



CCA applies industry standard frequency guidelines in accordance with FDA-approved labeling, accepted compendia (reference CMS Accepted Compendia link below), CMS guidelines and/or evidence-based guidelines. CCA will utilize CMS unit values for CPT or HCPCS codes (MUE), where available.

For those CPT or HCPCS codes that do not have an associated CMS unit value available, CCA will continue to apply maximum frequency per day (MFD).

- Select procedure codes are assigned a maximum number of units within a member's lifetime.

Example: CPT 58150 — Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovaries.

- For those instances where a provider correctly bills units that exceed the established maximum frequency per day (MFD) value, individual consideration of reimbursement will be determined upon review of medical notes.
- Additional reimbursement will not be made for those services that exceed the CMS unit value.
- Providers should report the total number of units on one line per date of service, rather than individual claim lines, as they may be denied as a duplicate.
- For multiple dates of service report a separate line for each date of service with the applicable procedure code(s) and the number of units.

DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.



REFERENCES:

[Centers for Medicare and Medicaid Services \(CMS\)](#)

[CMS Accepted Compendia](#)

Payment Policies:

[Massachusetts](#) / [Rhode Island](#)

Provider Manuals:

[Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms:

[Massachusetts](#) / [Rhode Island](#)

POLICY TIMELINE DETAILS

1. Drafted: January 2022
2. Approved: February 2022
3. Implemented: April 2022