

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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees. Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product

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. This policy does **not** apply to flat rate per diem contract providers.

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 Community Plan 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 Community Plan 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 Community Plan 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 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 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 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 those 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 Prior to Reduction	PE RVU	Total RVU	Portion of charge attributable to Practice Expense (PE RVU / Total RVU)	Ranking	Comments	Final Allowable Amount
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


State Exceptions	
Arizona	This policy only applies to participating providers for Arizona Medicaid
Florida	Florida has an exception from CMS for CPT codes 92507 & 92508, these codes are excluded from this policy
Iowa	Iowa Medicaid and Waiver Programs reimburse multiple therapy services at 100% of the allowed amount for the highest ranked procedure, then 90% of the allowed amount for each additional procedure.
Kansas	Kansas is exempt from this policy
Mississippi	Per contract with the state, MSCAN is exempt from this policy
Missouri	Missouri is exempt from this policy
New Jersey	Per state regulations, this policy does not apply to New Jersey Long Term Care (LTC)
Texas	Per state regulations, Texas is exempt from this policy

Definitions	
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

1	<p>Q: How is the PE portion of a service determined?</p> <p>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.</p>
2	<p>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?</p> <p>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.</p>
3	<p>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?</p> <p>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.</p>
4	<p>Q: If a single provider group with the same TIN reports several Multiple Therapy Reducible Codes on a single date of service on <i>separate claims at different times</i>, how will these codes be reimbursed?</p> <p>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.</p>
5	<p>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?</p> <p>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.</p>
6	<p>Q: Will all services provided on the same date as Multiple Therapy Reducible services be reduced?</p> <p>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.</p>

Attachments

 Multiple Therapy Reducible Codes	<p>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.</p>
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Resources

Individual state Medicaid regulations, manuals & fee schedules

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

3/17/2020	Policy Version Change State exceptions section: Removed reference to Louisiana Removed all files and references to Louisiana contained in the body of the policy.
1/1/2020	Policy Version Change Attachments Section: Multiple Therapy Reducible Codes list updated History Section: Entries prior to 1/1/2018 archived
9/3/2019	Policy Version Change Application: Added "This policy does not apply to flat rate per diem contract providers." Resources: Added Physician Fee Schedule (PFS) Relative Value Files
4/24/2019	State Exception Section: Iowa exception added
3/26/2019	State Exception Section: Louisiana exception added
2/1/2019	Annual Anniversary Date and Version Change Title section: Removed Annual Approval information Application Section: Removed pathway to policies for other lines of business
1/1/2019	Policy Version Change Adding 'Professional' to the policy title Application Section: Removed Community and State and Medicare and Retirement information Attachments Section: Multiple Therapy Reducible Codes list updated Definitions: Updated Allowable Amount and Same Group Physician History Section: Entries prior to 1/1/2017 archived
9/13/2018	State Exception Section: Removed verbiage regarding max units for Florida
8/9/2018	State Exception Section: Arizona exception added
3/14/2018	Policy Approval Date Change
1/16/2018	State Exception Section: IA state exception removed
1/1/2018	1/1/2018: Annual Version Change History Section: Entries prior to 1/1/2015 were archived
3/1/2012	Policy implemented by UnitedHealthcare Community & State