

Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures

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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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Table of Contents

Application	2
Summary	2
Overview	2
Reimbursement Guidelines	2
CPT/HCPSC Codes	4
Modifiers	4
References Included (but not limited to):	4
CMS Claims Processing Manual	4
UnitedHealthcare Medicare Advantage Coverage Summaries	4
UnitedHealthcare Reimbursement Policies	4
Others	4
History	5

Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures

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 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. UnitedHealthcare Medicare and Retirement (M&R) is adopting a multiple procedure payment reduction (MPPR) policy for surgical procedures in order to more appropriately recognize the efficiencies when combinations of surgical procedures are furnished together.

Multiple surgeries are separate procedures performed by a single physician on the same patient at the same operative session or on the same day for which separate payment may be allowed. Co-surgeons, surgical teams, or assistants at surgery may participate in performing multiple surgeries on the same patient on the same day. UnitedHealthcare Medicare & Retirement uses the Centers for Medicare and Medicaid Services (CMS) Medicare Physician Fee Schedule (MPFS) multiple procedure indicators 1, 2, and 3 to determine which procedures are subject to the multiple procedure concept, and thereby are subject to multiple procedure reductions as addressed in this policy. When multiple procedures are performed on the same day, by a single physician, reduction in reimbursement for secondary and subsequent procedures will occur. Payment at 100% for secondary and subsequent procedures would represent reimbursement for duplicative components of the primary procedure.

Surgeries subject to the multiple surgery rules have an indicator of "2" in the Physician Fee Schedule look-up tool. The multiple procedure payment reduction will be applied based on the MPFS relative value unit and not on the submitted amount from the providers. The major surgery may or may not be the one with the larger submitted amount. Multiple surgeries are distinguished from procedures that are components of or incidental to a primary procedure. These intra-operative services, incidental surgeries, or components of more major surgeries are not separately billable.

Reimbursement Guidelines

Multiple procedure reductions apply when:

- There are two or more procedure codes subject to reductions. If two codes are billed but only one is subject to reduction, no reduction will be taken for either procedure; both codes are reimbursable at 100% of the allowable amount.
- A single code subject to the multiple procedure concepts when submitted with multiple units.
 - For example, CPT code 22522 is submitted with 3 units. Multiple procedure reductions would apply to the second and third unit. The units are also subject to UnitedHealthcare M&R Medically

Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures

Unlikely Edits Reimbursement Policy.

- The billing of more than one separately payable surgical procedure by the same physician performed on the same patient on the same day, whether on different lines or with a number greater than 1 in the units column on the claim form or inappropriately billed with modifier “-78” (i.e., after the global period has expired);

Multiple procedures subject to the multiple procedure concept as defined above performed by the same individual physician or other qualified health care professional on the same date of service are ranked to determine applicable reductions.

- UnitedHealthcare Medicare & Retirement uses the CMS Facility Total RVUs to determine the ranking of primary, secondary and subsequent procedures when those services are rendered in a facility setting. Procedures rendered in a place of service other than the facility POS setting as identified in the POS listed above will be ranked by the CMS Non-Facility RVUs. UnitedHealthcare M&R will observe and process according to the CMS Medicare Processing Manual expectations.

Reduction Codes with no assigned CMS RVU

Services that CMS indicates may be carrier-priced, or those for which CMS does not develop RVUs are considered gap codes and are addressed as follows:

Gap Fill Codes: When data is available for gap codes, UnitedHealthcare uses the relative values published.

0.00 RVU Codes: Some codes cannot be assigned a gap value or remain without an RVU due to the nature of the service (example: unlisted codes). These codes are assigned an RVU value of 0.00 on the Multiple Procedure Reduction Codes list and will be excluded from ranking.

Example: Note: RVU values in this example may not accurately reflect the current NPFS and are intended for illustrative purposes only.

Procedure	RVU	Procedure Ranking
Reduction Procedure 1	22.83	2 - Secondary
Reduction Procedure 2	173.29	1 - Primary
Reduction Procedure 3	0.00	Not included in ranking

Postoperative Guidelines

If the patient returns to the operating room after the initial operative session on the same day as a result of complications from the original surgery, the complications rules apply to each procedure required to treat the complications from the original surgery. The multiple surgery rules would not apply. For further postoperative guidelines, see the Global Surgery Reimbursement Policy.

Bilateral Procedures

Because many services subject to the multiple procedure concept can be rendered by different methods and a combination of various procedures, selected modifiers may be necessary to accurately reflect the services performed. In addition to the multiple procedure reductions applied in accordance with this policy, the following UnitedHealthcare Medicare & Retirement reimbursement policies also may apply:

- Bilateral Eligible Procedures (modifier 50)

Assistant Surgeon, Co-Surgeon, and Team Surgeon

Multiple procedures performed by an assistant surgeon, co-surgeon, or team surgeon are subject to multiple procedure reductions according to the Standard or Alternate method defined above. Primary surgeon, assistant surgeon, co-surgeon, and team surgeon services are each ranked separately and independently.

- Procedures performed by assistant surgeons, co-surgeons and team surgeons; Refer to UnitedHealthcare Medicare & Retirement Surgical Assistant Services Reimbursement Policy.

Endoscopic Procedures

Multiple procedure reductions apply to endoscopic procedures performed in conjunction with other non-endoscopic surgical procedures. When multiple endoscopic procedures from the multiple procedure reduction code lists are performed on the same patient by the same individual physician or other health care professional on the same day, UnitedHealthcare applies the multiple procedure reduction to the endoscopic code(s) with the lower RVU values [i.e., the secondary/subsequent procedure(s)]. For further endoscopic

Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures

procedure reduction details, please see Chapter 12; Physicians/Nonphysician Practitioners, § 40.6 Claims for Multiple Surgeries in the CMS Medicare Claims Processing Manual.

Anesthesia Management Services

Multiple procedure reductions do not apply to time-based anesthesia management services.

CPT/HCPCS Codes

Code	Description
CMS Physician Fee Schedule PFS Relative Value Files	
2012 and before: 2012 Multiple Procedure Reduction Codes	
2013: 2013 Multiple Procedure Reduction Codes	
2014: 2014 Multiple Procedure Reduction Codes	

Modifiers

Code	Description
22	Increased Procedural Services
26	Professional Component
53	Discontinued Procedure
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59	Distinct Procedural Service
62	Two Surgeons
66	Surgical Team
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
AS	PA, nurse practitioner, or clinical nurse specialist services for assistant at surgery
TC	Technical component

References Included (but not limited to):

CMS Claims Processing Manual

Chapter 12; § 40 Physicians/Nonphysician Practitioners

UnitedHealthcare Medicare Advantage Coverage Summaries

Physician Services

UnitedHealthcare Policies

Surgical Assistant Services

Medically Unlikely Units

Global Surgery/Modifiers

Others

CMS Medicare Quarterly Provider Compliance Newsletter-Guidance to Address Billing Errors, February 2011

CMS Global Surgery Fact Sheet, ICN 907166, CMS Website

CMS Medicare Physician Fee Schedule: Payment System Fact Sheet Series

Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures

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Date	Revisions
03/26/2014	Administrative updates
03/13/2014	Administrative updates
04/10/2013	Administrative updates
02/13/2013	Administrative updates