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3M™ Enhanced APG Software

# EAPG v3.12 Change Report

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# About this document

This document describes the changes between Enhanced Ambulatory Patient Groups (EAPG) version 3.11 and version 3.12. We received many external comments and suggestions for EAPG v3.12 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.



# Chapter 1: Application interface changes

## New fields

### **Modifier JW option**

A new option flag is added, associated with the reporting of modifier JW (Drug amount discarded/not administered to any patient). The new option provides an identifying flag in the grouper output for lines reporting drug HCPCS codes (EAPG type 6) that have modifier JW present, in order for pricing modules to implement any specific payment policy associated with discarded drug amounts.





# Chapter 2: Structural changes/new features

## User options

- New user option for the reporting of Modifier JW (page [7](#)). The standard grouper setting for the option is set to “On,” apply modifier JW logic.
- DAO Flag (Direct Admit Observation Flag)—this option is deactivated (see Program Logic changes (page [9](#)) for Observation Visits).
- Observation Hours Option—changes only to the outcome if the hours criteria is not met according to the user-defined setting, the observation (EAPG 450) is packaged (previously error EAPG 999 was returned). See Program Logic changes (page [9](#)) for additional details.

## Structural changes

### Grouper version retention

- The EAPG grouper version 3.12 contains versions 3.7 through 3.12; six years’ worth of grouper versions are retained (2012 through 2017).
- Grouper Versions 3.4, 3.5, and 3.6 remain in the grouper component through 2017 for historical claims processing; however, code set updates are not included. Effective January 1, 2018, versions 3.4, 3.5 and 3.6 will be removed from the component.

## Grouper output

For new output values, see Application interface changes (page [7](#)).

New field output for Modifier JW Present Flag.

## Program logic changes

### Observation Visit Processing logic

All Observation Visit Indicator (EAPG 492) procedure codes are moved to EAPG 491 (Medical Visit Indicator), which expands the Medical Visit logic to incorporate observation visits, and eliminates the need for observation visit EAPGs 500, 501 and 502. The reporting of observation for duration of time spent remains the same with EAPG 450. The final medical EAPG for the visit is assigned based on the reported principal diagnosis when either directly evaluated and/or

referred for observation, and the separate EAPG 450 is assigned for duration of time under observation services. Observation is always packaged if present with a significant procedure or per diem EAPG.

# Chapter 3: Clinical grouping changes

This section contains EAPG assignment changes and the reasons for these changes.

## EAPG changes

No new EAPG groups are added for this version. There are description revisions for EAPGs 86, 87, 527 and 806. Observation EAPGs 492 (category 30), 500, 501 and 502 (category 50) are removed.

EAPG	Description v3.11	Description v3.12
86	Pacemaker Insertion and Replacement	Pacemaker and Other Cardiovascular Device Insertion and Replacement
87	Removal and Revision of Pacemaker and Vascular Device	Removal or Revision of Pacemakers and Other Cardiovascular Devices
527	Peripheral Nerve Diagnoses	Peripheral and Cranial Nerve Diagnoses
806	Post-Operative, Post-Traumatic, Other Device Infections	Post-Operative, Post-Traumatic, Other Device Infections & Complications

Drug groups continue to be monitored annually. As a result of comments and suggestions from users, codes were reassigned among existing groups. When necessary to clarify or confirm the decision, clinical experts from the appropriate medical specialties were consulted.

For a specific listing of EAPG groups and all code assignment changes, consult the attached spreadsheet, 'EAPGv3.12\_ChangeTables.xlsx'.



# Chapter 4: HCPCS code changes

This section contains HCPCS assignment changes and the reasons for these changes.

Payer/user requests were reviewed, with changes made in assignment as noted in the specific categories that follow, and in the attached Change Tables spreadsheet. A review of procedures in several EAPG groups was performed due to fluctuations in claim reporting frequency and costs as part of the EAPG version 3.11 relative weight development process.

Annual review of add-on procedure codes was performed for consistency of standard grouping assignment associated with the primary procedure code(s)' placement. Annual review of inpatient-only procedures was also performed, with comparison to current claims data for monitoring any occurrence or frequency of inpatient-only procedures requiring changes in assignment.

A review of the proposed Medicare OPPS/APC rule for January 2017 was performed, with a few codes changing EAPG assignment based on comparable code assignment changes made to APCs.

The packaging of ancillary services was reviewed, however, no changes are made to the default packaging list. Users are reminded that EAPGs may be removed or added to their user-defined packaging list, per individual payer policy.

