

# Service event—Medicare multiple procedure type, code A

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# Service event—Medicare multiple procedure type, code A

## Identifying and definitional attributes

|                              |  |
|------------------------------|--|
| <b>Metadata item type:</b>   | Data Element   |
| <b>Short name:</b>           | Multiple procedure rule  |
| <b>METEOR identifier:</b>    | 609552   |
| <b>Registration status:</b>  | <a href="#">Commonwealth Department of Health</a> , Standard 14/10/2015  |
| <b>Definition:</b>           | The multiple operation rule or multiple anaesthetic rule applied when calculating benefits for the service which has been provided by the same practitioner to the same patient on the same date of service, as represented by a code. |
| <b>Data Element Concept:</b> | <a href="#">Service event—Medicare multiple procedure rule type</a>  |
| <b>Value Domain:</b>         | <a href="#">Medicare multiple procedure type code A</a>  |

## Value domain attributes

## Representational attributes

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

|                            | <b>Value</b> | <b>Meaning</b> |
|----------------------------|--------------|----------------|
| <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>      | CODE A MOP Rule A<br>The high fee item of which MOP Rule A is applied.<br>CODE B MOP Rule B<br>The secondary fee item of which MOP Rule B is applied.<br>CODE C MOP Rule C<br>The lower fee item of which MOP Rule C is applied.<br>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"><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> See note T.8.2 of the Medicare Benefits Schedule for further information. |
| <b>Collection methods:</b> | In use from 1 November 2002.  |

## Data element attributes

### Source and reference attributes

Submitting organisation: Department of Health

### Relational attributes

Implementation in Data Set [Medicare Benefits Schedule \(MBS\) state/territory data extract 2013-14](#)

Specifications: [Commonwealth Department of Health](#), Standard 14/10/2015

**Implementation start date:** 01/07/2013

**Implementation end date:** 30/06/2014

**DSS specific information:**

Variable name = MULTPROC