure EAPGs into a single EAPG for the purpose determining payment
  - Multiple same significant procedure consolidation
  - Clinically significant procedure consolidation
  - No additional payment is made for procedures flagged for consolidation.

- Discounting features include:
  - Multiple significant procedures on same day
  - Repeat ancillary EAPGs
  - Bilateral with Modifier 50
  - Terminated procedures (Modifers 52 or 73)
Type 3: Medical Visits

- Describe patients who receive medical treatment but do not have a significant procedure performed during the visit
- Assigned based on principal diagnosis code
- Requires a medical visit indicator code = E/M CPT code
- The medical visit EAPG is assigned to the E/M code
- Examples:
  - Chest Pain
  - Headaches
  - Fracture of Femur
  - Hernia
Medical Visit Indicator

- Without E/M code

- Adding E/M code
Medical Visit – Example 1

### Primary Diagnosis
- **Z3403 Enctr for suprsvn of normal first preg, third trimester**
- Exempt from POA reporting/unreported/not used

### Present On Admission (POA):
- None

### Secondary and External Cause of Injury Diagnoses
- None

### Procedures
- **99213 Office/outpatient visit est**

### Financial Information - Outpatient Payment Calculation Toolkit - EAPGS

<table>
<thead>
<tr>
<th>Visit ID: 1</th>
<th>Code</th>
<th>Final EAPG</th>
<th>Adjusted Weight</th>
<th>Pay Perc.</th>
<th>Pay Units</th>
<th>Pay Action</th>
<th>Base Payment</th>
<th>Existing Payment</th>
<th>Blended Payment</th>
<th>Outlier Payment</th>
<th>Add-on Payment</th>
<th>Total Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>99213 766</td>
<td>491</td>
<td>MEDICAL VISIT INDICATOR</td>
<td>0.2441</td>
<td>1.00</td>
<td>01</td>
<td>170.87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>170.87</td>
</tr>
<tr>
<td>Claim Total:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>170.87</td>
</tr>
</tbody>
</table>

- Procedure EAPG: 491 MEDICAL VISIT INDICATOR
- Final EAPG: 766 ROUTINE PREGNATAL CARE
- Final EAPG Type: 3 Medical Visit
- Final EAPG: 66 Pregnancy, childbirth and the puerperium
- Category: Service Line 16
Medical Visit – Example 2a

Primary Diagnosis
- Z4802: Encounter for removal of sutures
- S0101XD: Laceration without foreign body of scalp, subs encntr

Secondary and External Cause of Injury Diagnoses
- Exempt from POA reporting/unreported/not used

Procedures
- 99281: Emergency dept visit

Financial Information - Outpatient Payment Calculation Toolkit - EAPGS

| Code   | Final EAPG | Adjusted Weight | Pay Perc. | Paid Units | Pay Action | Base Payment | Existing Payment | Blended Payment | Outlier Payment | Add-on Payment | Total Payment |
|--------|------------|-----------------|----------|------------|-----------|--------------|-----------------|-----------------|----------------|----------------|---------------|---------------|
Medical Visit – Example 2b
## Medical Visit 1 – EAPGs

### Primary Diagnosis

**J069** Acute upper respiratory infection, unspecified

**EAPG Type:** 03 - Medical Visit

**EAPG Category:** 054 - Ear, nose, mouth, throat and craniofacial diseases and disorders

### Secondary Diagnoses

**M62838** Other muscle spasm

### Detailed CPT Procedures

<table>
<thead>
<tr>
<th>Code</th>
<th>Final EAPG</th>
<th>Adjusted Weight</th>
<th>Pay Action</th>
<th>Total Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>99284</td>
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<td>0.1893</td>
<td>1</td>
<td>$68.59</td>
</tr>
<tr>
<td>80053</td>
<td>403</td>
<td>0.0221</td>
<td>1</td>
<td>$8.01</td>
</tr>
<tr>
<td>85025</td>
<td>408</td>
<td>0</td>
<td>4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Claim Total:** 0.2114 $76.60
Medical Visit 1 – EAPGs - Different Primary Diagnosis

Primary Diagnosis
M62838 Other muscle spasm

EAPG 661 Level II Other Musculoskeletal System and Connective Tissue Diagnosis

<table>
<thead>
<tr>
<th>Code</th>
<th>Final EAPG</th>
<th>Adjusted Weight</th>
<th>Pay Action</th>
<th>Total Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>99284</td>
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<tr>
<td>80053</td>
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<td>$8.01</td>
</tr>
<tr>
<td>85025</td>
<td>408</td>
<td>0</td>
<td>4</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Claim Total: 0.2567 $93.01
Claims with Significant Procedure and a Medical Visit

- Normally, the significant procedure is processed and the medical visit is not processed, packaged into significant procedure

- Exceptions:
  - Modifier 25
  - Setting for specific significant procedure types
    » 21 Physical Therapy and Rehab
    » 24 Radiologic Procedure
Type 4: Ancillary Tests and Procedures

- Ordered by the primary physician to assist in patient diagnosis or treatment

  Examples:
  - *Immunizations*
  - *Plain films*
  - *Laboratory tests*
  - *Pathology Tests*

