

Policy	REIMB-019
Effective Date	09/01/2024
Reviewed/Revised Date	07/18/2024
Next Review Date	10/01/2026
Origination Date	07/01/2026
Originated Department	Medical Management

Multiple Procedure Payment Reduction (MPPR)

Audience
Medical Management, Claims

Purpose
<p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
<p>Providers bill services using CPT (Common Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes. These codes, if a value has been attached to them, are weighted based on Relative Value Units (RVUs). Each RVU has 3 components – work RVU, practice expense RVU and malpractice RVU. These values are established based on the concept that the billed service is a standalone procedure. In some instances, providers will do multiple procedures that, though separate, are somewhat related (e.g., acromioplasty and a labral repair of the shoulder) or are done to address a common problem but less related (e.g., hysterectomy and lysis of adhesions for chronic abdominal pain). In these instances, the expense of performing the procedures is reduced as they do not require separate surgical</p>

sessions, incisions, anesthesia, etc. and therefore, the payment of the secondary procedures is reduced. This is known as Multiple Procedure Payment Reduction (MPPR).

Multiple procedures performed during the same provider's service session are designated using a modifier, -51, multiple procedures. However, even if the modifier is not used, MPPR can be applied for services performed on the same date of service.

Policy/Procedure

Mountain Health Co-Op has an established process for reimbursement of professional claims when multiple procedures are performed during the same service session.

Guidelines for Reimbursement of Multiple Procedures

A. Multiple Procedure Reduction Reimbursement

- i. The following rules apply unless otherwise agreed to in the Provider's Participating Provider Agreement.
- ii. The allowance for the primary procedure is 100%, and the allowance for each secondary procedure will be 50%. There is no cap on the number of procedures that may be reduced.
 - a. Procedures billed with modifier -51 will be reduced systematically.
 - b. When no modifier is billed, the determination of the primary procedure will be based on the most appropriate CPT codes as defined by the editing software utilized at the time of receipt of the claim. Mountain Health Co-Op uses the multiple procedure indicators 2 and 3 in the current CMS National Physician Fee Schedule (NPFS) Relative Value File to determine which procedures are eligible for multiple procedure reductions. The primary procedure is the one with the highest Relative Value Units (RVU) in the current CMS NPFS Relative Value File for the place of service type billed.

C.

Procedure codes identified as "add-on" and "modifier -51 exempt" are not subject to multiple surgical procedure reductions.

If procedures subject to MPPR have multiple units submitted for a single code, the MPPR reduction will apply to each unit.

Multiple Procedure Payment Reduction does not apply to the following circumstances:

- A. Endoscopy base calculation for each code;
- B. Rehab therapy codes;
- C. Diagnostic imaging codes.
- D.

Procedures performed in conjunction with the primary surgical procedure considered to be incidental, integral or mutually exclusive to that primary procedure will not receive additional reimbursement.

Mountain Health Co-Op performs periodic reviews based on auditing criteria of claims with multiple procedures and bilateral surgical procedures.

Clinical Rationale

Procedures billed using CPT codes (Common Procedural Terminology) have three components to them. They are work RVU, practice expense RVU, and malpractice RVU. Surgical and medical services often include work that must be done before a procedure and post-procedure. When multiple procedures are done by the same physician, group, or another qualified healthcare professional on the same day, the pre and post-work is only required once. Therefore, a reduction in reimbursement for the secondary and subsequent procedures is appropriate to apply. In this instance, the Practice Expense (PE) portion of the relative value unit for the procedures is reduced to reflect the reduced practice expense of doing multiple procedures at the same time. This is called Multiple Procedure Payment Reduction (MPPR).

Applicable Coding

CPT Codes

Too Numerous to List.

Modifiers

-51 Multiple Procedures

References

1. Centers for Medicare & Medicaid Services Internet Only Manual, Publication 100-04, Claims Processing Manual, Chapter 5, Section 10.7
2. CMS National Physician Fee Schedule and Relative Value Files

Vendors

- Health Plan Services (HPS)

Review/Revision/Approval History

Date	Description
07/01/2024	New Policy

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the

member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

Mountain Health Co-Op makes no representations and accepts no liability regarding the content of any external information cited or relied upon in this policy. Mountain Health Co-Op updates its Coverage Policies regularly and reserves the right to amend these policies and give notice per State and Federal requirements. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Mountain Health Co-Op.

"Mountain Health Co-Op" and its accompanying logo and marks are protected and registered trademarks of Mountain Health Co-Op. The content of this Service is proprietary and protected by copyright. You may access the copyrighted content of this Service only for purposes outlined in these Conditions of Use.

© CPT Only – American Medical Association