The following EAPG categories have HCPCS code changes. For a complete listing of the changes, see the attached EAPGv311\_ChangeTables.xlsx spreadsheet.

## Category 1: Skin and Integumentary System Procedures

- EAPG 9: LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE
- EAPG 13: LEVEL II SKIN REPAIR
- EAPG 14: LEVEL III SKIN REPAIR
- EAPG 15: LEVEL IV SKIN REPAIR

Procedure codes in the skin repair groups were reviewed due to fluctuations in claim frequency and cost observed in the claims data used for development of relative weights. Specifically, several procedures in the level III group were moved to the level IV group, and a few with lower claim cost were moved to the level II group. Additionally, two procedures (C5271, C5272) for application of skin substitute grafts were moved to level III group for consistency in assignment with similar codes 15271, 15272. One additional change was made for code 40805 (Removal of embedded foreign body, mouth) to remove it from skin repair and place it in EAPG 9.

## Category 3: Musculoskeletal System Procedures

- EAPG 31: LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT
- EAPG 35: LEVEL I FOOT PROCEDURES
- EAPG 37: LEVEL I ARTHROSCOPY
- EAPG 41: CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK

Two procedures in category 3 were moved due to related research associated with the annual review of add-on codes for the appropriate placement with primary procedure codes; procedure 22315 was moved to EAPG 41 and G0289 was moved to EAPG 37. Procedure 27845 was moved out of the inpatient only procedures group into EAPG 31 based upon clinical review, and frequency in current outpatient claims data. Procedure 0335T was moved into EAPG 35 based upon clinical review and definition of the procedure, and related research of procedures in miscellaneous ancillary group, EAPG 425.

## Category 5: Cardiovascular Procedures

- EAPG 81: ECHOCARDIOGRAPHY
- EAPG 82: CARDIAC ELECTROPHYSIOLOGIC TESTS AND MONITORING
- EAPG 86: PACEMAKER AND OTHER CARDIOVASCULAR DEVICE INSERTION AND REPLACEMENT
- EAPG 87: REMOVAL OR REVISION OF PACEMAKERS AND OTHER CARDIOVASCULAR DEVICES
- EAPG 88: LEVEL I CARDIOTHORACIC PROCEDURES W OR W/O VASCULAR DEVICE
- EAPG 89: LEVEL II CARDIOTHORACIC PROCEDURES W OR W/O VASCULAR DEVICE
- EAPG 90: SECONDARY VARICOSE VEINS AND VASCULAR INJECTION
- EAPG 91: VASCULAR LIGATION AND RECONSTRUCTION
- EAPG 96: ATRIAL AND VENTRICULAR RECORDING AND PACING
- EAPG 97: AICD IMPLANT

Changes in assignment were made to many procedures in EAPGs 86, 87, 88, 89 and 97 based on a clinical review of pacemaker and other cardiovascular device insertion, replacement, revision and removal. Procedures were reviewed for consistency in group assignment based on the method of device intervention. Two procedures (36475 and 36470) were moved to EAPGs 91 and 90 based on specific payer requests and related research within those groups. Several procedures were moved to EAPGs 81, 82, 88 and 89 based on the related annual review of add-on codes for consistency with the primary code(s)' assignment. Due to new CPT procedure codes (36901 – 36909) introduced for dialysis circuit interventions and EAPG assignment of these procedures, current procedures assigned to EAPGs 85, 86, 87, 88 and 89 were reviewed and reassignments were made based on additional research of the clinical definition of the

procedures with consulting cardiologists. Additional research related to cardiovascular device insertion procedures included a review of EAPGs 82 and 96 for electrophysiologic tests and procedures; several procedures in the Level I/II Cardiothoracic procedure groups EAPGs 88 and 89 for comprehensive cardiac electrophysiologic evaluations and other studies were moved into EAPGs 82 and 96.

## Category 7: Gastrointestinal System Procedures

- EAPG 147: LEVEL III LAPAROSCOPY

Procedure 43283 is an add-on code that was moved into EAPG 147 as part of the annual add-on code review; this procedure is performed only with primary procedures already assigned to EAPG 147, thus the procedure was moved to facilitate consolidation.

