# Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction Policy, Professional

***IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY***

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Individual Exchange reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare Individual Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Individual Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.*

*UnitedHealthcare Individual Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*



## Application

**This reimbursement policy applies to UnitedHealthcare Individual Exchange products.**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals. This policy does **not** apply to flat rate per diem contract providers.

**Applicable States:**

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.

## Policy

### Overview

There are some physical medicine and rehabilitation therapy procedures that are frequently reported together on the same date of service. Some of the elements that comprise these services, referred to as Practice Expense (PE) by the Centers for Medicare and Medicaid Services (CMS), are duplicative. These duplicated PE elements include cleaning the room and equipment; education, instruction, counseling and coordinating home care; greeting the patient and

providing the gown; obtaining measurements (e.g., range of motion); post-therapy patient assistance; the multispecialty visit pack.

This policy describes how UnitedHealthcare Individual Exchange aligns with CMS and reduces reimbursement for the PE portions of certain therapy procedures that share these components when those services are the secondary or subsequent procedures provided on a single date of service by the Same Group Physician and/or Other Health Care Professional.

UnitedHealthcare Individual Exchange aligns with CMS in determining which procedures are subject to the multiple therapy reduction and the primary or secondary ranking of these procedures based on Practice Expense Relative Value Units (PE RVU).

For the purposes of this policy, Same Group Physician and/or Other Health Care Professional refers to all physicians and health care professionals who report under the same Federal Tax Identification number (TIN).

**Reimbursement Guidelines**

**Reimbursement**

Consistent with CMS, UnitedHealthcare ranks all reimbursable procedures from the Multiple Therapy Reducible Codes list (procedures with indicator 5 in the Multiple Procedure Payment Reduction [MPPR] field on the CMS National Physician Fee Schedule) that are provided on a single date of service. The primary procedure is reimbursed without reduction and the PE portions of all secondary and subsequent procedures from this list performed by the Same Group Physician and/or Other Qualified Health Care Professional on the same date are reduced by 50%.

The multiple therapy procedure reduction applies when more than one procedure or more than one unit of the same procedure, from the Multiple Therapy Reducible Codes list is provided to the same patient on the same day, i.e., the reduction applies to multiple units as well as to multiple procedures.

These reductions apply to the Same Group Physician and/or Other Qualified Health Care Professional, regardless of specialty. These reductions do not apply to flat rate per diem contract providers.

Other reimbursement policies, such as the CCI Editing policy, that address reimbursement for codes reported in combination with other codes on the same date of service, may also apply.

**Procedure Ranking**

The CMS Non-Facility PE RVU assigned to each code on the Multiple Therapy Reducible Codes list is used to determine the primary procedure. The primary procedure is identified as the procedure having the highest PE RVU on a given date of service. The PE portion of the charge for the primary procedure will not be reduced.

For the remaining Multiple Therapy Reducible Codes reported on the same date of service by the Same Group Physician and/or Other Qualified Health Care Professional, an amount representing the PE for each code will be reduced by the appropriate percent according to the date the service was performed as outlined above. The PE amount is determined by calculating the ratio of CMS PE RVU to Total RVU assigned to each secondary and subsequent procedure on the same date of service. When procedures share the same PE RVU, the Total RVU is used to further rank those codes.

**Example**

The following table shows an example of how reimbursement is determined for services subject to this policy when services are furnished to a patient on a single date of service by the Same Group Physicians and/or Other Health Care Professionals.

| Code | Allowable Amount | PE RVU | Total RVU | Portion of charge attributable to | Ranking | Comments | Final Allowable Amount |
|---|---|---|---|---|---|---|---|

| | Prior to Reduction | | | Practice Expense (PE RVU / Total RVU) | | | |
|---|---|---|---|---|---|---|---|
| Multiple Therapy Reducible Code A | $31.60 | .45 | .79 | 56% | **3** | | PE value = 56% of $31.60 or $17.70. $17.70 is reduced by 50% or $8.85. **Allowable Amount** = $31.60 - $8.85 or $22.75. |
| Multiple Therapy Reducible Code B | $40.40 | .36 | 1.01 | 35% | **4** | | PE value = 35% of $40.40 or $14.14. $14.14 is reduced by 50% or $7.07. **Allowable Amount** = $40.40 - $7.07 or $33.33. |
| Multiple Therapy Reducible Code C | $36.40 | .45 | .91 | 49% | **2** | Because Codes A and C have the same PE RVUs, the Total RVUs are used to further rank these two procedures. | PE value = 49% of $36.40 or $17.84. $17.84 is reduced by 50% or $8.92. **Allowable Amount** = $36.40 - $8.92 or $27.48. |
| Multiple Therapy Reducible Code D | $96.80 | 1.05 | 2.42 | 43% | **1** | Primary procedure (highest PE value) is not subject to reduction | $96.80 |

