

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash -**

REVISED product from the Medicare Learning Network® (MLN)

[“Contractor Entities At A Glance: Who May Contact You About Specific Centers for Medicare & Medicaid Services \(CMS\) Activities,”](#) Educational Tool, ICN 906983, Downloadable only.

MLN Matters® Number: MM7848

Related Change Request (CR) #: CR 7848

Related CR Release Date: November 6, 2012

Effective Date: January 1, 2013

Related CR Transmittal #: R11490TN

Implementation Date: January 7, 2013

## **Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures**

### **Provider Types Affected**

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This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare contractors (carriers and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

### **Provider Action Needed**

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Medicare is expanding the MPPR policy by applying MPPRs to the TC of diagnostic cardiovascular and ophthalmology procedures. Make sure that your billing staff is aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

### **Background**

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Section 3134 of the Affordable Care Act added Section 1848(c)(2)(K) of the Social Security Act which specifies that the Secretary of Health and Human Services shall identify potentially misvalued codes

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by examining multiple codes that are frequently billed in conjunction with furnishing a single service. As a further step in implementing this provision, Medicare is expanding the MPPR policy by applying MPPRs to the TC of diagnostic cardiovascular and ophthalmology procedures.

The MPPRs on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient on the same day. The MPPRs apply independently to cardiovascular and ophthalmology services. The MPPRs apply to TC-only services, and to the TC of global services.

- **For cardiovascular services**, full payment is made for the TC service with the highest payment under the MPFS. Payment is made at 75 percent for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day.
- **For ophthalmology services**, full payment is made for the TC service with the highest payment under the MPFS. Payment is made at 80 percent for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group NPI) to the same patient on the same day.

The MPPRs do not apply to professional component (PC) services. The current and proposed payments are summarized below in the following examples:

#### Sample Cardiovascular Payment Reduction

|        | Code 78452 | Code 93306 | Total Current | Total 2013 Payment | Payment Calculation                  |
|--------|------------|------------|---------------|--------------------|--------------------------------------|
| PC     | \$77.00    | \$65.00    | \$142.00      | \$142.00           | no reduction                         |
| TC     | \$427.00   | \$148.00   | \$575.00      | \$538.00           | $\$427 + (.75 \times \$148)$         |
| Global | \$504.00   | \$213.00   | \$717.00      | \$680.00           | $\$142 + \$427 + (.75 \times \$148)$ |

#### Sample Ophthalmology Payment Reduction

|        | Code 92235 | Code 92250 | Total Current | Total 2013 Payment | Payment Calculation               |
|--------|------------|------------|---------------|--------------------|-----------------------------------|
| PC     | \$46.00    | \$23.00    | \$69.00       | \$69.00            | no reduction                      |
| TC     | \$92.00    | \$53.00    | \$145.00      | \$134.40           | $\$92 + (.80 \times \$53)$        |
| Global | \$138.00   | \$76.00    | \$214.00      | \$203.40           | $\$69 + \$92 + (.80 \times \$53)$ |

The complete lists of codes subject to the MPPRs on diagnostic cardiovascular and ophthalmology procedures are in Attachments 1 and 2 of CR7848 respectively. CR7848 is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R11490TN.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

To accommodate implementation of this new proposal for certain bill types, the 2013 Medicare Physician Fee Schedule will include the following changes:

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1. A new Multiple Procedure (Field 21) value of '6' will denote diagnostic cardiovascular services subject to the MPPR methodology.
2. A new Multiple Procedure (Field 21) value of '7' will denote diagnostic ophthalmology services subject to the MPPR methodology.

When payments are reduced due to the MPPR, you will receive a Claim Adjustment Reason Code of 59 (Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia,) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.) and Group Code CO (Contractual Obligation).

## Additional Information

The official instruction issued to your carrier and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1149OTN.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.

**Diabetes and the Seasonal Flu** - November is National Diabetes Awareness Month. Diabetes can weaken the immune system, which can put seniors and others with diabetes at greater risk for flu-related complications like pneumonia. Medicare provides coverage for one seasonal influenza virus vaccine per influenza season for all Medicare beneficiaries. Medicare generally provides coverage of pneumococcal vaccination and its administration once in a lifetime for all Medicare beneficiaries. Medicare may provide coverage of additional pneumococcal vaccinations based on risk or uncertainty of beneficiary pneumococcal vaccination status. Medicare provides coverage for the seasonal flu and pneumococcal vaccines and their administration for seniors and others with Medicare with no co-pay or deductible. And remember, seasonal flu vaccine is particularly important for health care workers, who may spread the flu to their patients. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. *Know what to do about the flu.*

Remember – The influenza vaccine plus its administration and the pneumococcal vaccine plus its administration are covered Part B benefits. The influenza vaccine and pneumococcal vaccine are NOT Part D-covered drugs. CMS has posted the 2012-2013 [Seasonal Influenza Vaccines Pricing](#) on the CMS website. You may also refer to the [MLN Matters® Article #MM8047](#), "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season."

For more information on coverage and billing of the flu vaccine and its administration, please visit the [CMS Medicare Learning Network® Preventive Services Educational Products](#) and [CMS Immunizations](#) web pages. And, while some providers may offer the flu vaccine, others can help their patients locate a vaccine provider within their local community. [HealthMap Vaccine Finder](#) is a free, online service where users can search for locations offering flu vaccines.

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