- Basic ancillaries are packaged
- Repeat ancillaries will be discounted
EAPG Category (Body Part or Disease) Examples

1. Skin and integumentary system procedures
2. Breast procedures
3. Musculoskeletal system procedures
4. Respiratory procedures
5. Cardiovascular procedures
6. Hematologic, lymphatic, and endocrine procedures
7. Gastrointestinal system procedures
8. Genitourinary system procedures
9. Male Reproductive system procedures
10. Female Reproductive system procedures
11. Neurologic system procedures
EAPG Service Line (Classify Services in a Visit) Examples

1. Dermatology
2. General Surgery
3. Orthopedic Surgery
4. Pulmonary
5. Otolaryngology Surgery
6. Rehabilitation
7. Cardiology
8. Interventional Cardiology
9. General Medicine
10. Hematology
11. Gastroenterology
Observation Logic

- Observation is assigned based on several data elements:
  - Diagnosis code
  - HCPCS code
  - G0378 (ancillary) and a medical visit code to report hours of observation
    - Obstetrical Observation Medical Visit (EAPG 500): requires Obstetrical PDX
    - Behavioral Health Observation Visit (EAPG 502): requires Behavioral Health PDX
    - Other Diagnoses (EAPG 501): dependent on any other diagnosis reported as PDX

- Units of service – as defined during setup
  - Can be a minimum hourly requirement, as defined by the payer
    - 0 – hours
    - 4 – hours
    - 8 – hours

- All observation is packaged in presence of significant procedure or per diem EAPGs
EAPG Grouper Functions:
Discounting, Packaging, and Consolidation
Key Elements

- Discounting of multiple significant procedure (in lieu of consolidation)
  - Multiple significant procedures
  - Multiple ancillary tests and procedures
- Packaging of ancillary services
- Consolidation of multiple procedures into one EAPG for payment
Multiple Significant Procedure Discounting

*In the same visit, same date of service:*

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>EAPG</th>
<th>EAPG Description</th>
<th>EAPG Type</th>
<th>Payment Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>29888</td>
<td>38</td>
<td>Level II Arthroscopy</td>
<td>Significant Procedure</td>
<td>Full Payment</td>
</tr>
<tr>
<td>29888</td>
<td>38</td>
<td>Level II Arthroscopy</td>
<td>Significant Procedure</td>
<td>Discounted</td>
</tr>
<tr>
<td>12017</td>
<td>13</td>
<td>Level II Skin Repair</td>
<td>Significant Procedure</td>
<td>Discounted</td>
</tr>
<tr>
<td>27605</td>
<td>35</td>
<td>Level I Foot Procedure</td>
<td>Significant Procedure</td>
<td>Discounted</td>
</tr>
</tbody>
</table>

Multiple significant procedures result in discounting instead of consolidation.

*Visit EAPG = 38 Level II Arthroscopy (highest weighted procedural service)*
Ancillary Packaging

