



News Flash – The Medicare Preventive Services Quick Reference Information Charts, which include (1) Quick Reference Information: Medicare Preventive Services, (2) Quick Reference Information: Medicare Immunization Billing, and (3) Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination, have been updated and are now available in hardcopy format. To order copies of these products, please visit the “Preventive Services Educational Products” page at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> and select “MLN Product Ordering” in the “Related Links Inside CMS” section.

MLN Matters® Number: MM6965 **Revised**

Related Change Request (CR) #: 6965

Related CR Release Date: May 7, 2010

Effective Date: July 1, 2010

Related CR Transmittal #: R6940TN

Implementation Date: July 6, 2010

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

Physicians and providers submitting claims to Medicare contractors (carriers and Medicare Administrative Contractors (MAC)) for multiple diagnostic imaging procedures provided to Medicare beneficiaries are affected.

Provider Action Needed

This article is based on Change Request (CR) 6965, which directs Medicare contractors to reduce the payment under the Medicare Physician Fee Schedule (MPFS) for the technical component of certain multiple diagnostic imaging

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procedures done in a single imaging session from 75 percent to 50 percent. Be sure billing staff know of this change.

Background

Section 3135(b) of the Patient Protection and Affordable Care Act of 2009 (PPACA) reduces payment for TC of the second and subsequent procedures from 75 percent to 50 percent of the MPFS amount. Medicare currently applies a multiple procedure payment reduction (MPPR) of 25 percent to the technical component (TC) of certain diagnostic imaging procedures, i.e.:

- The reduction applies to TC only services, and the TC portion of global services, for the procedures with a multiple surgery value of '4' in the Medicare Fee Schedule database.
- The MPPR does not apply to the professional component (PC) or to the PC portion of global services. The 11 families of imaging codes to which this policy applies are established according to modality (computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound) and body area.
- The reduction applies only to more than one procedure performed in a single imaging session on contiguous body parts, i.e., within a family of codes, not across families. For example, the reduction would not apply to an MRI of the brain (CPT 70552) in code family 5 (MRI/MRA Head/Brain/Neck), when performed during the same session, on the same day, as an MRI of the neck and spine (CPT 72142) in code family 6 (MRI/MRA Spine).

The current payment and payment as of July 1, 2010, are summarized below in the following example:

	Procedure 1	Procedure 2	Current Total Payment	Revised Total Payment
PC	\$100	\$80	\$180 (no reduction)	\$180 (no reduction)
TC	\$500	\$400	\$800 ($\$500 + (.75 \times \$400)$)	\$700 ($\$500 + (.5 \times \$400)$)
Global	\$600	\$480	\$980 ($\$600 + (\$480 - \$400) + (.75 \times \$400)$)	\$880 ($\$600 + (\$480 - \$400) + (.5 \times \$400)$)

Additional Information

If you have questions, please contact your Medicare Carrier and/or 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.

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The official instruction, CR6965, issued to your Medicare carrier and/or MAC regarding this change may be viewed at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

You may want to review MM7176 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 may want to review MM6912 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6912.pdf> , which announces that a new accreditation requirement for providing the technical component of diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging, such as positron emission tomography (PET), is being mailed to providers and suppliers.

You may want to review MM6993 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6993.pdf>, which alerts providers that effective January 1, 2011, CMS is consolidating the 11 advanced imaging families into a single family. Medicare will make full TC payment for the procedure with the highest priced.

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