

Maximum Units

Payment Policy ID: RPC.0023.7700

Recent review date: 11/2022

Next review date: 11/2023



AmeriHealth Caritas Family of Companies reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.

Policy Overview

This policy describes limitations on payment based on units of service to providers contracted with AmeriHealth Caritas Ohio.

Most services and supplies have a maximum units of service that are normally allowable within a designated period of time (e.g., per day) when furnished by the same provider, due to the type of service or supply. A physician or other qualified health care professional from the same group practice under the same specialty under and same Tax Identification Number (TIN) is considered the same provider.

AmeriHealth Caritas Ohio follows Ohio Department of Medicaid (ODM), the American Medical Association (AMA) Current Procedural Terminology (CPT), Centers for Medicare and Medicaid (CMS) Healthcare Current Procedure Coding System (HCPCS), CMS Medicaid National Correct Coding Initiative (NCCI), and other industry recognized guidelines based on medical practice standards with regard to maximum units of service for services and supplies. Only medically necessary services and/or supplies are reimbursable.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas Ohio utilizes edits to prevent payment for services and supplies exceeding their maximum units of service that are normally allowable within their designated period of time:

- Maximum unit edits include CMS Medicaid NCCI Medically Unlikely Edits (MUEs). If the units on a single claim line exceed the MUE value for the procedure code on that claim line, the excess units will be denied. See Reimbursement Policy RPC.0024.7700 Medically Unlikely Edit (MUE)
- Maximum unit edits are not limited to MUEs. If the units on a claim line or a claim exceed the maximum units allowable for a procedure code within their designated period of time, the excess units will be denied.
- CPT/HCPCS code descriptions and other coding manual instructions often indicate the maximum units for procedure codes. See also Reimbursement Policy RPC.0007.7700 for Add-On Codes.
- Appropriate modifier(s) indicate the circumstance(s) for which the same procedure code on multiple claim lines for the same date of service will be considered for payment. See also Reimbursement Policy RPC.0013.7700 regarding duplicate claims.

Providers must submit clean claims for accurate reimbursement of services and/or supplies.

See also Reimbursement Policy RPC.0025.7700 on Frequency.

Refer to CPT/HCPS manuals for complete descriptions of procedure codes and their modifiers, Medicaid NCCI coding policy manuals, and ODM billing resources for fee schedules and billing guidelines.

Definitions

Same Provider

A physician or other qualified health care professional from the same group practice under the same specialty under and same Tax Identification Number (TIN) is considered the same provider.

Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)*; and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS) *National Correct Coding Initiative (NCCI)*: <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci>
- III. Ohio Department of Medicaid (ODM) billing resources for providers: <https://medicaid.ohio.gov/resources-for-providers/billing/billing>

Attachments

N/A

Associated Policies

RPC.0007.7700: Add-On Codes

RPC.0013.7700: Duplicate Claim

RPC.0024.7700: Medically Unlikely Edit (MUE)

RPC.0025.7700: Frequency

Policy History

04/11/2023	AmeriHealth Caritas Implementation
04/11/2023	Reimbursement Policy Committee Approval
01/10/2023	Template Update Preamble: revised Applicable Claim Types section: removed Coding section: renamed to Reimbursement Guidelines Associated Policies section: added