- Refers to the packaging of certain routine ancillary services when they occur with a significant procedure or medical visit. For example,
  - Venipuncture
  - Chemistry tests
  - Endocrinology tests
With the same significant procedure or medical visit, these ancillary services will be packaged with that procedure or visit
- Payment for routine ancillary services is built into the payment of a significant procedure or medical visit with which they are routinely associated
- If ancillary services are not performed as part of a significant procedure or medical visit, they do not package and are paid, but multiple ancillary discounting may still apply
## Standard Packaging List (Versions 3.10 and 3.11)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>116</td>
<td>ALLERGY TEST</td>
</tr>
<tr>
<td>373</td>
<td>LEVEL I DENTAL FILM</td>
</tr>
<tr>
<td>374</td>
<td>LEVEL II DENTAL FILM</td>
</tr>
<tr>
<td>375</td>
<td>DENTAL ANESTHESIA</td>
</tr>
<tr>
<td>376</td>
<td>DIAGNOSTIC DENTAL PROCEDURES</td>
</tr>
<tr>
<td>377</td>
<td>PREVENTIVE DENTAL PROCEDURES</td>
</tr>
<tr>
<td>380</td>
<td>ANESTHESIA</td>
</tr>
<tr>
<td>390</td>
<td>LEVEL I PATHOLOGY</td>
</tr>
<tr>
<td>394</td>
<td>LEVEL I IMMUNOLOGY TESTS</td>
</tr>
<tr>
<td>396</td>
<td>LEVEL I MICROBIOLOGY TESTS</td>
</tr>
<tr>
<td>398</td>
<td>LEVEL I ENDOCRINOLOGY TESTS</td>
</tr>
<tr>
<td>400</td>
<td>LEVEL I CHEMISTRY TESTS</td>
</tr>
<tr>
<td>402</td>
<td>BASIC CHEMISTRY TESTS</td>
</tr>
<tr>
<td>406</td>
<td>LEVEL I CLOTTING TESTS</td>
</tr>
<tr>
<td>408</td>
<td>LEVEL I HEMATOLOGY TESTS</td>
</tr>
<tr>
<td>410</td>
<td>URINALYSIS</td>
</tr>
<tr>
<td>411</td>
<td>BLOOD AND URINE DIPSTICK TESTS</td>
</tr>
<tr>
<td>412</td>
<td>SIMPLE PULMONARY FUNCTION TESTS</td>
</tr>
<tr>
<td>413</td>
<td>CARDIOGRAM</td>
</tr>
<tr>
<td>423</td>
<td>INTRODUCTION OF NEEDLE AND CATHETER</td>
</tr>
<tr>
<td>424</td>
<td>DRESSINGS AND OTHER MINOR PROCEDURES</td>
</tr>
<tr>
<td>425</td>
<td>LEVEL I OTHER MISCELLANEOUS ANCILLARY PROCEDURES</td>
</tr>
<tr>
<td>424</td>
<td>DRESSINGS AND OTHER MINOR PROCEDURES</td>
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<tr>
<td>425</td>
<td>LEVEL I OTHER MISCELLANEOUS ANCILLARY PROCEDURES</td>
</tr>
<tr>
<td>427</td>
<td>BIOFEEDBACK AND OTHER TRAINING</td>
</tr>
<tr>
<td>428</td>
<td>PATIENT EDUCATION, INDIVIDUAL</td>
</tr>
<tr>
<td>429</td>
<td>PATIENT EDUCATION, GROUP</td>
</tr>
<tr>
<td>448</td>
<td>EXPANDED HOURS ACCESS</td>
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<td>449</td>
<td>ADDITIONAL UNDIFFERENTIATED MEDICAL VISITS/SERVICES</td>
</tr>
<tr>
<td>455</td>
<td>IMPLANTED TISSUE OF ANY TYPE</td>
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<tr>
<td>457</td>
<td>VENIPUNCTURE</td>
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<tr>
<td>459</td>
<td>VACCINE ADMINISTRATION</td>
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<td>471</td>
<td>PLAIN FILM</td>
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<td>486</td>
<td>BASIC BLOOD TYPING</td>
</tr>
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<td>487</td>
<td>MINOR CARDIAC MONITORING</td>
</tr>
<tr>
<td>488</td>
<td>MINOR DEVICE EVALUATION AND ELECTRONIC ANALYSIS</td>
</tr>
<tr>
<td>489</td>
<td>LEVEL II OTHER MISCELLANEOUS ANCILLARY PROCEDURES</td>
</tr>
<tr>
<td>495</td>
<td>MINOR CHEMOTHERAPY DRUGS</td>
</tr>
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<td>496</td>
<td>MINOR PHARMACOTHERAPY</td>
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<tr>
<td>1001</td>
<td>DURABLE MEDICAL EQUIPMENT AND SUPPLIES - LEVEL 1</td>
</tr>
<tr>
<td>1002</td>
<td>DURABLE MEDICAL EQUIPMENT AND SUPPLIES - LEVEL 2</td>
</tr>
<tr>
<td>1003</td>
<td>DURABLE MEDICAL EQUIPMENT AND SUPPLIES - LEVEL 3</td>
</tr>
</tbody>
</table>
### Example of Ancillary Packaging

<table>
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<td>Level II Arthroscopy</td>
<td>Significant Procedure</td>
<td>Discounted</td>
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<td>12017</td>
<td>13</td>
<td>Level II Skin Repair</td>
<td>Significant Procedure</td>
<td>Discounted</td>
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<tr>
<td>27605</td>
<td>35</td>
<td>Level I Foot Procedure</td>
<td>Significant Procedure</td>
<td>Discounted</td>
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<tr>
<td>82800</td>
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<td>Level I Chemistry Tests</td>
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<td>01220</td>
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<td>Anesthesia</td>
<td>Ancillary</td>
<td>Packaged</td>
</tr>
</tbody>
</table>

Routine ancillaries are packaged only when there is a medical visit, direct admission for observation or significant procedure EAPG.
### Packaging example with Significant Procedure

**Primary Diagnosis:**

S62241A Disp fx of shaft of first metacarpal bone, right hand, init

**Secondary Diagnoses:**

- S63591A Other specified sprain of right wrist, initial encounter
- S66911A Strain of unsp musc/fasc/tend at wrs/hnd lv, r hand, init
- S43001A Unspecified subluxation of right shoulder joint, init encntr

**Procedures:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rev Code</th>
<th>Date</th>
<th>EAPG</th>
<th>EAPG Type</th>
<th>Incidental Packaging</th>
<th>Ancillary Packaging</th>
<th>Significant Procedure</th>
<th>Ancillary</th>
<th>Discounting Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>Emergency dept visit</td>
<td>450</td>
<td>10/01/2016</td>
<td>491</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73130</td>
<td>X-ray exam of hand</td>
<td>471</td>
<td>10/01/2016</td>
<td>490</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77071</td>
<td>X-ray stress view</td>
<td>320</td>
<td>10/01/2016</td>
<td>490</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73030</td>
<td>X-ray exam of shoulder</td>
<td>320</td>
<td>10/01/2016</td>
<td>471</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26600</td>
<td>Treat metacarpal fracture</td>
<td>450</td>
<td>10/01/2016</td>
<td>42</td>
<td>2</td>
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<tr>
<td>80050</td>
<td>General health panel</td>
<td>300</td>
<td>10/01/2016</td>
<td>403</td>
<td>4</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>36415</td>
<td>Routine venipuncture</td>
<td>300</td>
<td>10/01/2016</td>
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<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primary Diagnosis:**

