

PROVIDER REIMBURSEMENT GUIDANCE			
MUE/Max Units			
Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date
	04/01/2022	04/01/2022	
Scope: Commonwealth Care Alliance (CCA) Product Lines			
⊠ Senior Care Options (MA)		☑ CCA Medicare Preferred – (PPO) RI*	
🖾 One Care (MA)		☑ CCA Medicare Value - (PPO) RI*	
☑ CCA Medicare Preferred – (PPO) MA*		⊠ Medicare Maximum – (HMO DNSP) RI*	
⊠ CCA Medicare Value - (PPO) MA*			

### PAYMENT POLICY SUMMARY:

According to the Centers for Medicare and Medicaid Services (CMS), CCA reimburses a maximum number of units per day for CPT and HCPCS codes. CMS developed the Medically Unlikely Edits (MUE) program to reduce the paid claims error rate for Part B claims. Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services.

#### **AUTHORIZATION REQUIREMENTS:**

N/A

# **REIMBURSEMENT REQUIREMENTS:**

Refer to the current coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. CCA reimburses covered services up to and including the maximum number of units allowed for CPT or HCPCS codes. The assigned unit value is subject to change and is not a guarantee of payment.

• If the number of units billed exceeds the maximum number of units allowed, CCA will reimburse only the maximum number of units allowed for the service. Subsequent units will be denied.

**Example:** Procedure code 95144 — Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials) allows 30 units. If 100 units are billed, the maximum number of units will be reduced to 30 and reimbursed accordingly.



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 ensure compliance.



# **REFERENCES:**

Centers for Medicare and Medicaid Services (CMS)

CMS Accepted Compendia

Payment Policies: <u>Massachusetts</u> / <u>Rhode Island</u>

Provider Manuals: <u>Massachusetts</u> / <u>Rhode Island</u>

Prior Authorization Forms: <u>Massachusetts</u> / <u>Rhode Island</u>

# POLICY TIMELINE DETAILS

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