# Multiple Procedure Payment Reduction (MPPR)

**Policy** Reimb-034

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**Current Effective Date:** 09/01/2021

**Disclaimer:**

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.

## Description:

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 service being billed 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 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 service session by the same provider 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 Statement and Criteria

### 1. Commercial Plans

**U of U Health Plans 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. Allowance for the primary procedure is 100%. 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, 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. U of U Health Plans 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.

**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.

**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.**

**U of U Health Plans performs periodic reviews based on auditing criteria of claims with multiple procedures and bilateral surgical procedures.**

## 2. Medicaid Plans

Multiple procedure payment reduction reimbursed per Commercial Guidelines above.

3. **Medicare Plans**
   **Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicare policies and coverage, please visit their search website at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp& or the manual website**

## Clinical Rationale

Procedures billed using CPT codes (Common Procedural Terminology) have 3 components to them. They are work RVU, practice expense RVU and malpractice RVU. Surgical and medical services often include work that is required to be done prior to a procedure and post-procedure. When there are multiple procedures 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 reduce practice expense of doing multiple procedures at the same time. This is called a 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
3. U of U Health Plans Guideline: Health Plans Modifiers