MULTIPLE PROCEDURE PAYMENT REDUCTION (MPPR) FOR DIAGNOSTIC CARDIOVASCULAR AND OPHTHALMOLOGY PROCEDURES POLICY

Policy Number: ADMINISTRATIVE 258.3 T0 **Effective Date**: January 1, 2019

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Related Policy

- Refer to the Reimbursement Guidelines section of the policy

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

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 and 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.

OVERVIEW

The Oxford Policy is based on the Centers for Medicare and Medicaid Services (CMS) Multiple Procedure Payment Reduction (MPPR) Policy. Oxford has adopted CMS guidelines that when multiple Diagnostic Cardiovascular Procedures or Diagnostic Ophthalmology Procedures are performed on the same day, most of the clinical labor activities are not performed or furnished twice. Specifically, Oxford considers that the following clinical labor activities, among others, are not duplicated for subsequent procedures:

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- Greeting the patient
- Positioning and escorting the patient
- Providing education and obtaining consent
- Retrieving prior exams
- Setting up the IV
- Preparing and cleaning the room

Payment at 100% for secondary and subsequent procedures would represent reimbursement for duplicative components of the primary procedure.

CMS assigns Multiple Procedure Indicators (MPI) on the National Physician Fee Schedule (NPFS) to procedures that are subject to the MPPR Policy.

The codes with the following CMS multiple procedure indicators are addressed within this reimbursement policy:
- Multiple Procedure Indicator (MPI) 6 - Diagnostic Cardiovascular Procedures
- Multiple Procedure Indicator (MPI) 7- Diagnostic Ophthalmology Procedures

REIMBURSEMENT GUIDELINES

Multiple Diagnostic Cardiovascular Reductions (MDCR)

Oxford utilizes the CMS NPFS MPI of 6 and Non-Facility Total Relative Value Units (RVUs) to determine which Diagnostic Cardiovascular Procedures are eligible for MDCR to the TC portion of the procedure.

When the TC for two or more Diagnostic Cardiovascular Procedures are performed on the same patient by the Same Group Physician and/or Other Health Care Professional on the same day, Oxford will apply a MDCR to reduce the Allowable Amount for the TC of the second and each subsequent procedure by 25%. No reduction is taken on the TC with the highest TC Non-facility Total RVU according to the NPFS.

The MDCR applies to the Technical Component Only codes (PC/TC Indicator 3), and to the TC portion of Global Procedure Codes (PC/TC Indicator 1). For Diagnostic Cardiovascular Procedures represented by a Global Test Only code (PC/TC Indicator 4), the reduction will be 25% of the corresponding Technical Component Only Code(s).

The MDCR will apply when:
- Multiple Diagnostic Cardiovascular Procedures with an MPI of 6 are performed on the same patient by the Same Group Physician and/or Other Health Care Professional on the same day.
- A single Diagnostic Cardiovascular Procedure subject to the MDCR is submitted with multiple units. For example, code 78445 is submitted with 2 units. A MDCR would apply to the TC of the second unit. The units allowed are also subject to Oxford's *Maximum Frequency Per Day* policy.

The MDCR will not apply when:
- Multiple Diagnostic Cardiovascular Procedures are billed, appended with modifier 26 for the Professional Component (PC) only. MDCRs will not be applied to the PC.
- The procedure does not have an MPI of 6 and is not included on the Diagnostic Cardiovascular Procedures Subject to MPPR lists in the Attachment section below.

Multiple Diagnostic Ophthalmology Reductions (MDOR)

Oxford utilizes the CMS NPFS MPI of 7 and Non-Facility Total RVUs to determine which Diagnostic Ophthalmology Procedures are eligible for MDOR to the TC portion of the procedure.

When the TC for two or more Diagnostic Ophthalmology Procedures are performed on the same patient by the Same Group Physician and/or Other Health Care Professional on the same day, Oxford will apply a MDOR to reduce the Allowable Amount for the TC of the second and each subsequent procedure by 20%. No reduction is taken on the TC with the highest TC Non-Facility Total RVU according to the NPFS.

The MDOR applies to TC only services and the TC portion of Global Procedure Codes.

The MDOR will apply when:
- Multiple Diagnostic Ophthalmology Procedures with an MPI of 7 are performed on the same patient by the Same Group Physician and/or Other Health Care Professional on the same day.
- A single Diagnostic Ophthalmology Procedure subject to MDOR is submitted with multiple units. For example, code 92060 is submitted with 2 units. A MDOR would apply to the TC of the second unit. The units allowed are also subject to Oxford's *Maximum Frequency Per Day* policy.

