

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1149	Date November 6, 2012
	Change Request 7848

NOTE: Transmittal 1127, dated September 28, 2012 is being rescinded and replaced by Transmittal 1149, dated November 6, 2012, due to a change in the reduction percentage for diagnostic ophthalmology services as a result of public comments received on the proposed rule. An additional business requirement has been added to address this. Additionally, Attachment 1 has been revised to include global services, and to remove codes deleted for CY 2013, add-on codes, and two remote monitoring codes. This Transmittal is no longer sensitive. This instruction may now be posted to the Internet. All other information remains the same.

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

I. SUMMARY OF CHANGES: CMS is applying an MPPR on the technical component of diagnostic cardiovascular and ophthalmology procedures.

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the

current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1149	Date: November 6, 2012	Change Request: 7848
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SUBJECT: Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures

EFFECTIVE DATE: January 1, 2013
IMPLEMENTATION DATE: January 7, 2013

I. GENERAL INFORMATION

A. Background: Section 3134 of the Affordable Care Act (ACA) added section 1848(c)(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. 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. *This advanced notice is provided so contractors can begin making the necessary systems changes for the policy to go in effect January 1, 2013.*

B. Policy: 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 Medicare Physician Fee Schedule (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 Medicare Physician Fee Schedule (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 National Provider Identifier (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	Code	Total Current Payment	Total CY 2013 Payment	Payment Calculation
PC	78452	93306	\$142.00	\$142.00	no reduction

TC	\$427.00	\$148.00	\$575.00	\$538.00	\$427 + (.75 x \$148)
Global	\$504.00	\$213.00	\$717.00	\$680.00	\$142 + \$427 + (.75 x \$148)

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

The complete lists of codes subject to the MPPRs on diagnostic cardiovascular and ophthalmology procedures are in Attachments 1 and 2, respectively.

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

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.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A / B M A C	D M M A C	F I	C A R I E R	R H H I	Shared-System Maintainers				Other
						F I S S	M C S	V M S	C M W F		
7848.1	Effective for services furnished on or after January 1, 2013, contractors shall use the multiple procedure value of "6" on the MPFSDB layout to identify services subject to the reduction of the TC of diagnostic cardiovascular services.	X			X			X			
7848.2	Effective for services furnished on or after January 1, 2013, contractors shall use the multiple procedure value of "7" on the MPFSDB layout to identify services subject to the reduction of the TC of diagnostic ophthalmology services.	X			X			X			
7848.3	Contractors shall apply the reduction to procedures with a multiple procedure value of "6" on the MPFSDB layout billed in the same session, on the same date of	X			X			X			

Number	Requirement	Responsibility									
		A / B M A C	D M M A C	F I	C A R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
	service, with the same individual National Provider Identifier (NPI) or the same Group NPI, to the same beneficiary. See Attachment 1 for a list of applicable procedures.										
7848.4	Contractors shall apply the reduction to procedures with a multiple procedure value of “7” on the MPFSDB layout billed in the same session, on the same date of service, with the same individual National Provider Identifier (NPI) or the same Group NPI, to the same beneficiary. See Attachment 2 for a list of applicable procedures.	X			X			X			
7848.5	Contractors shall apply the reduction to claims billed on different days and/or different claims coming in on the same day (i.e., coming in on separate claims for the same beneficiary HIC, billing provider NPI and date of service.)	X			X			X			
7848.6	Contractors shall continue to pay the full fee schedule amount for the PC of diagnostic cardiovascular and ophthalmology services.	X			X			X			
7848.7	Contractors shall continue to pay the full fee schedule amount for the TC of the diagnostic cardiovascular and ophthalmology services with the highest priced technical component.	X			X			X			
7848.7.1	Contractors shall pay 75 percent of the fee schedule amount for the lesser TC of each additional procedure listed in Attachment 1 when performed on the same day.	X			X			X			
7847.7.2	Contractors shall pay 80 percent of the fee schedule amount for the lesser TC of each additional procedure listed in Attachment 2 when performed on the same day.	X			X			X			
7848.8	Contractors shall retrieve the global and TC fee schedule amounts in order to calculate the reductions for services billed globally.	X			X			X			
7848.9	For services billed globally, contractors shall sort the TC fee schedule amount to determine the highest priced	X			X			X			