S62241A Disp fx of shaft of first metacarpal bone, right hand, init

**Secondary Diagnoses:**

- S63591A Other specified sprain of right wrist, initial encounter
- S66911A Strain of unsp musc/fasc/tend at wrs/hnd lv, r hand, init
- S43001A Unspecified subluxation of right shoulder joint, init encntr
Significant Procedure Consolidation

- When a patient has multiple significant procedures, some of the significant procedures may require minimal additional time or resources.

- These significant procedures are consolidated into a single EAPG for determining payment.

- Example: If both a Level I incision and a Level II incision are coded on a patient bill, only the Level II skin incision will be used in the EAPG payment computation.

- Types of consolidation:
  - Multiple same procedure EAPG
  - Clinical (based on clinical algorithm)
Clinical Significant Procedure Consolidation - Extract

APPENDIX E - EAPG CONSOLIDATION

EAPG 002 SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION
  003 LEVEL I SKIN INCISION AND DRAINAGE

EAPG 004 LEVEL II SKIN INCISION AND DRAINAGE
  003 LEVEL I SKIN INCISION AND DRAINAGE

EAPG 005 NAIL PROCEDURES
  003 LEVEL I SKIN INCISION AND DRAINAGE

EAPG 006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION
  003 LEVEL I SKIN INCISION AND DRAINAGE

EAPG 007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION
  003 LEVEL I SKIN INCISION AND DRAINAGE
  005 NAIL PROCEDURES
  006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION

EAPG 008 LEVEL III SKIN DEBRIDEMENT AND DESTRUCTION
  003 LEVEL I SKIN INCISION AND DRAINAGE
  005 NAIL PROCEDURES
  006 LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION
  007 LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION
### Example of Consolidation - Payment

<table>
<thead>
<tr>
<th>Code</th>
<th>Code description</th>
<th>Final EAPG</th>
<th>EAPG Description</th>
<th>Adjusted Weight</th>
<th>Payment Percentage</th>
<th>Payment Action</th>
<th>Total Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>99212</td>
<td>Office/outpatient visit</td>
<td>491</td>
<td>Medical Visit Indicator</td>
<td>0.0000</td>
<td>0%</td>
<td>Packaged</td>
<td>$0</td>
</tr>
<tr>
<td>10120</td>
<td>Remove foreign body</td>
<td>3</td>
<td>Level I skin incision and drainage</td>
<td>0.0000</td>
<td>0%</td>
<td>Consolidated</td>
<td>$0</td>
</tr>
<tr>
<td>23930</td>
<td>Drainage of arm lesion</td>
<td>4</td>
<td>Level II skin incision and drainage</td>
<td>5.3997</td>
<td>100%</td>
<td>Full Payment</td>
<td>$2,429</td>
</tr>
<tr>
<td>27603</td>
<td>Drain lower leg lesion</td>
<td>4</td>
<td>Level II skin incision and drainage</td>
<td>0.0000</td>
<td>0%</td>
<td>Consolidated</td>
<td>$0</td>
</tr>
<tr>
<td>Claim Total</td>
<td></td>
<td>5.3997</td>
<td></td>
<td></td>
<td></td>
<td>$2,429</td>
<td></td>
</tr>
</tbody>
</table>
Example of Consolidation – Clinical and Same Procedure

Primary Diagnosis:
S71141A Puncture wound with foreign body, right thigh, init encntr

Secondary Diagnoses:
S51841A Puncture wound w foreign body of right forearm, init encntr

Z1831 Retained animal quills or spines

Procedures:
99212 Office/outpatient visit est
Rev Code: 510
Units: 1
Date: 07/01/2016
Final EAPG: 491 MEDICAL VISIT INDICATOR
Final EAPG Type: 5 Incidental
Final EAPG Category: 30 Incidental procedures and services
Packaging Flag: Packaging applies

10120 Remove foreign body
Rev Code: 510
Units: 2
Date: 07/01/2016
Final EAPG: 3 LEVEL I SKIN INCISION AND DRAINAGE
Final EAPG Type: 2 Significant Procedure
Final EAPG Category: 1 Skin and integumentary system procedures
Consolidation Flag: Clinical SP consolidation applies.

