

# Medicare multiple procedure type code A

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## Identifying and definitional attributes

<b>Metadata item type:</b>	Value Domain
<b>METEOR identifier:</b>	609514
<b>Registration status:</b>	<a href="#">Commonwealth Department of Health</a> , Retired 19/10/2023
<b>Definition:</b>	A code set representing Medicare multiple procedure codes.

## Representational attributes

<b>Representation class:</b>	Code
<b>Data type:</b>	String
<b>Format:</b>	A
<b>Maximum character length:</b>	1

	Value	Meaning
<b>Permissible values:</b>	A	MOP Rule A
	B	MOP Rule B
	C	MOP Rule C

## Collection and usage attributes

<b>Guide for use:</b>	<p>CODE A MOP Rule A</p> <p>The high fee item of which MOP Rule A is applied.</p> <p>CODE B MOP Rule B</p> <p>The secondary fee item of which MOP Rule B is applied.</p> <p>CODE C MOP Rule C</p> <p>The lower fee item of which MOP Rule C is applied.</p> <p>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:</p> <ul style="list-style-type: none"><li>• 100% for the item with the greatest Schedule fee<ul style="list-style-type: none"><li>◦ plus 50% for the item with the next greatest Schedule fee</li><li>◦ plus 25% for each other item.</li></ul></li></ul> <p>See note T.8.2 of the Medicare Benefits Schedule for further information.</p>
<b>Collection Methods:</b>	In use from 1 November 2002.

## Relational attributes

<b>Data elements implementing this value domain:</b>	<a href="#">Service event—Medicare multiple procedure type, code A</a> <a href="#">Commonwealth Department of Health</a> , Retired 19/10/2023
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