



News Flash – It is not too late to participate in the 2010 Electronic Prescribing (eRx) Incentive Program and potentially qualify to receive a full-year incentive payment. Eligible Professionals (EPs) may begin reporting eRx at any time throughout the 2010 program year (January 1 through December 31, 2010) to be incentive eligible. EPs do not need to sign up or pre-register to participate in the 2010 eRx. Intent to participate will be indicated by reporting one quality data code (G8553) for the eRx measure to CMS through claims, or submission via a qualified registry or a qualified EHR. To access all available educational resources on eRx please visit <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html> on the Centers for Medicare & Medicaid Services (CMS) website. Eligible Professionals are encouraged to check the eRx web page often for the latest information and downloads.

MLN Matters® Number: MM6993 **Revised**

Related Change Request (CR) #: 6993

Related CR Release Date: July 30, 2010

Effective Date: January 1, 2011

Related CR Transmittal #: R738OTN

Implementation Date: January 3, 2011

Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures

Note: This article was updated on December 6, 2012, to reflect current Web addresses. This article was previously revised on February 21, 2012, to add a reference to MM7442 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7442.pdf>) to alert providers that CMS contractors will now be applying the MPPR to Professional Component (PC) services as well as to TC services for certain diagnostic imaging procedures. This does not apply to group practices at this time. All other information is unchanged.

Provider Types Affected

This article is for physicians, clinical diagnostic laboratories, and other providers who bill Medicare contractors (carriers or Medicare Administrative Contractors (A/B MACs)) for providing diagnostic imaging services to Medicare beneficiaries.

Provider Action Needed

Disclaimer

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CR6993, from which this article is taken, announces that Medicare is changing the MPPR on the TC of certain diagnostic imaging procedures. You should make sure that your billing staffs are aware of these changes.

Background

Currently, the MPPR on diagnostic imaging services applies only to contiguous body parts (that is, within a family of codes, not across families). For example, the reduction does not apply to an MRI of the brain (CPT 70552) in code family 5, when performed during the same session, and on the same day, as an MRI of the neck and spine (CPT 72142) in code family 6.

Effective January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) is consolidating the existing 11 advanced imaging families into a single family. This change applies: 1) When two or more services on the list are furnished to the same patient in a single session; and 2) Only to the Technical Component (TC) portion of global services, **not** to the PC. Medicare will continue to make the full TC payment for the procedure with the highest priced TC, and at 50 percent each for the TC of each additional procedure on the same patient in the same session.

Additional Information

You may want to review MM7176 <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7176.pdf> <http://www.cms.gov/MLNMattersArticles/downloads/MM7176.pdf> that reminds providers that they must be accredited by January 1, 2012, in order to be reimbursed for these services that are performed after that date.

You will find the complete list of codes subject to the MPPR on diagnostic imaging in Attachment 1 of CR6993, which is the official instruction issued to your carrier or A/B MAC on this issue. CR6993 is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7380TN.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash - Each Office Visit is an Opportunity. Medicare patients give many reasons for not getting their annual flu vaccination, but the fact is that there are 36,000 flu-related deaths in the United States each year, on average. More than 90% of these deaths occur in people 65 years of age and older. Please talk with your Medicare patients about the importance of getting their annual flu vaccination. This Medicare-covered preventive service will protect them for the entire flu season. And remember, vaccination is important for health care workers too, who may spread the flu to high risk patients. **Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. Get Your Flu Vaccine - Not the Flu.** Remember – The influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care professionals and their staff, please visit <http://www.cms.gov/Outreach-and-Education/Medicare->

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[Learning-Network-MLN/MLNProducts/downloads/Flu_Products.pdf](#) and
<http://www.cms.gov/Medicare/Prevention/Immunizations/index.html> on the CMS website.

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