

MPPR Rules

2020

Multiple Procedure Payment Reduction (MPPR)

2=Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50% and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage

CPT	Description
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system

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CPT	Description
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead
33221	Insertion of pacemaker pulse generator only; with existing multiple leads
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
78306	Bone and/or joint imaging; whole body

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4=Special rules for the technical component (TC) of diagnostic imaging procedures apply if procedure is billed with another diagnostic imaging procedure in the same family (per the diagnostic imaging family indicator, below). If procedure is reported in the same session on the same day as another procedure with the same family indicator, rank the procedures by fee schedule amount for the TC. Pay 100% for the highest priced procedure, and 50% for each subsequent procedure. Base the payment for subsequent procedures on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage. Subject to 50% reduction of the TC diagnostic imaging (effective for services July 1, 2010 and after). Subject to 25% reduction of the PC of diagnostic imaging (effective for services January 1, 2012 through December 31, 2016). Subject to 5% reduction of the PC of diagnostic imaging (effective for services January 1, 2017 and after).

CPT	Description
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)

4=Special rules for the technical component (TC) of diagnostic imaging procedures apply if procedure is billed with another diagnostic imaging procedure in the same family (per the diagnostic imaging family indicator, below). If procedure is reported in the same session on the same day as another procedure with the same family indicator, rank the procedures by fee schedule amount for the TC. Pay 100% for the highest priced procedure, and 50% for each subsequent procedure. Base the payment for subsequent procedures on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage. Subject to 50% reduction of the TC diagnostic imaging (effective for services July 1, 2010 and after). Subject to 25% reduction of the PC of diagnostic imaging (effective for services January 1, 2012 through December 31, 2016). Subject to 5% reduction of the PC of diagnostic imaging (effective for services January 1, 2017 and after).

CPT	Description
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74177	Computed tomography, abdomen and pelvis; with contrast material(s)
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing

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CPT	Description
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
70548	Magnetic resonance angiography, neck; with contrast material(s)
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
74160	Computed tomography, abdomen; with contrast material(s)
70547	Magnetic resonance angiography, neck; without contrast material(s)
70544	Magnetic resonance angiography, head; without contrast material(s)
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
72193	Computed tomography, pelvis; with contrast material(s)
G0297	Low dose ct scan (ldct) for lung cancer screening
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
76391	Magnetic resonance (eg, vibration) elastography
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
73201	Computed tomography, upper extremity; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70491	Computed tomography, soft tissue neck; with contrast material(s)
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
74176	Computed tomography, abdomen and pelvis; without contrast material

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CPT	Description
72129	Computed tomography, thoracic spine; with contrast material
71260	Computed tomography, thorax; with contrast material(s)
72132	Computed tomography, lumbar spine; with contrast material
72126	Computed tomography, cervical spine; with contrast material
73701	Computed tomography, lower extremity; with contrast material(s)
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
73200	Computed tomography, upper extremity; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70490	Computed tomography, soft tissue neck; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
71250	Computed tomography, thorax; without contrast material
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
72125	Computed tomography, cervical spine; without contrast material
72128	Computed tomography, thoracic spine; without contrast material
72131	Computed tomography, lumbar spine; without contrast material
73700	Computed tomography, lower extremity; without contrast material
74150	Computed tomography, abdomen; without contrast material
72192	Computed tomography, pelvis; without contrast material
70486	Computed tomography, maxillofacial area; without contrast material
76700	Ultrasound, abdominal, real time with image documentation; complete
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
70450	Computed tomography, head or brain; without contrast material
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76981	Ultrasound, elastography; parenchyma (eg, organ)
76870	Ultrasound, scrotum and contents
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
76982	Ultrasound, elastography; first target lesion
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76604	Ultrasound, chest (includes mediastinum), real time with image documentation
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

MPPR Rules

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Multiple Procedure Payment Reduction (MPPR)

6=Subject to 25% reduction of the second highest and subsequent procedures to the TC of diagnostic cardiovascular services, effective for services January 1, 2013, and thereafter.

CPT	Description
78428	Cardiac shunt detection
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing

Applicable payment adjustment rule for multiple procedures:

0=No payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure, base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount for the procedure.

1=Standard payment adjustment rules in effect before January 1, 1995 for multiple procedures apply. In the 1995 file, this indicator only applies to codes with a status code of "D". If procedure is reported on the same day as another procedure that has an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 25%, 25%, 25%, and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage.

2=Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50% and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate

3=Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the Endobase field of this file. Apply the multiple endoscopy rules to a family before ranking the family with the other procedures performed on the same day (for example, if multiple endoscopies in the same family are reported on the same day as endoscopies in another family or on the same day as a non-endoscopic procedure). If an endoscopic procedure is reported with only its base procedure, do not pay separately for the base procedure.

4=Special rules for the technical component (TC) of diagnostic imaging procedures apply if procedure is billed with another diagnostic imaging procedure in the same family (per the diagnostic imaging family indicator, below). If procedure is reported in the same session on the same day as another procedure with the same family indicator, rank the procedures by fee schedule amount for the TC. Pay 100% for the highest priced procedure, and 50% for each subsequent procedure. Base the payment for subsequent procedures on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage. Subject to 50% reduction of the TC diagnostic imaging (effective for services July 1, 2010 and after). Subject to 25% reduction of the PC of diagnostic imaging (effective for services January 1, 2012 through December 31, 2016). Subject to 5% reduction of the PC of diagnostic imaging (effective for services January 1, 2018 and after).

6=Subject to 25% reduction of the second highest and subsequent procedures to the TC of diagnostic cardiovascular services, effective for services January 1, 2013, and thereafter.

9=Concept does not apply.