

MULTIPLE PROCEDURE PAYMENT REDUCTION (MPPR) ON OUTPATIENT HOSPITAL CLAIMS

Applies to: Commercial HMO, POS, PPO

We are updating our outpatient hospital multiple procedure payment reduction policy. This revision will apply to outpatient hospital claims that are reimbursed at a percent of billed charge for Commercial members. Surgical procedures (CPTs 10000-69999) will continue to be discounted per the outpatient hospital multiple procedure payment reduction policy that has been in effect since 2013.

Effective **December 1, 2020**, Kaiser Permanente facility outpatient claims billed with a professional revenue code will be treated like they have a 26 modifier and all other facility revenue codes will be treated as though they have a Technical Component (TC) modifier. This policy, unless Other Contractual Agreements supersede, will apply Multiple Procedure Payment Reductions per CMS guidelines and includes all codes that have a Multiple Procedure indicator and will reimburse the Technical Component of a qualifying service at 100% for the highest allowed service and will reduce subsequent services performed for the same member, by the same provider, in the same session.

This payment policy can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/multiple-procedure-payment-hospital.pdf>

Questions: Contact Provider Assistance Unit at 509-241-7206 or 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

<CONTRACT MANAGER NAME>

Provider Communications, RCB-C2W-02

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