23930 Drainage of arm lesion
Rev Code: 510
Units: 1
Date: 07/01/2016
Final EAPG: 4 LEVEL II SKIN INCISION AND DRAINAGE
Final EAPG Type: 2 Significant Procedure
Final EAPG Category: 1 Skin and integumentary system procedures

27603 Drain lower leg lesion
Rev Code: 510
Units: 1
Date: 07/01/2016
Final EAPG: 4 LEVEL II SKIN INCISION AND DRAINAGE
Final EAPG Type: 2 Significant Procedure
Final EAPG Category: 1 Skin and integumentary system procedures
Consolidation Flag: Same SP consolidation applies.
Example of Consolidation – Clinical and Same Procedure

**Primary Diagnosis:**
S71141A Puncture wound with foreign body, right thigh, init encntr

**Secondary Diagnoses:**
S51841A Puncture wound w foreign body of right forearm, init encntr
Z1831 Retained animal quills or spines

**Procedures:**
99212 Office/outpatient visit est
Rev Code: 510
Units: 1
Date: 07/01/2016
Final EAPG: 491 MEDICAL VISIT INDICATOR
Final EAPG Type: 5 Incidental
Final EAPG Category: 30 Incidental procedures and services
Packaging Flag: Packaging applies

10120 Remove foreign body
Rev Code: 510
Units: 2
Date: 07/01/2016
Final EAPG: 3 LEVEL I SKIN INCISION AND DRAINAGE
Final EAPG Type: 2 Significant Procedure
Final EAPG Category: 1 Skin and integumentary system procedures
Consolidation Flag: Clinical SP consolidation applies.

23930 Drainage of arm lesion
Rev Code: 510
Units: 1
Date: 07/01/2016
Final EAPG: 4 LEVEL II SKIN INCISION AND DRAINAGE
Final EAPG Type: 2 Significant Procedure
Final EAPG Category: 1 Skin and integumentary system procedures

27603 Drain lower leg lesion
Rev Code: 510
Units: 1
Date: 07/01/2016
Final EAPG: 4 LEVEL II SKIN INCISION AND DRAINAGE
Final EAPG Type: 2 Significant Procedure
Final EAPG Category: 1 Skin and integumentary system procedures
Consolidation Flag: Same SP consolidation applies.
Example of Consolidation – Clinical and Same Procedure

**Primary Diagnosis:**
S71141A Puncture wound with foreign body, right thigh, init encntr

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**Procedures:**
- **99212** Office/outpatient visit est
  - Rev Code: 510
  - Units: 1
  - Date: 07/01/2016
  - Final EAPG: 491 MEDICAL VISIT INDICATOR
  - Final EAPG Type: 5 Incidental
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**10120** Remove foreign body
  - Rev Code: 510
  - Units: 2
  - Date: 07/01/2016
  - Final EAPG: 3 LEVEL I SKIN INCISION AND DRAINAGE
  - Final EAPG Type: 2 Significant Procedure
  - Final EAPG Category: 1 Skin and integumentary system procedures
  - Consolidation Flag: Clinical SP consolidation applies.

**23930** Drainage of arm lesion
  - Rev Code: 510
  - Units: 1
  - Date: 07/01/2016
  - Final EAPG: 4 LEVEL II SKIN INCISION AND DRAINAGE
  - Final EAPG Type: 2 Significant Procedure
  - Final EAPG Category: 1 Skin and integumentary system procedures

**27603** Drain lower leg lesion
  - Rev Code: 510
  - Units: 1
  - Date: 07/01/2016
  - Final EAPG: 4 LEVEL II SKIN INCISION AND DRAINAGE
  - Final EAPG Type: 2 Significant Procedure
  - Final EAPG Category: 1 Skin and integumentary system procedures
  - Consolidation Flag: Same SP consolidation applies.
Multiple Ancillary Discounting

- Ancillary discounting results in a reduction in payment for multiple, non-routine ancillaries.

- When the same, unpackaged ancillary (EAPG) is performed multiple times on the same visit, a discounting of the EAPG payment is applied.

- Discounting recognizes that the marginal cost of providing a second ancillary to a patient during a single visit is less than the cost of providing the ancillary by itself.
**Example of Ancillary Discounting**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>EAPG</th>
<th>EAPG Description</th>
<th>EAPG Type</th>
<th>Payment Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>29888</td>
<td>38</td>
<td>Level II Arthroscopy</td>
<td>Significant Procedure</td>
<td>Full Payment</td>
</tr>
<tr>
<td>29888</td>
<td>38</td>
<td>Level II Arthroscopy</td>
<td>Significant Procedure</td>
<td>Discounted</td>
</tr>
<tr>
<td>12017</td>
<td>13</td>
<td>Level II Skin Repair</td>
<td>Significant Procedure</td>
<td>Discounted</td>
</tr>
<tr>
<td>27605</td>
<td>35</td>
<td>Level I Foot Procedure</td>
<td>Significant Procedure</td>
<td>Discounted</td>
</tr>
<tr>
<td>82800</td>
<td>400</td>
<td>Level I Chemistry Tests</td>
<td>Ancillary</td>
<td>Packaged</td>
</tr>
<tr>
<td>01220</td>
<td>380</td>
<td>Anesthesia</td>
<td>Ancillary</td>
<td>Packaged</td>
</tr>
<tr>
<td>85220</td>
<td>407</td>
<td>Level II Clotting Tests</td>
<td>Ancillary</td>
<td>Full Payment</td>
</tr>
<tr>
<td>85230</td>
<td>407</td>
<td>Level II Clotting Tests</td>
<td>Ancillary</td>
<td>Discounted</td>
</tr>
</tbody>
</table>

