

MULTIPLE PROCEDURE PAYMENT REDUCTION (MPPR)

(Professional Claims)

Scope		
This policy applies to:		
☑ Kaiser Permanente Health Plan of Washington	 Kaiser Permanente Health Plan of Washington Options, Inc. 	
⊠ Commercial	⊠ Medicare	□ Medicaid
Policy	Original Effective Date: 12/01/2023	

When benefits allow, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will apply Multiple Procedure Payment Reduction on professional claims when billed with a CPT/HCPCS code that has a multiple procedure code indicator of 2.

This policy, unless other contractual agreements supersede, will reimburse the highest-valued procedure at the full fee schedule, and will reduce payment for the second and subsequent procedures or primary procedures billed with multiple units.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Multiple procedure reductions apply to claims when services are billed on separate claims, with different places of service and/or with a combination of Multiple, Bilateral, Endoscopic, Assistant and co-surgeon/Team surgeon CPT/HCPCS codes and modifiers.

Multiple Procedure Payment Reduction (MPPR): Kaiser Permanente will reimburse the highestvalued procedure at the full fee schedule and will reduce payment for the second and subsequent procedures. The National Correct Coding Initiative (NCCI) policy states: "Most medical and surgical procedures include pre-procedure, intra-procedure, and post-procedure work. When multiple procedures are performed at the same patient encounter, there is often overlap of the pre-procedure and post-procedure work. The payment methodologies for surgical procedures account for the overlap of the pre-procedure and post-procedure work." Kaiser Permanente will apply payment reductions as indicated by CMS, Multiple Procedure Code Indicators:

Indicator	Definition	
0	Multiple procedure reductions do not apply.	
2	Multiple procedure reductions apply (100%, 50%, 50%, 50%). Multiple procedure reductions may apply when a CPT/HCPCS code with a Multiple Surgery Indicator of 2 is submitted with more than one unit. If the number of units billed exceeds the MUE for the procedure, reimbursement may not be allowed depending on the MAI for the procedure.	
3	A special rule for multiple endoscopic procedures applies if this service is billed with another endoscopy that has the same base procedure. If the service is billed with the base procedure, the base procedure is not paid separately. Payment for the base procedure is included in the payment for endoscopy procedure in the same group.	
9	Multiple procedure reductions do not apply.	

Policy Definitions

Multiple Procedure Payment Reduction (MPPR) – impacts the value of reimbursements based on CPT code(s) used and the relative value units of each code

Medically Unlikely Edit (MUE) – Medicare unit of service claim edit applied to medical claims against a procedure code for medical services provided by one provider/supplier to one patient on one day

MUE Adjudication Indicator (MAI) – Indicates the type of MUE and its basis (claim line or date of service). The MAI assigned to HCPCS/CPT codes will determine how the claim will process and/or deny.

Prerequisite(s)

Not applicable

References
<u>National Correct Coding Initiative (NCCI) Policy manual</u>

Medicare Claims Processing Manual - Chapter 12, Section 40.6

Understanding the Multiple Procedures Rule

Outpatient Hospital Claims (MPPR) Multiple Diagnostic Imaging (MPPR)

Frequently Asked Questions

Not applicable

Revision History

07/17/2023 - New policy

Note: This information is intended to serve only as a <u>general</u> reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.