Number	Requirement	Responsibility									
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H I I S S	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
	service.										
7848.10	For services billed globally, contractors shall subtract the TC fee schedule from the global fee schedule, netting the PC fee schedule.	X			X			X			
7848.11	Contractors shall apply all reductions to the TC fee schedule.	X			X			X			
7848.12	For services billed globally, contractors shall add the reduced TC amount to the PC amount to derive the NEW reduced global fee schedule amount.	X			X			X			
7848.13	For procedure codes with a PC/TC indicator of “4” (i.e., global services), contractors shall split such services into the corresponding professional code(s) (PC/TC indicator of 2) and the technical code(s) (PC/TC indicator of 3) in order to calculate the reductions for the technical portion of globally billed services.	X			X			X			
7848.13.1	For procedures with a PC/TC indicator of “3” (i.e., practice expense only services without a TC), contractors shall apply the reduction to the total fee schedule payment amount.	X			X			X			
7848.13.2	Contractors shall individually rank the technical portion(s) of global services (indicated in 7848.13), the technical procedure codes (indicated in 7848.13.1), procedure codes with a TC, and the TC portion of global services, in order to determine the payment reduction.	X			X			X			
7848.14	For services subject to both the multiple procedure payment reduction and the OPPS cap on imaging, contractors shall first apply the MPPR, compare the reduced amount with the OPPS cap, and use the lower amount.	X			X			X			
7848.15	Contractors shall use modifier 51 to identify reduced TC and reduced global services.	X			X			X			

Number	Requirement	Responsibility									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
7848.16	<p>For claims in which a multiple reduction has been applied, the contractors shall use the following messages:</p> <p>Medicare Summary Notice (MSN) 30.1 – The approved amount is based on a special payment method.</p> <p>Claim Adjustment Reason Code 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.</p> <p>Group Code: CO (contractual obligation)</p>	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A / B	D M E	F I	C A R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
7848.17	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ when this CR is no longer Sensitive and Controversial . You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X			X						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information N/A

V. CONTACTS

Pre-Implementation Contact(s):

For payment policy issues: Kenneth Marsalek on 410-786- 4502, Kenneth.Marsalek@cms.hhs.gov; for Part B claims processing issues: Yvette Cousar on 410-786-2160, Yvette.Cousar@cms.hhs.gov or April Billingsley on 410-786-0140, April.Billingsley@cms.hhs.gov; for MPFDB issues: Charles Campbell on 410-786-7209, Charles.Campbell@cms.hhs.gov.

Post-Implementation Contact(s):

Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Contractors:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs):*

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment 1: Diagnostic Cardiovascular Services Subject to the Multiple Procedure Payment Reduction

Attachment 2: Diagnostic Ophthalmology Services Subject to the Multiple Procedure Payment Reduction

ATTACHMENT 1

DIAGNOSTIC CARDIOVASCULAR SERVICES SUBJECT TO THE MULTIPLE PROCEDURE PAYMENT REDUCTION	
Code	Short Descriptor
75600	Contrast x-ray exam of aorta
75605	Contrast x-ray exam of aorta
75625	Contrast x-ray exam of aorta
75630	X-ray aorta leg arteries
75658	Artery x-rays arm
75705	Artery x-rays spine
75710	Artery x-rays arm/leg
75716	Artery x-rays arms/legs
75726	Artery x-rays abdomen
75731	Artery x-rays adrenal gland
75733	Artery x-rays adrenals
75736	Artery x-rays pelvis
75741	Artery x-rays lung
75743	Artery x-rays lungs
75746	Artery x-rays lung
75756	Artery x-rays chest
75791	Av dialysis shunt imaging
75809	Nonvascular shunt x-ray
75820	Vein x-ray arm/leg
75822	Vein x-ray arms/legs
75825	Vein x-ray trunk
75827	Vein x-ray chest
75831	Vein x-ray kidney
75833	Vein x-ray kidneys
75840	Vein x-ray adrenal gland
75842	Vein x-ray adrenal glands
75860	Vein x-ray neck
75870	Vein x-ray skull
75872	Vein x-ray skull
75880	Vein x-ray eye socket
75885	Vein x-ray liver
75887	Vein x-ray liver
75889	Vein x-ray liver
75891	Vein x-ray liver
75893	Venous sampling by catheter
78428	Cardiac shunt imaging
78445	Vascular flow imaging
78451	Ht muscle image spect sing
78452	Ht muscle image spect mult
78453	Ht muscle image planar sing
78454	Ht musc image planar mult

