

Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging

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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take

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precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Section 3134 of the Affordable Care Act added section 1848©(2)(K) of the Social Security Act which specifies that the Secretary shall identify potentially misvalued codes by examining multiple codes that are frequently billed in conjunction with furnishing a single service.

CMS consolidated the existing 11 families of codes into one family effective January 1, 2011. Therefore, the reductions apply when two or more services on the list are furnished to the same patient in a single session as well as implementing the new diagnostic family indicator '88'. For further details, please see CMS Transmittal 738: Change Request 6993.

CMS expanded the MPPR by applying it to both TC and PC services effective January 1, 2012, please see CMS Transmittal 995: Change Request 7442.

CMS again expanded the MPPR on the PC and TC of imaging services by applying it to physicians in the same group practice (same Group National Provider Identifier (NPI)) who furnish multiple services to the same patient, in the same session, on the same day, effective January 1, 2013. For further details, please see CMS Transmittal 1104: Change Request 7747.

Additional details on MPPR prior to 2011 please see CMS MLN Matters: SE 0587, CMS MLN Matters: SE 0665, and CMS Transmittal 694: Change Request 6965 .

Reimbursement Guidelines

The MPPR on diagnostic imaging applies when multiple services are furnished by the same physician **or by physicians in the same group practice (UnitedHealthcare determines same group practice by TIN)**, to the same patient in the same session on the same day. The MPPR on certain diagnostic imaging services applies to PC and TC services. It applies to both PC-only services, TC-only services, and to the PC and TC of global services.

- Full payment is made for each PC and TC service with the highest payment under the MPFS.
- Payment is made at 75 percent for subsequent PC services furnished by the same physician **or by physicians in the same group practice (UnitedHealthcare determines same group practice by TIN)** to the same patient in the same session on the same day.
- Payment is made at 50 percent for subsequent TC services furnished by the same physician **or by physicians in the same group practice (UnitedHealthcare determines same group practice by TIN)** to the same patient in the same session on the same day.
- The individual PC and TC services with the highest payments under the MPFS of globally billed services must be determined in order to calculate the reduction.

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As an example, the proposed payments are summarized in the following table:

	Procedure 1	Procedure 2	Proposed Total Payment	Proposed Payment Calculation
PC	\$68	\$102	\$153	\$102 + (.75 x \$68)
TC	\$476	\$340	\$646	\$476 + (.50 x \$340)
Global	\$544	\$442	\$799	\$102 + (.75 x \$68) + (.50 x \$340)

When applying the reduction, Medicare contractors will use modifier 51 to identify reduced PC services and reduced global services as they do today for TC services. For further details, please see CMS MLN Matters: MM 7442.

MPPR will not apply when:

- Physicians use modifier -59 to indicate multiple sessions, the procedure may have been done on the same day, but not during the same session.
- Physicians use modifier -26 to indicate PC only services have been billed.
- Physicians that bill two imaging procedures but only one is in the Code list below in this policy.

Additionally, re-bundling may occur when multiple imaging procedure codes are billed and two or more of the procedures may be covered by a single comprehensive code.

The complete list of codes subject to the MPPR on diagnostic imaging is available in the coding criteria below.

CPT/HCPCS Codes

Code	Description
70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)
70450	Computed tomography, head or brain; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	Computed tomography, maxillofacial area; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	Computed tomography, soft tissue neck; without contrast material
70491	Computed tomography, soft tissue neck; with contrast material(s)
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; with contrast material(s)

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70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); with contrast material(s)
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
71250	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax; with contrast material(s)
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
71550	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72125	Computed tomography, cervical spine; without contrast material
72126	Computed tomography, cervical spine; with contrast material
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	Computed tomography, thoracic spine; without contrast material
72129	Computed tomography, thoracic spine; with contrast material
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	Computed tomography, lumbar spine; without contrast material
72132	Computed tomography, lumbar spine; with contrast material
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections

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72141	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
72192	Computed tomography, pelvis; without contrast material
72193	Computed tomography, pelvis; with contrast material(s)
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
73200	Computed tomography, upper extremity; without contrast material
73201	Computed tomography, upper extremity; with contrast material(s)
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further section
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73218	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; with contrast material(s)

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73223	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73700	Computed tomography, lower extremity; without contrast material
73701	Computed tomography, lower extremity; with contrast material(s)
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73718	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74150	Computed tomography, abdomen; without contrast material
74160	Computed tomography, abdomen; with contrast material(s)
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing (New Code Effective 01/01/2012)
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74176	Computed tomography, abdomen and pelvis; without contrast material
74177	Computed tomography, abdomen and pelvis; with contrast material(s)
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
74181	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (e.g., proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;

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75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
76604	Ultrasound, chest (includes mediastinum), real time with image documentation
76700	Ultrasound, abdominal, real time with image documentation; complete
76705	Ultrasound, abdominal, real time with image documentation; limited (e.g., single organ, quadrant, follow-up)
76770	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete
76775	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; limited
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (e.g., for follicles)
76870	Ultrasound, scrotum and contents
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral

Modifiers

Code	Description
26	Professional Component
59	Distinct Procedural Service- Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day.
TC	Technical Component

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Questions and Answers

Q:	Does UnitedHealthcare Medicare and Retirement apply a multiple imaging reduction based on the place of service in which services are rendered?
A:	This policy applies to all claims reported on the CMS-1500 claim or its electronic equivalent (837P), regardless of place of service.

References Included (but not limited to):

CMS Transmittals

- CMS Transmittal 694, Change Request 6965, Dated 05/07/2010 (Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures)
- CMS Transmittal 738, Change Request 6993, Dated 07/30/2010 (Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures)
- CMS Transmittal 995, Change Request 7442, Dated 11/04/2011 (Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Imaging Procedures)
- CMS Transmittal 1104, Change Request 7747, Dated 08/02/2012 (Application of the Multiple Procedure Payment Reduction (MPPR) on the Professional Component (PC) and Technical Component (TC) of Certain Diagnostic Imaging Procedures to Physicians in the Same Group Practice)

MLN Matters

- Article MM6965, Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures
- Article MM6993, Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures
- Article MM7442, Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Imaging Procedures
- Article SE0587, Multiple Procedure Reduction of the Technical Component (TC) of Certain Diagnostic Imaging Procedures
- Article SE0665, Multiple Procedure Reduction on the Technical Component (TC) of Certain Diagnostic Imaging Procedures and Cap on the TC of Imaging Procedures

Others

- CMS Provider Inquiry Assistance Article JA6965, Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures

History

Date	Revisions
02/27/2013	All revisions and process instructions have been reviewed and determined appropriate for roll out
02/22/2013	Administrative updates
02/14/2013	Policy submitted to evaluate for implementation
02/13/2013	<ul style="list-style-type: none"> • Policy re-reviewed • New HCPCS code 74174 added effective 01/01/2012, reductions to also begin on group practices
04/11/2012	Policy re-reviewed
01/01/2012	Policy revised to include the additional 25 % reduction to the PC component for the second and subsequent advanced imaging service(s) furnished to a patient by the same physician in the same session on the same day; the current 50% reduction for the TC component continues unchanged
01/15/2011	Policy developed and published