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The MDOR will not apply when:
- Multiple Diagnostic Ophthalmology Procedures are billed, appended with modifier 26 for the PC only. MDORs will not be applied to the PC.
- The procedure does not have an MPI of 7 and is not included on the Diagnostic Ophthalmology Procedures Subject to MPPR list in the Attachment section below.

Multiple Diagnostic Cardiovascular and Ophthalmology Procedures Billed Globally

When the Same Group Physician and/or Other Health Care Professional bills multiple Diagnostic Cardiovascular Procedure Global Procedure Codes (PC/TC indicator 1) and/or Global Test Only Codes (PC/TC indicator 4); or multiple Diagnostic Ophthalmology Procedure Global Procedure Codes (PC/TC indicator 1) the procedures will be ranked to determine which procedure(s) are considered secondary or subsequent as indicated below:

For Diagnostic Cardiovascular or Diagnostic Ophthalmology Global Procedure Codes (assigned PC/TC Indicator 1):
When a provider bills globally for two or more procedures subject to multiple diagnostic cardiovascular or ophthalmology reduction, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC) using Oxford's standard Professional/Technical percentage splits. Refer to the Oxford Employer & Individual Professional/Technical Component Policy for applicable PC/TC splits. Ranking is based on the TC Non-Facility Total RVU and a reduction of 25% will be applied for MDCR and 20% will be applied for MDOR.

For Diagnostic Cardiovascular Procedures Global Test Only Codes (PC/TC Indicator 4):
When a provider bills for two or more Diagnostic Cardiovascular Procedures represented by a Global Test Only code, a reduction of 25% will be applied to the corresponding Technical Component Only Code(s) (PC/TC Indicator 3). No reduction will apply to the corresponding Professional Component Only Code(s). Refer to Q&A #5 for an example of how the MDCR reduction is applied.

Diagnostic Cardiovascular and Ophthalmology Procedures with No Assigned CMS RVU

Services that CMS indicates may be carrier-priced, or those for which CMS does not develop RVUs are considered Gap Fill Codes and are addressed as follows:
- **Gap Fill Codes**: When data is available for Gap Fill Codes, Oxford uses the RVUs published in the first quarter update of the Optum The Essential RBRVS publication for the current calendar year. A Diagnostic Cardiovascular Procedure or Diagnostic Ophthalmology Procedure assigned a gap value, will be denoted with an asterisk (*) next to the code in the applicable list below.
- **RVU Codes**: Some codes cannot be assigned a gap value or remain without an RVU due to the nature of the service (example: unlisted codes). Codes assigned an RVU value of 0.00 will not be included in the Diagnostic Cardiovascular Procedures or Diagnostic Ophthalmology Procedures Subject to MPPR Policy Lists below and therefore, will be excluded from ranking.

DEFINITIONS

Allowable Amount: Defined as the dollar amount eligible for reimbursement to the physician or 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.

Diagnostic Cardiovascular Procedures: Those procedures listed in the Diagnostic Cardiovascular Procedures Subject to MPPR Policy Lists set forth in this policy.

Diagnostic Ophthalmology Procedures: Those procedures listed in the Diagnostic Ophthalmology Procedures Subject to MPPR Policy List set forth in this policy.

Gap Fill Codes: Codes for which CMS does not develop RVUs. Relative values are therefore assigned based on the first quarter update of Optum The Essential RBRVS publication for the current calendar year.
Note: Under the Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures Policy a Gap Fill Code would also be subject to reduction per the CMS NPFS multiple procedure indicators of 6 or 7.

Global Procedure Code: A Global Procedure Code includes both Professional and Technical Components. When a physician or other health care professional bills a Global Procedure Code, he or she is submitting for both the Professional and Technical Components of that code. Submission of a Global Procedure Code asserts that the physician or other health care professional provided the supervision and interpretation as well as the technician, equipment, and the facility needed to perform the procedure. The global procedure is identified by reporting the appropriate Professional Technical eligible procedure code with no modifier attached.

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Global Test Only Code: A Global Test Only Code is designated by a PC/TC indicator of 4 on the CMS NPFS. This indicator identifies stand-alone codes that describe selected diagnostic tests for which there are separate but associated codes that describe the Professional Component of the test only code, and the Technical Component of the test only code. Modifiers 26 and TC cannot be used with these codes. The total RVUs for global procedure only codes include values for physician work, practice expense, and malpractice expense. The total RVUs for Global Test Only Codes equals the sum of the total RVUs for the Professional and Technical Component Only Codes combined.

