

Maximum Units

Reimbursement Policy ID: RPC.0023.2100

Recent review date: 01/2024

Next review date: 12/2024

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & 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 Louisiana 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 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 a CMS-1500 form or its electronic equivalent, or, when billed on a UB-04 form or its electronic equivalent.

Policy Overview

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

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

AmeriHealth Caritas Louisiana follows the American Medical Association (AMA) Current Procedural Terminology (CPT), CMS, Healthcare Current Procedure Coding System (HCPCS), National Correct Coding Initiative (NCCI), and other industry guidelines based on medical practice standards in regards to maximum unit of service. Only medically necessary services and/or supplies are reimbursed.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas Louisiana uses edits to prevent payment for services and supplies exceeding their maximum units of service that are normally allowed within the 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 claim line will deny. See Reimbursement Policy RPC.0024.2100 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 time, the claim line or claim will deny.
- CPT/HCPCS code descriptions and other coding manual instructions often indicate the maximum units for procedure codes. See Reimbursement Policy RPC.0007.2100 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 Reimbursement Policy RPC.0013.2100 regarding duplicate services.

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

See Reimbursement Policy RPC.0025.2100 on Frequency.

Refer to CPT/HCPCS manuals for complete descriptions of procedure codes and their modifiers, and NCCI coding policy manuals.

Definitions

Same provider

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

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services
- II. Healthcare Common Procedure Coding System (HCPCS)
- III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
- IV. National Correct Coding Initiative (NCCI)

Associated Policies

RPC.0007.2100: Add-On Codes

RPC.0013.2100: Duplicate Services

RPC.0024.2100: Medically Unlikely Edit (MUE)

RPC.0025.2100: Frequency

Policy History

04/2024	Preamble revised
01/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Louisiana from Policy History section
01/2023	Template revised. <ul style="list-style-type: none">• Preamble revised.• Applicable Claim Types table removed.• Coding section renamed to Reimbursement Guidelines• Associated Policies section added
	Precedes Act 319