

Medicare multiple procedure type code A

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Medicare multiple procedure type code A

Identifying and definitional attributes

Metadata item type:	Value Domain
METEOR identifier:	609514
Registration status:	Commonwealth Department of Health , Retired 19/10/2023
Definition:	A code set representing Medicare multiple procedure codes.

Representational attributes

Representation class:	Code
Data type:	String
Format:	A
Maximum character length:	1

	Value	Meaning
Permissible values:	A	MOP Rule A
	B	MOP Rule B
	C	MOP Rule C

Collection and usage attributes

Guide for use:	CODE A MOP Rule A The high fee item of which MOP Rule A is applied. CODE B MOP Rule B The secondary fee item of which MOP Rule B is applied. CODE C MOP Rule C The lower fee item of which MOP Rule C is applied. The fees for two or more operations, listed in Group T8 (other than Subgroup 12 of that Group), performed on a patient on the one occasion (except as provided in paragraph T8.2.3) are calculated by the following rule: <ul style="list-style-type: none">• 100% for the item with the greatest Schedule fee<ul style="list-style-type: none">◦ plus 50% for the item with the next greatest Schedule fee◦ plus 25% for each other item. See note T.8.2 of the Medicare Benefits Schedule for further information.
Collection Methods:	In use from 1 November 2002.

Relational attributes

Data elements implementing this value domain:	Service event—Medicare multiple procedure type, code A Commonwealth Department of Health , Retired 19/10/2023
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