

											A	B	C
	Code	Description	Modifier	EAPG	EAPG Description	Discount, Package, or Consolidate	Relative Weight	ASC Base Rate	GI Payment Percent	Discount Percent	Step 1 Base Rate*RW Round to Nearest Cent	Step 2 Multiply the result in A by 1.1 (if EAPG is 134 or 149) otherwise multiply by 1 and round to the nearest cent.	FINAL PAYMENT Step 3 Multiply the result from B by the discounting percent, round to the nearest cent. This is the Final Payment.
Claim 1	45380	COLONOSCOPY AND BIOPSY		149*	SCREENING COLORECTAL SERVICES	Discounted	3.8031	\$74.83	110%	50%	\$284.59	\$313.05	\$156.53
	43239	EGD BIOPSY SINGLE/MULTIPLE		134*	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	Full Payment	4.6595	\$74.83	110%	100%	\$348.67	\$383.54	\$383.54
	Total												\$540.07
Claim 2	45385	COLONOSCOPY W/LESION REMOVAL		137	THERAPEUTIC COLONOSCOPY	Full Payment	4.6829	\$74.83	100%	100%	\$350.42	\$350.42	\$350.42
	43235	EGD DIAGNOSTIC BRUSH WASH		134*	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	Full Payment	4.6595	\$74.83	110%	100%	\$348.67	\$383.54	\$383.54
	Total												\$733.96
Claim 3	65756	CORNEAL TRNSPL ENDOTHELIAL		236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	Full Payment	21.5201	\$74.83	100%	100%	\$1,610.35	\$1,610.35	\$1,610.35
	V2785	CORNEAL TISSUE PROCESSING		485	CORNEAL TISSUE PROCESSING	Full Payment	48.9498	\$74.83	100%	100%	\$3,662.91	\$3,662.91	\$3,662.91
	Total												\$5,273.26
Claim 4	66984	CATARACT SURG W/IOL 1 STAGE		233	CATARACT PROCEDURES	Full Payment	13.1111	\$74.83	100%	100%	\$981.10	\$981.10	\$981.10
	C1840	TELESCOPIC INTRAOCULAR LENS		490	INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT	Package	0.2804	\$74.83	100%	0%	\$20.98	\$20.98	\$0.00
	Total												\$981.10
Claim 5	69436	CREATE EARDRUM OPENING	50	252	LEVEL I FACIAL AND ENT PROCEDURES	Bilateral Payment	6.5822	\$74.83	100%	150%	\$492.55	\$492.55	\$738.83
Total												\$1,231.38	
Claim 6	62323	NJX INTERLAMINAR LMBR/SAC		214	LEVEL I NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	Full Payment	3.6372	\$74.83	100%	100%	\$272.17	\$272.17	\$272.17
Total												\$272.17	
claim 7	64493	INJ PARAVERT F JNT L/S 1 LEV		220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	Full Payment	5.3671	\$74.83	100%	100%	\$401.62	\$401.62	\$401.62
	64494	INJ PARAVERT F JNT L/S 2 LEV		220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	Consolidated	5.3671	\$74.83	100%	0%	\$401.62	\$401.62	\$0.00
	64495	INJ PARAVERT F JNT L/S 3 LEV		220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	Consolidated	5.3671	\$74.83	100%	0%	\$401.62	\$401.62	\$0.00
	Total												\$401.62

Appropriate measures have been used to insure that this information is accurate.  
However, it is possible that there is a variance between when this information is published and when it is effective.

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	Code	Description	Modifier	EAPG	EAPG Description	Discount, Package, or Consolidate	Relative Weight	ASC Base Rate	GI Payment Percent	Discount Percent	Step 1 Base Rate*RW Round to Nearest Cent	Step 2 Multiply the result in A by 1.1 (if EAPG is 134 or 149) otherwise multiply by 1 and round to the nearest cent.	FINAL PAYMENT Step 3 Multiply the result from B by the discounting percent, round to the nearest cent. This is the Final Payment.
Claim 8	45378	DIAGNOSTIC COLONOSCOPY		149*	SCREENING COLORECTAL SERVICES	Full Payment	3.8031	\$74.83	110%	100%	\$284.59	\$313.05	\$313.05
Total												\$313.05	
Claim 9 <sup>^</sup>	41899	UNLISTED DENTAL PROCEDURE		252	LEVEL I FACIAL AND ENT PROCEDURES	Full Payment	6.5822	\$74.83	100%	100%	\$492.55	\$492.55	\$492.55
	70310	X-RAY EXAM OF TEETH	TC	471	PLAIN FILM	Package	0.5667	\$74.83	100%	0%	\$42.41	\$42.41	\$0.00
	Total												\$492.55

Footnotes:

<sup>^</sup>Please note that the ASC is not the preferred place of service for dental services, dental services should only be done in the ASC setting if medically necessary.

\*Payment for EAPGs 134 and 149 is increased 10%

Codes highlighted yellow are one of the top 10 codes billed by ASCs on non-crossover claims. 53% of non-crossover ASC FFS and Managed Care claims contain at least one of the top 10 codes based on utilization between 1/1/2017-8/30/2017

These are examples of how a claim might pay under the EAPG methodology, this is not a guarantee of actual payment.

Appropriate measures have been used to insure that this information is accurate.

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