

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9647

Related Change Request (CR) #: CR 9647

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Effective Date: January 1, 2017

Related CR Transmittal #: R3578CP

Implementation Date: January 3, 2017

Multiple Procedure Payment Reduction (MPPR) on the Professional Component (PC) of Certain Diagnostic Imaging Procedures

Provider Types Affected

This MLN Matters® Article is intended for physicians, providers, and clinical diagnostic laboratories, submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 9647 informs providers that Section 502(a)(2) of the Consolidated Appropriations Act of 2016 revised the Multiple Procedure Payment Reduction (MPPR) for the Professional Component (PC) of the second and subsequent procedures from 25 percent to 5 percent of the physician fee schedule amount. Make sure that your billing staffs are aware of these changes.

Background

Medicare currently applies the MPPR of 25 percent to the PC of certain diagnostic imaging procedures. The reduction applies to PC-only services, and the PC portion of global services, for the procedures with a multiple surgery value of '4' in the Medicare Fee Schedule database.

The Centers for Medicare & Medicaid Services (CMS) currently makes full payment for the PC of the highest-priced procedure and payment at 75 percent for the PC of each additional procedure when furnished by the same physician (or physician in the same group practice) to the same patient, in the same session on the same day.

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Section 502(a)(2) of the Consolidated Appropriations Act of 2016 revised the MPPR for the PC of the second and subsequent procedures from 25 percent to 5 percent of the physician fee schedule amount. The MPPR on the Technical Component (TC) of imaging remains at 50 percent.

Effective January 1, 2017, MACs shall pay 95 percent of the fee schedule amount for the PC of each additional procedure furnished by the same physician (or physician in the same group practice) to the same patient, in the same session on the same day.

The current payment, and the payment as of January 1, 2017, are summarized in the example table below:

Table 1: Current vs. Revised Payments

	Procedure 1	Procedure 2	Current Total Payment	Revised Total Payment
PC	\$100	\$80	\$160 (\$100 + (.75 x \$80))	\$176 (\$100 + (.95 x \$80))
TC	\$500	\$400	\$700 (\$500 + (.50 x \$400))	\$700 (\$500 + (.50 x \$400))
Global	\$600	\$480	\$860 (\$600 + (.75 x \$80) + (.50 x \$400))	\$876 (\$600 + (.95 x \$80) + (.50 x \$400))

Additional Information

The official instruction, CR9647 issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3578CP.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html>.

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