## Category 8: Genitourinary System Procedures

- EAPG 165: LEVEL III BLADDER AND KIDNEY PROCEDURES

Procedures 52441, 52442, C9739 and C9740 were moved from Level II into Level III Bladder and Kidney Procedures based on a review of the CY 2017 OPSS Proposed Rule data that moved the two C-codes into a higher level APC. Associated review of claims data revealed increased claim costs associated with procedures C9739, C9740; CPT procedures 52441 and 52442 are similar procedures to the C-codes and were moved for consistency in assignment.

## Category 11: Neurologic System Procedures

- EAPG 221: LAMINOTOMY AND LAMINECTOMY

Several procedures were moved into EAPG 221 based on the annual review of add-on codes; these procedures were add-on codes that are reported with primary procedures already assigned to EAPG 221.

## Category 12: Ophthalmologic System Procedures

- EAPG 236: LEVEL II ANTERIOR SEGMENT EYE PROCEDURES

Procedure 65757 was moved into EAPG 236 based on the annual review of add-on codes. The procedure is an add-on code that is only reportable with primary procedure 65756, thus 65757 was moved into EAPG 236 to facilitate consolidation with the primary procedure.

## Category 14: Rehabilitation

- EAPG 273: MANIPULATION THERAPY

Procedures 98940 – 98943 were reviewed as part of a review of procedures in the physical therapy group, EAPG 271. These procedures are for chiropractic treatment and are better classified into EAPG 273.

## Category 15: Radiologic Procedures

- EAPG 296: MRI – OTHER

Procedure 0159T for computer-aided detection (CAD) is moved into EAPG 296 as part of the annual add-on code review; all primary procedures associated with 0159T are assigned to EAPG 296.

## Category 16: Mental Illness and Substance Abuse Therapies

- EAPG 316: INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY

Procedure 90840 for additional time spent for psychotherapy crisis is moved into EAPG 316 due to the annual review of add-on codes; 90840 is only reportable with primary procedure 90839 which is in EAPG 316.

## Category 17: Nuclear Medicine

- EAPG 331: LEVEL II DIAGNOSTIC NUCLEAR MEDICINE

Procedure 78020 for thyroid uptake is moved into EAPG 331 due to the annual review of add-on codes; 78020 is only reportable with primary procedure 78018 which is in EAPG 331.

## Category 21: Pathology

- EAPG 390: Level I Pathology
- EAPG 391: Level II Pathology

A thorough review of Level I/II pathology procedures was conducted to compare claim costs of tests with current laboratory fee schedule amounts. Cost ranges were established for placement into Level I and II groups based on comparable fee schedule amounts; many Level I procedures



shifted into the Level II group, with a few codes in Level II shifting into the Level I group. Additionally, two fertility analysis codes (89322, 89331) were moved from Level I chemistry into EAPG 390.

## Category 22: Laboratory

- EAPG 386: LEVEL II MOLECULAR PATHOLOGY AND GENETIC TESTS
- EAPG 387: LEVEL III MOLECULAR PATHOLOGY AND GENETIC TESTS
- EAPG 394: LEVEL I IMMUNOLOGY TESTS
- EAPG 395: LEVEL II IMMUNOLOGY TESTS
- EAPG 397: LEVEL II MICROBIOLOGY TESTS
- EAPG 400: LEVEL I CHEMISTRY TESTS
- EAPG 401: LEVEL II CHEMISTRY TESTS
- EAPG 402: BASIC CHEMISTRY TESTS
- EAPG 403: ORGAN OR DISEASE ORIENTED PANELS
- EAPG 408: LEVEL I HEMATOLOGY TESTS
- EAPG 410: URINALYSIS

As referenced for Category 21, a thorough review of Level I/II Chemistry and Basic Chemistry groups was conducted to compare claim costs of tests with current laboratory fee schedule amounts. Cost ranges were established for placement into Level I, II and Basic groups based on comparable fee schedule amounts; the largest shift of procedures moved from Level II EAPG 401 to Level I EAPG 400, with a few basic chemistry procedures moving into Level I. Several tests in therapeutic drug monitoring and toxicology groups were moved into chemistry based on additional research into the clinical definition of the procedures. Additional clinical review of procedures in the chemistry groups required several procedures to move into newer EAPGs 386 and 387, as well as EAPGs 394, 395, 397, 403, 408 and 410 based on current clinical definition of the procedures as defined by CPT 2017©.

