Payment Policy: Multiple Procedure Payment Reduction (MPPR) for Therapeutic Services

Reference Number: CC.PP.068
Last Review Date: 08/2023

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview
Physical, Occupational, and Speech Therapy services are timed-based procedure codes and therefore multiple units may be billed for a single procedure. However, certain practice expense services are not repeated when more than one unit or procedure is provided to the same patient on the same day. The MPPR for therapeutic procedures applies to multiple units and procedures.

Physical medicine and rehabilitation therapy services are frequently performed together on the same date of service. Reimbursement for these procedures includes payment for practice expense services such as 1) greeting the patient, 2) gowning the patient, 3) cleaning the room and equipment, 4) providing education and instruction, 5) counseling and coordinating home care, 6) obtaining measurements, and 7) post-therapy patient assistance; the multispecialty visit pack.

When the same provider or provider group practice provides multiple therapeutic services for the same patient, the practice expense procedures are not performed twice. Therefore, payment at 100% for the practice expense of secondary and subsequent therapeutic procedures would represent duplicative components of the primary procedure.

The Centers for Medicare and Medicaid Services (CMS) establishes reimbursement guidelines for MPPR when the same provider or provider group practice furnishes multiple procedures to the same patient on the same day. When this occurs, full payment is made for the unit or procedure with the highest allowed amount and subsequent procedures/units are reduced by an established percent.

This policy is based on CMS reimbursement methodologies for MPPR and applies a multiple procedure payment reduction to therapeutic procedures assigned a multiple procedure indicator **(MPI) of 5 on the CMS National Physician Fee Schedule (NPFS)**. When multiple procedures/units are billed, full payment (100%) is made for the unit or procedure with the highest valued paid amount and payment for subsequent procedures/units is reimbursed at 90% of the paid amount allowance.

This reduction applies to all therapy services furnished on the same day, regardless of whether the services were provided in one therapy discipline or multiple disciplines, such as physical therapy, occupational therapy, or speech-language pathology.

Application

- Commercial, Marketplace, Medicare, Medicaid
- Physicians and non-physician providers
- In office and other non-institutional settings (i.e., home health agencies)
- Institutional settings (i.e., Comprehensive Outpatient Rehabilitation Facilities)
- Same provider or provider group practice

Reimbursement

The Plan uses the **CMS NPFS MPI of 5** to determine which therapeutic (Physical, Occupational and Speech) services are eligible for the multiple procedure payment reduction for therapeutic procedures.

When multiple (two or more) "always therapy" procedures with an MPI of **5** are performed by the same provider, or by providers within the same group practice, on the same day, the Plan will allow 100% of the paid amount allowance for the therapeutic procedure with the **highest cost per unit** and 90% of the paid amount allowance for each subsequent therapeutic procedure and unit(s).

Furthermore, a single therapeutic procedure billed in multiple units is also subject to the MPPR for therapeutic services. Reimbursement for a single procedure billed with multiple units will be reimbursed at 100% of the paid amount allowance. Subsequent units will be reimbursed at 90% of the paid amount allowance. The claim paid amount is divided by the units billed.

The health plan's prepayment (after services are rendered, but prior to claims payment), automated claims review system will evaluate provider claims that are eligible for multiple procedure payment reduction for selected therapy services.

	Example Therapeutic Procedure Payment Reduction: Single Unit				
CPT Code	**Units**	**Billed Amt**	**Paid Amt**	**Calculation**	**Final Paid**
97140	**1**	**$61.75**	**$22.56**	**100% for highest paid unit**	**$22.56**
97035	1	$29.75	$9.70	2nd procedure @ 90% $9.705x.90)	$8.73 (90% of $9.70)

Example Therapeutic Procedure Payment Reduction: Multiple Units					
CPT Code	**Units**	**Billed Amt**	**Paid Amt**	**Calculation**	**Final Paid**
97110	2	$134.00	$48.78	1st unit @ 90%; ($24.39 x.90) second unit @ 90%	$43.90
97112	**1**	**$67.50**	**$25.43**	**100% for highest paid unit**	**$25.43**
97140	1	$48.00	$20.31	$18.28 (90% of $20.31)	$18.28

Documentation Requirements

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment

policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
G0329	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92609	Therapeutic services for the use of speech-generating device, including programming and modification
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
97012	Application of a modality to 1 or more areas; traction, mechanical
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath

97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

Modifier	Descriptor
NA	NA

ICD-10 Codes	Descriptor
NA	NA

Definitions:

Occupational Therapy
A form of therapy for those recuperating from physical or mental illness that encourages rehabilitation through the performance of activities required in daily life. For example, self-care skills, education, work, or social interaction.

Physical Therapy
Therapy for the preservation, enhancement or restoration of movement and physical function impaired or threatened by disease, injury or disability. Physical Therapy uses therapeutic exercise, physical modalities (such as massage and electrotherapy) assistive devices, and patient education and therapy.

Practice Expense
Non-physician labor costs, office rental, equipment, supplies and miscellaneous

Same Provider or Provider Group Practice: All physicians and/or other health care professionals of the same group reporting the same Federal Tax Identification number.

Speech Therapy
The therapeutic treatment of impairments and disorders of speech, voice, language, communication and swallowing.

Time-Based Therapy Codes
Procedures codes defined by the face-to-face time the physician or other qualified health professional spends with the patient.

Additional Information
NA

Related Documents or Resources
NA

References
1. *Current Procedural Terminology (CPT®)*, 2023
2. *Centers for Medicare and Medicaid Services,* CMS Manual System and other CMS publications and services.
3. *https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/2020*

Revision History	
08/23/2020	Added Definition for Same Provider or Provider Group Practice and removed fee schedule allowance and revised with "paid amount"
08/23/2021	Conducted review, removed product type, updated policy dates
08/23/2022	Conducted annual review, updated CPT code descriptions and policy dates
08/22/2023	Conducted annual review, verified CPT code descriptions, and updated policy dates

Important Reminder

For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

 Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members

and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.