78456	Acute venous thrombus image
78457	Venous thrombosis imaging
78458	Ven thrombosis images bilat
78466	Heart infarct image
78468	Heart infarct image (ef)
78469	Heart infarct image (3D)
78472	Gated heart planar single
78473	Gated heart multiple
78481	Heart first pass single
78483	Heart first pass multiple
78494	Heart image spect
93000	Electrocardiogram complete
93005	Electrocardiogram tracing
93015	Cardiovascular stress test
93017	Cardiovascular stress test
93024	Cardiac drug stress test
93025	Microvolt t-wave assess
93040	Rhythm ECG with report
93041	Rhythm ecg tracing
93224	Ecg monit/reprt up to 48 hrs
93225	Ecg monit/reprt up to 48 hrs
93226	Ecg monit/reprt up to 48 hrs
93229	Remote 30 day ecg tech supp
93268	ECG record/review
93270	Remote 30 day ecg rev/report
93271	Ecg/monitoring and analysis
93278	ECG/signal-averaged
93279	Pm device progr eval sngl
93280	Pm device progr eval dual
93281	Pm device progr eval multi
93282	Icd device prog eval 1 sngl
93283	Icd device progr eval dual
93284	Icd device progr eval mult
93285	Ilr device eval progr
93286	Pre-op pm device eval
93287	Pre-op icd device eval
93288	Pm device eval in person
93289	Icd device interrogate
93290	Icm device eval
93291	Ilr device interrogate
93292	Wcd device interrogate
93303	Echo transthoracic
93304	Echo transthoracic
93306	Tte w/doppler complete
93307	Tte w/o doppler complete
93308	Tte f-up or lmtd
93312	Echo transesophageal

93314	Echo transesophageal
93318	Echo transesophageal intraop
93350	Stress tte only
93351	Stress tte complete
93701	Bioimpedance cv analysis
93724	Analyze pacemaker system
93784	Ambulatory BP monitoring
93786	Ambulatory BP recording
93788	Ambulatory BP analysis
93880	Extracranial study
93882	Extracranial study
93886	Intracranial study
93888	Intracranial study
93890	Tcd vasoreactivity study
93892	Tcd emboli detect w/o inj
93893	Tcd emboli detect w/inj
93922	Upr/l xtremity art 2 levels
93923	Upr/lxtr art stdy 3+ lvls
93924	Lwr xtr vasc stdy bilat
93925	Lower extremity study
93926	Lower extremity study
93930	Upper extremity study
93931	Upper extremity study
93965	Extremity study
93970	Extremity study
93971	Extremity study
93975	Vascular study
93976	Vascular study
93978	Vascular study
93979	Vascular study
93980	Penile vascular study
93981	Penile vascular study
93990	Doppler flow testing

Attachment 2

Diagnostic Ophthalmology Services Subject to the Multiple Procedure Payment Reduction	
Code	Descriptor
76510	Ophth us b & quant a
76511	Ophth us quant a only
76512	Ophth us b w/non-quant a
76513	Echo exam of eye water bath
76514	Echo exam of eye thickness
76516	Echo exam of eye
76519	Echo exam of eye
92025	Corneal topography
92060	Special eye evaluation
92081	Visual field examination(s)
92082	Visual field examination(s)
92083	Visual field examination(s)
92132	Cmptr ophth dx img ant segmt
92133	Cmptr ophth img optic nerve
92134	Cptr ophth dx img post segmt
92136	Ophthalmic biometry
92228	Remote retinal imaging mgmt
92235	Eye exam with photos
92240	Icg angiography
92250	Eye exam with photos
92265	Eye muscle evaluation
92270	Electro-oculography
92275	Electroretinography
92283	Color vision examination
92284	Dark adaptation eye exam
92285	Eye photography
92286	Internal eye photography