- The first non-packaged ancillary is paid in full
- The second ancillary that falls into the same EAPG is discounted, even if it is a different test
Modifiers
Modifiers Used in EAPGs

25 distinct service
- Allows assignment of a medical visit EAPG on the same claim/day as a significant procedure EAPG (Distinct and Separate Medical visit + Significant Procedure)

27 multiple E/M encounters
- Allows assignment of additional medical visit/services ancillary EAPG (Distinct and Separate Medical Visit {E/M} + Medical Visit)

50 bilateral procedure
- Flags a code for additional payment (150%)

52 and 73 terminated procedure
- Flags a code for terminated procedure discounting

59 separate procedure
- Turns off consolidation – allows separate payment
- Distinct procedural modifiers (XE, XS, XP, XU)
  - Turns off consolidation – allows separate payment
- Therapy modifiers (GN, GO, GP)
  - Turns off consolidation – allows separate payment
- Anatomical and select modifiers (E1-E4, F1-F9, FA, LT, RT, T1-T9, TA, 24, 57, 76, 77, 91, RC, RI, LC, LM and LD)
  - Turns off consolidation – allows separate payment
- Never event modifiers (PA, PB, PC)
  - Causes line to not pay

Modifiers are 2-character codes that provide additional information about the service, appended to the HCPCS code)
EAPG Process Overview
EAPG Process Review

1. Claim is submitted

2. Claim is split into visits based on date of service

3. Each line is assigned an EAPG based on the CPT or HCPCS present on the line (Line EAPG)

4. Lines are flagged for discounting and packaging based on the mix of other services included during the visit

5. After line flags are applied, the visit is described by the most resource intense procedure provided during the visit (Visit EAPG)
EAPG Based Payment System

- Each EAPG has a relative weight
- Weights quantify the relative resource utilization among all ambulatory services
  - Resource-intensive services have higher weights
- Incentive for efficient use of routine ancillary services is created by consolidation and packaging into a base visit payment
  - No incremental payment for routine, low cost ancillaries (blood chemistry, chest x-ray, ekg, etc.)
EAPG Based Payment System

- EAPG payment for a visit is computed from the sum of the payment weights for all non-consolidated, non-packaged EAPGs with applicable multiple procedure discounts applied
- Items consolidated or packaged are paid $0.00
- For other lines for the visit,
  - Conversion factor (CF) \times \text{EAPG Relative weight} = \text{Adjusted cost}
- Line items summed for visit total
3M™ 360 Encompass™ Health Analytics
Hospital Compare
All Facilities

Outpatient Utilization

9,961,511
of 56,990,202 visits were ER visits.

17% ER, 83% Non ER

ER Visits by Line of Business

Commercial: 2,618,098
Medicaid: 2,102,528
Medicare: 2,102,528
Undefined: 1,368,615

3M Potentially Preventable Visits (PPVs)

Percent of Total 3M PPVs by EAPG for the Medical Visit Service Line

00530 Headaches Other Than Migraine
00531 Migraine
00527 Peripheral Nerve Diagnoses
00529 Seizure
00525 Level I Cns Diagnoses

PPV Rate 68.52%

Average cost of a PPV claim: $647
Outpatient Utilization Summary

9,961,511
Emergency Room Visits.

Visit Trend

Outpatient Visits Quarterly Trend

6,825,189
3M PPVs

Outpatient Visits by Age Group
- ER
- Non-ER

0-17 18-35 36-55 56-65 66-84 85+
Individual Facility

Outpatient Utilization

30,453
of 201,323 visits were ER visits.

15% ER
85% Non ER

ER Visits by Line of Business

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>10,67</td>
</tr>
<tr>
<td>Medicaid</td>
<td>10,060</td>
</tr>
<tr>
<td>Medicare</td>
<td>7,095</td>
</tr>
<tr>
<td>Undefined</td>
<td>2,601</td>
</tr>
</tbody>
</table>

3M Potentially Preventable Visits (PPVs)

Percent of Total 3M PPVs by EAPG for the Medical Visit Service Line

- 00531 Migraine: 40%
- 00530 Headaches Other Than Migraine: 30%
- 00527 Peripheral Nerve Diagnoses: 15%
- 00529 Seizure: 10%
- 00525 Level I Cns Diagnoses: 5%

PPV Rate: 72.62%

3M PPVs by Line of Business

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>40%</td>
</tr>
<tr>
<td>Commercial</td>
<td>30%</td>
</tr>
<tr>
<td>Medicare</td>
<td>20%</td>
</tr>
<tr>
<td>Undefined</td>
<td>20%</td>
</tr>
</tbody>
</table>