Professional Component (PC): The Professional Component represents the physician or other health care professional work portion (physician work/practice overhead/malpractice expense) of the procedure. The Professional Component is the physician or other health care professional supervision and interpretation of a procedure that is personally furnished to an individual patient, results in a written narrative report to be included in the patient's medical record, and directly contributes to the patient's diagnosis and/or treatment. In appropriate circumstances, it is identified by appending modifier 26 to the designated procedure code or by reporting a standalone code that describes the Professional Component only of a selected diagnostic test.

Same Group Physician and/or Other Health Care Professional: All physicians and/or other health care professionals of the same group reporting the same Federal Tax Identification number.

Technical Component (TC): The Technical Component is the performance (technician/equipment/facility) of the procedure. In appropriate circumstances, it is identified by appending modifier TC to the designated procedure code or by reporting a standalone code that describes the Technical Component only of a selected diagnostic test.

Technical Component Only Code: A Technical Component Only Code is designated by a PC/TC indicator of 3 on the CMS NPFS. This indicator identifies stand- alone codes that describe the technical component of selected diagnostic tests for which there is a separate but associated code that describes the professional component of the diagnostic test only. It also identifies codes that are covered only as diagnostic tests and therefore do not have a related professional code. Modifiers 26 and TC cannot be used with these codes. The total RVUs for Technical Component Only Codes include values for practice expense and malpractice expense only.

APPLICABLE CODES

CPT Code	Modifier	TC Non-Facility Total RVU
Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 1) This table identifies codes that are subject to MDCR of the Technical Component and their TC Non-Facility Total RVU, as published in the CMS NPFS. Gap Fill Codes will be denoted with an asterisk (*).		
75600	TC	4.94
75605	TC	2.2
75625	TC	2.15
75630	TC	2.19
75705	TC	3.81
75710	TC	2.28
75716	TC	2.31
75726	TC	2.52
75731	TC	3.1
75733	TC	3.28
75736	TC	2.82
75741	TC	2.33
75743	TC	2.36
75746	TC	2.58
75756	TC	3.17
75809	TC	2.01
75820	TC	2.16
75822	TC	2.21
75825	TC	2.21
75827	TC	2.22

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CPT Code	Modifier	TC Non-Facility Total RVU
Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 1) This table identifies codes that are subject to MDCR of the Technical Component and their TC Non-Facility Total RVU, as published in the CMS NPFS. Gap Fill Codes will be denoted with an asterisk (*).		
75831	TC	2.28
75833	TC	2.48
75840	TC	2.45
75842	TC	2.82
75860	TC	2.39
75870	TC	3.47
75872	TC	2.45
75880	TC	2.44
75885	TC	2.37
75887	TC	2.38
75889	TC	2.38
75891	TC	2.41
75893	TC	2.55
78428	TC	4.22
78445	TC	4.67
78451	TC	7.86
78452	TC	11.36
78453	TC	7.37
78454	TC	10.67
78456	TC	7.55
78457	TC	4.41
78458	TC	4.64
78466	TC	4.68
78468	TC	4.76
78469	TC	5.21
78472	TC	5.22
78473	TC	6.83
78481	TC	3.69
78483	TC	4.83
78494	TC	4.86
93024	TC	1.50
93025	TC	3.18
93050	TC	0.22
93260	TC	0.71
93261	TC	0.71
93278	TC	0.51
93279	TC	0.64
93280	TC	0.74
93281	TC	0.75
93282	TC	0.69
93283	TC	0.75
93284	TC	0.8
93285	TC	0.62
93286	TC	0.56

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CPT Code	Modifier	TC Non-Facility Total RVU
Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 1) This table identifies codes that are subject to MDCR of the Technical Component and their TC Non-Facility Total RVU, as published in the CMS NPFS. Gap Fill Codes will be denoted with an asterisk (*).		
93287	TC	0.56
93288	TC	0.64
93289	TC	0.64
93290	TC	0.57
93291	TC	0.55
93292	TC	0.53
93303	TC	4.84
93304	TC	3.49
93306	TC	3.76
93307	TC	2.69
93308	TC	2.05
93312	TC	3.86
93314	TC	4.12
93318*	TC	2.99
93350	TC	3.29
93351	TC	4.15
93724	TC	0.94
93880	TC	4.56
93882	TC	2.93
93886	TC	6.33
93888	TC	3.73
93890	TC	6.36
93892	TC	7.1
93893	TC	8.10
93922	TC	2.08
93923	TC	3.15
93924	TC	3.97
93925	TC	6.13
93926	TC	3.57
93930	TC	4.69
93931	TC	2.93
93970	TC	4.54
93971	TC	2.78
93975	TC	6.24
93976	TC	3.51
93978	TC	4.22
93979	TC	2.7
93980	TC	1.77
93981	TC	1.53
93990	TC	3.72