## Category 23: Other Ancillary Tests and Procedures

- EAPG 412: SIMPLAR PULMONARY FUNCTION TESTS
- EAPG 415: LEVEL II IMMUNIZATION
- EAPG 416: LEVEL III IMMUNIZATION
- EAPG 420: PACEMAKER AND OTHER ELECTRONIC ANALYSIS
- EAPG 423: INTRODUCTION OF NEEDLE AND CATHETER

- EAPG 487: MINOR CARDIAC MONITORING
- EAPG 489: LEVEL II OTHER MISCELLANEOUS ANCILLARY PROCEDURES

A few procedures in EAPGs 60, 251, 425 and 490 were part of the annual add-on code review and were moved into EAPGs 412, 423 and 489 based on the relationship of the add-on code to the associated primary procedures. Three immune globulin HCPCS codes (J0850, J1571 and J1573) were moved into the immunization EAPGs 415 and 416 for standardizing assignment of immune globulins to the immunization groups. Procedure 94762 for oximetry was moved from the incidental EAPG 490 into EAPG 412 base don payer request as the procedure may be performed as a standalone service. Two bone healing stimulation procedures (20974, 20979) were moved from the physical therapy group (EAPG 271) to the Level II miscellaneous ancillary group (EAPG 489) due to low frequency and fluctuating claim costs. Several procedures for cardiac electrophysiologic recording and programming evaluation were moved from EAPG 82 into ancillary groups (EAPGs 420, 487, 489) due to the related review and research conducted in Category 5.

## Category 24: Chemotherapy and Other Drugs

- EAPG 430: CLASS I CHEMOTHERAPY DRUGS
- EAPG 432: CLASS III CHEMOTHERAPY DRUGS
- EAPG 435: CLASS I PHARMACOTHERAPY
- EAPG 436: CLASS II PHARMACOTHERAPY
- EAPG 437: CLASS III PHARMACOTHERAPY
- EAPG 441: CLASS VI CHEMOTHERAPY DRUGS
- EAPG 460: CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- EAPG 495: MINOR CHEMOTHERAPY
- EAPG 496: MINOR PHARMACOTHERAPY

As a planned part of the annual update, we obtained claims data from a national source and reviewed the existing drug groups using the newer claims data and updated ASP values; the purpose being to adapt the EAPG drug groups each year to reflect current changes in ASP and utilization. Additional in-depth review was conducted for anti-emetics, immune globulins and radiopharmaceuticals. Several anti-emetic codes moved from Level I chemotherapy and pharmacy groups into minor chemotherapy and pharmacy EAPGs 495 and 496; a few immune globulin codes were moved into the immunization groups and a few immunosuppressive codes moved from the immunization group into EAPG drug groups (435, 436, and 437). A few radiopharmaceutical codes were moved into different drug groups based on a review of current cost and clinical indications.

## Category 30: Incidental Procedures and Services

- EAPG 490: INCIDENTAL TO MEDICAL VISIT OR SIGNIFICANT PROCEDURES
- EAPG 491: MEDICAL VISIT INDICATOR

Several procedures were moved to EAPG 490 as part of the annual add-on code review; add-on codes that are associated with primary procedures that are in many different EAPG groups are moved into the incidental group to facilitate packaging. Additional code movement into EAPG 490 for procedures 33225 and 93662 was done due to related research associated with changes in Category 5. Procedure 99356 for prolonged inpatient or observation services was moved from the inpatient-only procedure list into EAPG 491 as part of the annual add-on code review and the relationship the add-on code had to primary procedure(s) assignment. As previously mentioned in this document, all of the former Observation Visit Indicator (OVI) codes are moved into EAPG 491 due to the changes in the processing logic for observation.

## Category 99: No EAPG Assigned

- EAPG 993: INPATIENT ONLY PROCEDURES

Procedures 34808, 35685 and 44701 were moved into the inpatient only procedure group based on the annual add-on code review; these procedures are add-on codes that are reportable only with primary procedures currently in the inpatient only procedure group. Procedure code 48160 (Pancreatectomy) was moved from EAPG 144 into the inpatient only procedure group based on payer request and clinical review of appropriate assignment as an inpatient only procedure.

## Preventive Services

There are no changes to existing codes. The following procedures are added to the list of preventive services:

Code	Description
76706	Us abdl aorta screen aaa
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
G0499	Hepb screen high risk indiv



# Chapter 5: Changes to the consolidation logic

There are no changes to the clinical consolidation logic.



# Chapter 6: Changes to the packaging logic

There are no changes to the packaging logic.





# Chapter 7: Medical EAPG changes

There are no changes to the medical EAPG logic.