



Last Updated: 10/04/2022

Hospital & Ambulatory Surgical Centers (ASCs) 3M Grouper Updates- Effective July 1, 2022

The purpose of this bulletin is to notify hospitals and ASCs about the delay in updating the 3M All-Patient Refined Diagnosis-Related Group (APR-DRG) and Enhanced Ambulatory Patient Group (EAPG) versions and weights for state fiscal year 2023 (SFY23). This bulletin serves as an update to the July 13, 2022, bulletins titled "Hospital Reimbursement - Effective July 1, 2022" and "Ambulatory Surgical Center Reimbursement - Effective July 1, 2022."

Inpatient APR-DRG Version & Weights Update

DMAS was required to implement version 38 of the 3M APR-DRG grouper and rebase the APR-DRG weights, effective with discharges on or after July 1, 2022. However, implementation of the new grouper version and weights has been delayed. DMAS will notify providers when the changes have been implemented via blast email. Claims paid prior to the implementation of the updated grouper and weights will be automatically reprocessed when the updates are completed.

The Virginia-specific DRG weights, as well as other inpatient reimbursement parameters, are available on the DMAS web site at <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/hospital-rates/>.

Outpatient & ASC EAPG Version & Weights Update

DMAS was required to implement version 3.16 of the 3M EAPG grouper and rebase the EAPG weights, effective July 1, 2022. Implementation of the new grouper version and weights has been delayed. DMAS will notify providers when the changes have been implemented via blast email. Claims paid prior to the implementation of the updated grouper and weights will be automatically reprocessed when the updates are completed.

The new EAPG weights and base rates are available on the DMAS web site at <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/outpatient-eapg/>.

Outpatient & ASC EAPG Addition of a 4th Digit Update

The DMAS 3M EAPG claims processing system does not currently allow for capturing the EAPG codes with more than three (3) digits. DMAS is in the process of implementing a temporary fix until the grouper can accept four (4) digits. The temporary fix will only apply to EAPG codes that are four (4) digits long and will only show up on remittance advices (RA) or the EDI 835. Please continue to follow standard billing practices and use standard billing codes. While the temporary fix is in place, an alpha numeric EAPG code will show up on your remittance advice or EDI 835 using the key below.



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Four-Digit EAPG Key

10XX →	A =	AXX
20XX →	B =	BXX
30XX →	C =	CXX
40XX →	D =	DXX
50XX →	E =	EXX
60XX →	F =	FXX
70XX →	G =	GXX
80XX →	H =	HXX
90XX →	I =	IXX

For a list of the affected EAPG codes and the associated temporary fix codes for EAPG Grouper Version 3.16 as of July 1, 2022, please see the table below. EAPG codes that are three (3) digits or less will remain the same.

3M EAPG	Temporary "Fix" Code Seen on RA	EAPG Description
1001	A01	DURABLE MEDICAL EQUIPMENT AND SUPPLIES - LEVEL 1
1002	A02	DURABLE MEDICAL EQUIPMENT AND SUPPLIES - LEVEL 2
1003	A03	DURABLE MEDICAL EQUIPMENT AND SUPPLIES - LEVEL 3
1004	A04	DURABLE MEDICAL EQUIPMENT - LEVEL 4
1005	A05	DURABLE MEDICAL EQUIPMENT - LEVEL 5
1006	A06	DURABLE MEDICAL EQUIPMENT - LEVEL 6
1007	A07	DURABLE MEDICAL EQUIPMENT - LEVEL 7
1008	A08	DURABLE MEDICAL EQUIPMENT - LEVEL 8
1009	A09	DURABLE MEDICAL EQUIPMENT - LEVEL 9
1010	A10	DURABLE MEDICAL EQUIPMENT - LEVEL 10
1011	A11	DURABLE MEDICAL EQUIPMENT - LEVEL 11
1012	A12	DURABLE MEDICAL EQUIPMENT - LEVEL 12
1013	A13	DURABLE MEDICAL EQUIPMENT - LEVEL 13
1014	A14	DURABLE MEDICAL EQUIPMENT - LEVEL 14
1015	A15	DURABLE MEDICAL EQUIPMENT - LEVEL 15
1016	A16	DURABLE MEDICAL EQUIPMENT - LEVEL 16
1017	A17	DURABLE MEDICAL EQUIPMENT - LEVEL 17
1018	A18	DURABLE MEDICAL EQUIPMENT - LEVEL 18
1019	A19	DURABLE MEDICAL EQUIPMENT - LEVEL 19
1020	A20	DURABLE MEDICAL EQUIPMENT - LEVEL 20
1021	A21	DURABLE MEDICAL EQUIPMENT - OXYGEN AND RELATED EQUIPMENT
1030	A30	AMBULANCE SERVICES
1090	A90	USER DEFINED 340B DRUGS
2000	B00	DIAGNOSTIC RADIOPHARMACEUTICAL
2001	B01	DIAGNOSTIC CONTRAST MEDIA
2002	B02	INCIDENTAL IMAGING SERVICES
2003	B03	INCIDENTAL PHYSICIAN REPORT OR TECHNICAL SERVICES
2004	B04	INCIDENTAL MINOR DIAGNOSTIC TESTS
2005	B05	INCIDENTAL MEDICAL VISIT SERVICES
2006	B06	INCIDENTAL IMPLANTABLE OR OTHER RELATED DEVICES
2007	B07	INCIDENTAL BEHAVIORAL HEALTH SERVICES
2020	B20	NONINVASIVE VENTILATION SUPPORT
2030	B30	MINOR MUSCULOSKELETAL PROCEDURES
2061	B61	LEVEL I BLOOD PRODUCTS
2062	B62	LEVEL II BLOOD PRODUCTS
3033	C33	INGUINAL, FEMORAL AND UMBILICAL HERNIA REPAIR
3035	C35	ABDOMINAL HERNIA REPAIR
3050	C50	TRANSPLANT PROCEDURES



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3M EAPG	Temporary "Fix" Code Seen on RA	EAPG Description
4001	D01	EMERGING TECHNOLOGY PROCEDURES
4010	D10	LEVEL I OPIOID TREATMENT PROGRAM SERVICES
4011	D11	LEVEL II OPIOID TREATMENT PROGRAM SERVICES

The agency will identify and automatically reprocess claims with four (4) digits that did not pay for dates of service on or after July 1, 2022, until the temporary fix was implemented. When the payment system is fully updated to accept four (4) digit codes, all EAPG codes will show up normally on the RA or EDI 835.

Please contact the DMAS help line at 1-800-552-8627 if you have any questions concerning hospital reimbursement.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	https://vamedicaid.dmas.virginia.gov/
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms



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Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for- service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanoftv.com , email: VAProviderQuestions@MagellanHealth.com , or Call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com