

**Notice**  
**August 17, 2010**

MPC continuously devotes significant resources to more closely align its claims payment policies with current national correct coding and industry standards. In our ongoing effort to support nationally accepted claims payment policies, MPC has enhanced its ability to administer these payment policies to be more consistent with nationally accepted means of claims payment, which include:

- ✓ AMA's CPT coding guidelines and conventions
- ✓ Centers for Medicare and Medicaid Services (CMS)
- ✓ Local and regional Medicare policies
- ✓ Nationally recognized physician academy and society guidelines (coding and clinical)

MPCs payment policies focus on areas such as the following CMS guidelines:

- ✓ Nationally recognized bundling edits, including CMS's Correct Coding Initiative (CCI)
- ✓ Appropriate modifier usage (e.g., Modifier 25 should be used when the Evaluation and Management (E&M) service is distinct and separately identifiable from the CMS designated minor surgical service or procedure being performed the same day)
- ✓ Global surgery package (0, 10 and 90 day procedures)
- ✓ Multiple Procedure Reductions
- ✓ Place of Service policies (e.g., code 99295 Initial inpatient neonatal critical care is an inpatient only procedure)
- ✓ Multiple endoscopy

If you are interested in more specific information pertaining to national correct coding and industry standards, please visit the CMS website at [www.cms.gov](http://www.cms.gov), AMA website at [www.ama-assn.org](http://www.ama-assn.org).

As always, MPC appreciates your participation in our network and the quality care you provide to our members.