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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

Permissible values:

A Meaning

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:

- 100% for the item with the greatest Schedule fee
  - o plus 50% for the item with the next greatest Schedule fee
  - o 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:

<u>Service event—Medicare multiple procedure type, code A</u>
<u>Commonwealth Department of Health,</u> Retired 19/10/2023