Payment Policy | Maximum Units

EFFECTIVE DATE: 09|01|2023
POLICY LAST UPDATED: 06|07|2023

OVERVIEW

Maximum unit values are unit of service claim edits that are applied to a claim(s) against a specific Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) procedure code for services rendered by a provider/supplier to a member for a period of time.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercials Products

The maximum unit values include but are not limited to the Centers for Medicare & Medicaid Services' (CMS's) Medically Unlikely Edits (MUEs). For most CPT® and HCPCS codes, these values dictate the maximum units of service allowed for the same provider for the same member on the same calendar date of service, over a specified period of time or over a member's lifetime.

This policy applies to all professional and outpatient facility claims coded with a CPT® or HCPCS code with a maximum unit value/edit. The maximum unit value applies regardless of whether or not the code is reported on one line, multiple lines, or multiple claims.

Maximum units of service are determined by one or more of the following:

- CMS's MUEs; not all CPT®/HCPCS codes have an MUE assigned by CMS.
- The service is classified as bilateral on the CMS Medicare Physician Fee Schedule (MPFS) as Indicator 1 or 3 or the term "bilateral" is included in the code descriptor.
- The service is anatomically or clinically limited with regard to the number of times it may be reported.
- The CPT® or HCPCS code description indicates the number of times it can be reported during a specific time period.
- The quantity submitted exceeds historic standard practice and is unlikely based upon analysis of claims data.
- Limits determined by Blue Cross & Blue Shield of Rhode Island (BCBSRI) related to reasonable usage / provision of service.

Note: Other limits to the frequency of services may apply based on factors outside of this policy, such as member benefit limits or medical necessity frequency as defined in a medical policy. In addition, some procedure codes may be non-covered, investigational, have a medical policy limit or require medical review.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable coverage.

CODING

See link below for maximum units that are BCBSRI specific and not publicly sourced:
BCBSRI Specific Maximum Units

RELATED POLICIES

Coding and Payment Guidelines Modifiers
Compression Garments Stockings
Preventive Services for Commercial

PUBLISHED

Provider Update, July 2023

REFERENCES

1. Centers for Medicare & Medicaid Services, "Medically Unlikely Edits"
2. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.