

Multiple procedure payment reduction policy needs work

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Current Centers for Medicare and Medicaid Services multiple procedure payment reduction policy overestimated the work efficiencies in physician services when same-session, multiple imaging services are provided by different physicians in the same group practice, according to research published online April 9 in the *Journal of the American College of Radiology*.

(HealthDay)—Current Centers for Medicare and Medicaid Services (CMS) multiple procedure payment reduction (MPPR) policy overestimated the work efficiencies in physician services when same-session, multiple imaging services are provided by different physicians in the same group practice, according to research published online April 9 in the *Journal of the American College of Radiology*.

Richard Duszak, Jr., M.D., of the Harvey L. Neiman Health Policy Institute in Reston, Va., and colleagues analyzed data from the Medicare

Resource-Based Relative Value Scale to identify and quantify physician work efficiencies for different same-session diagnostic imaging studies interpreted by different physicians in the same practice.

According to the researchers, there were no potential intra-service duplications when different examination interpretations were provided by different physicians in the same group practice. The maximum potential duplicated pre- and post-service activities ranged from 5 percent for radiography, fluoroscopy, and [nuclear medicine](#) to 13.6 percent for computed tomography (CT). The potential work reductions corresponds to maximum Medicare professional component physician fee reductions of 1.23 ± 0.38 percent, which is much less than the 25 percent reduction per MPPR policy implemented by CMS.

"In contrast to the single systematic 25 percent professional payment reduction implemented by CMS, our [expert panel](#)'s code-specific analysis supports MPPR discounts averaging only 1.23 percent when subsequent different services are rendered by different physicians in the same group," the authors write. "Greater CMS methodological rigor, transparency, and accountability in [Medicare payment](#) policy development are warranted."

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