| Definitions | |
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| **Allowable Amount** | Defined as the dollar amount eligible for reimbursement to the physician or other qualified health care professional on the claim. Contracted rate, reasonable charge, or billed charges are examples of an Allowable Amount, whichever is applicable. For percent of charge or discount contracts, the Allowable Amount is determined as the billed amount, less the discount. |
| **Practice Expense Relative Value Units, PE RVU** | The portion of the Total Relative Value Units assigned to a particular CPT or HCPCS code for maintaining a practice, including rent, equipment, supplies and nonphysician staff costs. |
| **Same Group Physician and/or Other Qualified Health Care Professional** | All physicians and/or other health care professionals of the same group reporting the same Federal Tax Identification number. |
| **Total Relative Value Units, Total RVU** | The assigned unit value of a particular CPT or HCPCS code that consists of the sum of the Work Relative Value Units, the Practice Expense Relative Value Units and the Malpractice Relative Value Units. |

| Questions and Answers | |
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| 1 | **Q:** How is the PE portion of a service determined?<br><br>**A:** The PE portion of a service is determined by calculating the ratio of PE RVU to Total RVU. This ratio is applied to the Allowable Amount of each charge to determine the PE portion in dollars. |
| 2 | **Q:** If a provider group includes several specialty providers (physical, occupational, speech-language therapists), how will their services provided to a single patient on a single date of service be reduced?<br><br>**A:** All Multiple Therapy Reducible Codes reported for a single patient on a single date of service by all providers sharing the same TIN are considered reported by the Same Group Physician and/or Other Health Care Professional and will be viewed together for ranking and reduction purposes. The single code with the highest PE RVU will be ranked primary and will not be reduced. All remaining codes subject to this policy from all other providers in the same group, regardless of specialty, will be ranked as secondary, tertiary and so on and the PE portion of those services will be reduced by the appropriate percentage, depending on the date the service was performed. See the Reimbursement section for information about reduction percentages. |
| 3 | **Q:** Other Physical Medicine & Rehabilitation policies allow the reporting of timed codes with modifiers GO, GN or GP to distinguish the type of specialty provider who is performing services. Should these modifiers still be reported when they apply?<br><br>**A:** Yes. Continue to report modifiers that are appropriate and that communicate information that may be used in policies other than this one. The use of these distinguishing modifiers will not exempt reducible codes from multiple therapy reduction when reported by the Same Group Physician and/or Other Qualified Health Care Professional for the same member on the same day. However, claims are edited against all applicable policies, so the modifiers should be reported when appropriate to ensure accurate reimbursement under policies other than Multiple Therapy Reduction. |
| 4 | **Q:** If a single provider group with the same TIN reports several Multiple Therapy Reducible Codes on a single date of service on *separate claims at different times*, how will these codes be reimbursed?<br><br>**A:** The claims editing system reviews all codes for a single date of service as if they were reported on a single claim, regardless of when they are reported. When codes for services provided to a single patient on a single date of service that are subject to multiple therapy reduction are submitted on different claims at different times, adjustments will be made to ensure that the code with the highest PE RVU is considered primary (that is, not subject to reduction) and that the remaining codes are correctly ranked and reduced. |
| 5 | **Q:** If several Multiple Therapy Reducible Codes that share the same PE RVU are reported on the same date of service, how are they ranked?<br><br>**A:** When Multiple Therapy Reducible Codes for the same date of service share the same PE value, the system then utilizes Total RVUs for those codes in order to rank them. |
| 6 | **Q:** Will all services provided on the same date as Multiple Therapy Reducible services be reduced?<br><br>**A:** No. The only services that are subject to this policy are those on the Multiple Therapy Reducible Codes list. However, all codes reported on the same date of service, both reducible and non-reducible, will be subject to all other reimbursement policies that apply. |

| Attachments | |
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| UnitedHealthcare Individual Exchange Multiple Therapy Reducible Codes | A list of codes that are subject to the Multiple Therapy Reduction policy, including the assigned Practice Expense RVU, Total RVU and ratio of Practice Expense to Total RVU for each code. Only the Practice Expense portion of a code on this list is subject to reduction when it has been ranked as non-primary on a given date of service. |

| Resources |
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| American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services |
| Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services |
| Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets |
| Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files |

| History | |
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| **1/21/2024** | Policy Version Change<br>Attachments Section: Multiple Therapy Reducible Codes list updated<br>History Section: Entries prior to 1/21/2022 archived |
| **6/25/2023** | Policy Version Change<br>Logo Updated<br>Attachments Section: Multiple Therapy Reducible Codes list updated<br>History Section: Entries prior to 6/25/2021 archived |
| **1/1/2023** | Policy Version Change<br>Application Section Updated<br>Attachments section: Updated Multiple Therapy Reducible Codes list |
| **1/1/2021** | Policy implemented by UnitedHealthcare Value & Balance Exchange |