

Maximum Units of Service-Medicaid Outpatient and Professional

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Approved By:	Highmark Wholecare – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 2

Disclaimer

Highmark Wholecare medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

This policy provides information regarding the coverage of, as determined by applicable federal and/or state legislation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person’s unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Pennsylvania Department of Health (DHS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Wholecare – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Wholecare members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Wholecare currently services Pennsylvania Medicaid: PA HealthChoices.

PROCEDURES

A prior authorization is not required if the units of service are billed within the established limits set by CMS.

The Centers for Medicare and Medicaid Services (CMS) established units of service edits as part of the National Correct Coding Initiative (NCCI) to address coding methodologies and reduce the paid claims error rate.

A Medically Unlikely Edit (MUE) is a Medicare unit of service claim edit applied to medical claims against a procedure code for medical services rendered by one provider/supplier to one patient on one day. Claim edits compare different values on medical claims to a set of defined criteria to check for irregularities, often in an automated claims processing system. MUE are designed to limit fraud and/or coding errors. They represent an

upper limit that unquestionably requires further documentation to support. The ideal MUE is the maximum unit of service for a code on the majority of medical claims. The NCCI policies are based on coding conventions by nationally recognized organizations and are updated annually or quarterly. Not all HCPCS/CPT codes have an MUE assigned by CMS.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare at any time pursuant to the terms of your provider agreement.

CODING REQUIREMENTS

For maximum units of services for Medicaid Outpatient Services, please refer to CMS's website at: <https://www.cms.gov/medicare/coding-billing/ncci-medicaid/medicaid-ncci-edit-files>

For maximum units of services for Medicaid Professional Services, please refer to CMS's website at: <https://www.cms.gov/medicare/coding-billing/ncci-medicaid/medicaid-ncci-edit-files>

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Wholecare contract.

Maximum Units of Service are applied to claims submitted for services provided to Highmark Wholecare HealthChoices enrollees. Commonwealth of Pennsylvania Medicaid Fee Schedule or Center for Medicaid and Medicare Services (CMS) are government program guidelines and industry standards utilized to apply Maximum Units of Service.

Reference

Centers for Medicare and Medicaid Services (CMS). (2024). Medicaid NCCI Edit Files. Retrieved from <https://www.cms.gov/medicare/coding-billing/ncci-medicaid/medicaid-ncci-edit-files>