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CPT Code	Modifier	TC Non-Facility Total RVU
Diagnostic Ophthalmology Procedures Subject to MPPR (PC/TC Indicator 1) This table identifies codes that are subject to MDOR of the Technical Component and their TC Non-Facility Total RVU, as published in the CMS NPFS. Gap Fill Codes will be denoted with an asterisk (*).		
0509T	TC	1.62
76510	TC	1.50
76511	TC	0.90
76512	TC	0.74
76513	TC	1.76
76514	TC	0.13
76516	TC	0.88
76519	TC	0.98
92025	TC	0.50
92060	TC	0.74
92081	TC	0.50
92082	TC	0.74
92083	TC	1.02
92132	TC	0.41
92133	TC	0.42
92134	TC	0.43
92136	TC	1.09
92145	TC	0.22
92228	TC	0.38
92235	TC	1.36
92240	TC	4.48
92242	TC	4.95
92250	TC	0.81
92265	TC	1.15
92270	TC	1.50
92273	TC	2.72
92274	TC	1.62
92283	TC	1.26
92284	TC	1.38
92285	TC	0.52
92286	TC	0.47

CPT Code	TC Non-Facility Total RVU
Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 3) This table identifies codes that are considered Technical Component Only codes that are subject to MDCR and their Non-Facility Total RVU, as published in the CMS NPFS. Gap Fill Codes will be denoted with an asterisk (*).	
93005	0.24
93017	.96
93041	0.16
93225	0.73
93226	1.03
93229	19.95
93270	0.26
93271	4.72
93701	0.71

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CPT Code	TC Non-Facility Total RVU
Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 3) This table identifies codes that are considered Technical Component Only codes that are subject to MDCR and their Non-Facility Total RVU, as published in the CMS NPFS. Gap Fill Codes will be denoted with an asterisk (*).	
93702	3.57
93786	0.83
93788	0.15

Global CPT Code	Non-Facility Total RVU
Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 4) This table identifies Global Test Only codes that are subject to MDCR using the corresponding Non-Facility Total RVU of the Technical Component Only code, as published in the CMS NPFS. Gap Fill Codes will be denoted with an asterisk (*).	
93000	0.48
93015	2.01
93040	0.36
93224	2.51
93268	5.7
93784	1.51

Global CPT Code	#1 TC Codes	#2 TC Codes	#1 PC Codes	#2 PC Codes
Cardiovascular Parent Child Table This table identifies Global Test Only codes that are subject to MDCR, known as Parent codes, and their corresponding Technical Component Only code(s) and Professional Component Only code(s), known as Child codes.				
93000	93005	N/A	93010	N/A
93015	93017	N/A	93016	93018
93040	93041	N/A	93042	N/A
93224	93225	93226	93227	N/A
93268	93270	93271	93272	N/A
93784	93786	93788	93790	N/A

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QUESTIONS AND ANSWERS

1	**Q:**	Does Oxford apply a multiple diagnostic cardiovascular reduction or multiple diagnostic ophthalmology reduction based on the place of service in which services are rendered?
	A:	This policy will apply to all claims reported on a CMS-1500 claim form, regardless of place of service. However, it should be noted that procedures reported for the TC portion are additionally subject to Oxford's Professional/Technical Component Policy which does not allow reimbursement for the TC portion in a facility setting.
2	**Q:**	How will the Same Group Physician and/or Other Health Care Professional, who are contracted at percent of charge rates, be reimbursed when reporting the Global Procedure Code for multiple diagnostic cardiovascular or ophthalmology procedures which are subject to reduction?
	A:	The charges for the Global Procedure Code(s) will be divided into the PC and TC portions using Oxford's standard Professional/Technical splits. The MDCR or MDOR is applied to the Allowable Amount for the TC portion of the second and each subsequent procedure within the respective category of Diagnostic Cardiovascular Procedures or Diagnostic Ophthalmology Procedures.
3	**Q:**	Effective January 1, 2013 CMS expanded their MPPR Policy to include the reduction of the TC of multiple diagnostic cardiovascular and ophthalmology procedures. When did Oxford include the reduction of the TC of multiple Diagnostic Cardiovascular Procedures and Diagnostic Ophthalmology Procedures?
	A:	Oxford included the reduction of the TC of multiple Diagnostic Ophthalmology Procedures effective with dates of service 9/1/2017 and after and will included the reduction of the TC of multiple Diagnostic Cardiovascular Procedures effective with dates of service 9/1/2017 and after.