Average cost of a PPV claim: $680
Potentially Preventable Visits Summary

Filters:
- Facility Group
- Facility
- Service Line
- Time

Show by:
- Facility
- Service Line

6,820,953 PPVs
9,961,511 ER Visits

68.47% PPV Rate

Annual PPV Rates

3M PPV Rates by Line of Business
- Commercial
- Medicaid
- Medicare
- Undefined

3M PPV Rate Quarterly Trend
Shows 5 Highest PPV Rates by Facility

Q1 2013 to Q4 2018
Outpatient Visits by Line of Business

- Commercial: 43.48%
- Medicaid: 15.66%
- Medicare: 32.42%
- Undefined: 8.44%

Outpatient Dollar Trend

- Average Cost
- Average Charges

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Cost</th>
<th>Average Charges</th>
</tr>
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<tbody>
<tr>
<td>2013</td>
<td>$1,800</td>
<td>$1,600</td>
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<tr>
<td>2014</td>
<td>$1,600</td>
<td>$1,700</td>
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<tr>
<td>2015</td>
<td>$1,400</td>
<td>$1,500</td>
</tr>
<tr>
<td>2016</td>
<td>$1,200</td>
<td>$1,300</td>
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<tr>
<td>2017</td>
<td>$1,000</td>
<td>$1,100</td>
</tr>
<tr>
<td>2018</td>
<td>$800</td>
<td>$900</td>
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</table>
## Potentially Preventable Visits

<table>
<thead>
<tr>
<th>Service Line</th>
<th>EAPG</th>
<th>Description</th>
<th>3M PPVs</th>
</tr>
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<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>27,616</strong></td>
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<tr>
<td>Otolaryngology</td>
<td>00562</td>
<td>Infections Of Upper Respiratory Tract &amp; Otitis Media</td>
<td>4,277</td>
</tr>
<tr>
<td>General Medicine</td>
<td>00110</td>
<td>Pharmacotherapy By Extended Infusion</td>
<td>3,473</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>00661</td>
<td>Level II Other Musculoskeletal System &amp; Connective Tissue Diagnoses</td>
<td>2,179</td>
</tr>
<tr>
<td>General Medicine</td>
<td>00675</td>
<td>Other Skin, Subcutaneous Tissue &amp; Breast Diagnoses</td>
<td>943</td>
</tr>
<tr>
<td></td>
<td>00111</td>
<td>Pharmacotherapy Except By Extended Infusion</td>
<td>900</td>
</tr>
<tr>
<td>Cardiology</td>
<td>00604</td>
<td>Chest Pain</td>
<td>898</td>
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<tr>
<td>Pulmonary</td>
<td>00576</td>
<td>Level I Other Respiratory Diagnoses</td>
<td>811</td>
</tr>
<tr>
<td>Dermatology</td>
<td>00674</td>
<td>Contusion, Open Wound &amp; Other Trauma To Skin &amp; Subcutaneous Tissue</td>
<td>810</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>00300</td>
<td>Cat Scan - Abdomen</td>
<td>800</td>
</tr>
<tr>
<td>Urology and Nephrology</td>
<td>00727</td>
<td>Acute Lower Urinary Tract Infections</td>
<td>790</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>00299</td>
<td>Cat Scan - Brain</td>
<td>758</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>00656</td>
<td>Back &amp; Neck Diagnoses Except Lumbar Disc Diagnoses</td>
<td>701</td>
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<tr>
<td>Otolaryngology</td>
<td>00564</td>
<td>Level I Other Ear, Nose, Mouth, Throat &amp; Cranial/facial Diagnoses</td>
<td>636</td>
</tr>
<tr>
<td>EAPG</td>
<td>Outpatient Visits</td>
<td>Average Cost</td>
<td>Expected Average Cost</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------</td>
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</tr>
<tr>
<td>Total</td>
<td>133,715</td>
<td>$549</td>
<td>$535</td>
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<tr>
<td>00271 Physical Therapy</td>
<td>52,870</td>
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<td>$165</td>
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<tr>
<td>00270 Occupational Therapy</td>
<td>5,958</td>
<td>$219</td>
<td>$250</td>
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<td>00319 Activity Therapy</td>
<td>5,638</td>
<td>$429</td>
<td>$321</td>
</tr>
<tr>
<td>00286 Mammography &amp; Other Related Procedures</td>
<td>4,471</td>
<td>$93</td>
<td>$127</td>
</tr>
<tr>
<td>00403 Organ Or Disease Oriented Panels</td>
<td>2,972</td>
<td>$52</td>
<td>$82</td>
</tr>
<tr>
<td>00343 Radiation Treatment Delivery</td>
<td>2,619</td>
<td>$263</td>
<td>$680</td>
</tr>
<tr>
<td>00288 Diagnostic Ultrasound Except Obstetrical And Vascular Of Lower Extremities</td>
<td>2,365</td>
<td>$201</td>
<td>$270</td>
</tr>
<tr>
<td>00272 Speech Therapy And Evaluation</td>
<td>2,163</td>
<td>$180</td>
<td>$181</td>
</tr>
<tr>
<td>00081 Echocardiography</td>
<td>2,112</td>
<td>$607</td>
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</tr>
<tr>
<td>00490 Incidental To Medical Visit Or Significant Procedure</td>
<td>2,080</td>
<td>$182</td>
<td>$181</td>
</tr>
<tr>
<td>00110 Pharmacotherapy By Extended Infusion</td>
<td>1,873</td>
<td>$1,541</td>
<td>$1,668</td>
</tr>
<tr>
<td>00300 Cat Scan - Abdomen</td>
<td>1,767</td>
<td>$506</td>
<td>$791</td>
</tr>
<tr>
<td>00316 Individual Comprehensive Psychotherapy</td>
<td>1,696</td>
<td>$183</td>
<td>$174</td>
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<td>00471 Plain Film</td>
<td>1,537</td>
<td>$57</td>
<td>$132</td>
</tr>
<tr>
<td>00999 Unassigned</td>
<td>1,363</td>
<td>$417</td>
<td>$311</td>
</tr>
<tr>
<td>00457 Venipuncture</td>
<td>1,175</td>
<td>$6</td>
<td>$21</td>
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<tr>
<td>00402 Basic Chemistry Tests</td>
<td>1,148</td>
<td>$30</td>
<td>$59</td>
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</table>
Outpatient Data Miner EAPG Listing – Clinical EAPG
### Outpatient Data Miner EAPG Listing

