

Maximum Units of Service-Medicare Outpatient and Professional

Policy ID:	HWC-PA-RP-02
Approved By:	Highmark Wholecare – Market Leadership
Provider Notice Date:	
Original Effective Date:	
Annual Approval Date:	
Last Revision Date:	
Products:	Medicare
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. If additional units are needed, a prior authorization must be obtained.

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 unit of service claim edit used by Medicare to limit fraud and coding errors in medical claims. MUEs are applied to Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes for services provided by a single provider to a single patient on the same day. 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.

For maximum units of services for Medicare Outpatient Service, please refer to CMS website at:

<https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>

For maximum units of services for Medicare Professional services, please refer to CMS website at:

<https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>

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.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Wholecare contract.

Reference

CMS.gov