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4	Q:	Are there any modifiers that will override MDCR or MDOR?
	A:	No, in accordance with CMS MPPR Policy, both MDCR and MDOR apply when multiple procedures are performed on the same day regardless if they were performed at the same or separate sessions.
5	Q:	If the provider bills Global Test Only CPT code 93268 and 93040, and Technical Component Only code 93701, how is the TC portion obtained in order to rank and apply MDCR to these diagnostic cardiovascular codes?
	A:	The Non-Facility Total RVU of the Technical Component Only code is used for ranking rather than the Global Test Only code. Once the secondary and subsequent codes are identified, a percentage of the Allowable Amount attributable to the TC is obtained by dividing the TC Only Total RVU into the Global Test Only Total RVU. The Allowable Amount (prior to reduction) multiplied by this percentage is the TC value of the Global code and is subject to MDCR of 25%. No reduction is applied to the Professional Component Only code. **Note**: The RVUs in this example are intended for illustrative purposes only.

Code	Allowable Amount Prior to Reduction	PC Only Code(s) RVU	TC Only Code(s) RVU	Global Test Only Code RVU	Portion of Allowable Amount Attributable to TC (TC Only/Global Test Only)	Rank	Final Allowable Amount
TC Only Code 93229	$235.00	N/A	20.31	N/A	N/A	**1**	No reduction is taken on the TC with the highest TC RVU.
Global Test Only Code 93268	$125.20	93272	93270 + 93271.26 + 4.78 = 5.04	5.76	5.04/5.76= 88%	**2**	**No reduction is applied to the PC** TC value = 88% of $125.20 or $110.18. $110.18 is reduced by 25% or $27.54. **Allowable Amount** = $125.20 - $27.54 or $97.66.
Global Test Only Code 93040	$45.40	93042	93041.16	.36	.16/.36 = 44%	**3**	**No reduction is applied to the PC** TC value = 44% of $45.40 or $19.98. $19.98 is reduced by 25% or $5.00. **Allowable Amount** = $45.40 - $5.00 or $40.40.

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [*2017R0125B*]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files.

Optum "The Essential RBRVS" 1st Quarter Update.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	• Updated list of applicable CPT codes to reflect annual code edits: **Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 1)** ○ Revised TC non-facility total RVU value for 75605, 75600, 75625, 75630, 75705, 75710, 75716, 75726, 75731, 75733, 75736, 75741, 75743, 75746,

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Date	Action/Description
	75756, 75809, 75820, 75822, 75825, 75827, 75831, 75833, 75840, 75842, 75860, 75870, 75872, 75880, 75885, 75887, 75889, 75891, 75893, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78494, 93024, 93025, 93050, 93260, 93261, 93279, 93280, 93281, 93282, 93283, 93284, 93285, 93286, 93287, 93288, 93289, 93290, 93291, 93292, 93303, 93304, 93306, 93307, 93308, 93312, 93314, 93350, 93351, 93724, 93880, 93886, 93888, 93890, 93892, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979, 93980, 93981, and 93990 **Diagnostic Ophthalmology Procedures Subject to MPPR (PC/TC Indicator 1)** ○ Added 0509T, 92273, and 92274 ○ Removed 92275 ○ Revised TC non-facility total RVU value for 76511, 76510, 76512, 76513, 76514, 76516, 76519, 92025, 92060, 92081, 92082, 92083, 92132, 92133, 92134, 92136, 92145, 92228, 92235, 92240, 92242, 92250, 92265, 92270, 92273, 92274, 92283, 92284, 92285, and 92286 **Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 3)** ○ Revised TC non-facility total RVU value for 93017, 93225, 93226, 93329, 93271, 93701, 93702, 93786 **Diagnostic Cardiovascular Procedures Subject to MPPR (PC/TC Indicator 4)** ○ Revised non-facility total RVU value for 93015, 93224, 93268, 93784 • Archived previous policy version ADMINISTRATIVE 258.2 T0

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