<table>
<thead>
<tr>
<th>Outpatient Visits</th>
<th>Percent to Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>378,679</td>
<td>100.00%</td>
</tr>
<tr>
<td>212,443</td>
<td>56.40%</td>
</tr>
<tr>
<td>61,529</td>
<td>16.33%</td>
</tr>
<tr>
<td>25,003</td>
<td>6.64%</td>
</tr>
<tr>
<td>10,294</td>
<td>2.73%</td>
</tr>
<tr>
<td>5,438</td>
<td>1.44%</td>
</tr>
<tr>
<td>5,281</td>
<td>1.40%</td>
</tr>
<tr>
<td>4,372</td>
<td>1.16%</td>
</tr>
<tr>
<td>3,831</td>
<td>1.02%</td>
</tr>
<tr>
<td>3,614</td>
<td>1.01%</td>
</tr>
<tr>
<td>3,405</td>
<td>0.90%</td>
</tr>
<tr>
<td>2,571</td>
<td>0.68%</td>
</tr>
<tr>
<td>2,554</td>
<td>0.68%</td>
</tr>
<tr>
<td>2,291</td>
<td>0.61%</td>
</tr>
<tr>
<td>2,101</td>
<td>0.56%</td>
</tr>
<tr>
<td>1,786</td>
<td>0.47%</td>
</tr>
<tr>
<td>1,681</td>
<td>0.45%</td>
</tr>
<tr>
<td>1,557</td>
<td>0.44%</td>
</tr>
<tr>
<td>1,388</td>
<td>0.37%</td>
</tr>
<tr>
<td>1,384</td>
<td>0.37%</td>
</tr>
<tr>
<td>1,220</td>
<td>0.32%</td>
</tr>
</tbody>
</table>
# Outpatient Data Miner EAPG Listing – Clinical Other

<table>
<thead>
<tr>
<th>Clinical - EAPG</th>
<th>Clinical - Other</th>
<th>Patient Demographic</th>
<th>Facility</th>
<th>Time</th>
<th>Prompt Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search</td>
<td>Search</td>
<td></td>
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</tr>
<tr>
<td>All Primary Diagnoses</td>
<td>All CPT4 Codes</td>
<td></td>
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<tr>
<td>G912:(idiopathic) normal pressure hydrocephalus</td>
<td>00000:CODES WHICH ARE NOT USED IN/BY THE APC/</td>
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<tr>
<td>S42225A:2-part nondisp fx of surgical neck of left humerus</td>
<td>0002T:Endo Repair Abd Aa Aorto Uni</td>
<td></td>
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<tr>
<td>S42224A:2-part nondisp fx of surgical neck of right humerus</td>
<td>0075T:Perq Stent/chest Vert Art</td>
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<td></td>
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<tr>
<td>Z3A24:24 weeks gestation of pregnancy</td>
<td>19305:Mast Radical</td>
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<tr>
<td>Z3A31:31 weeks gestation of pregnancy</td>
<td>21615:Removal Of Rib</td>
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<tr>
<td>Z3A34:34 weeks gestation of pregnancy</td>
<td>21620:Partial Removal Of Sternum</td>
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<tr>
<td>Z3A36:36 weeks gestation of pregnancy</td>
<td>21750:Repair Of Sternum Separation</td>
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<tr>
<td>Q981:46, XX true hermaphrodite</td>
<td>22015:i&amp;d Abscess P-Spine L/s/lS</td>
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<tr>
<td>88888:88888 - Unknown</td>
<td>22327:Treat Thorax Spine Fracture</td>
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<tr>
<td>99999:99999 - Unknown</td>
<td>22808:Ant Fusion 2-3 Vert Seg</td>
<td></td>
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<tr>
<td>J173:Abdominal aortic aneurysm, ruptured</td>
<td>22849:Reinsert Spinal Fixation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J174:Abdominal aortic aneurysm, without rupture</td>
<td>22852:Remove Spina Fixation Device</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>