

Private Property of Florida Blue

This payment policy is Copyright 2024, Florida Blue. All Rights Reserved. You may not copy or use this document or disclose its contents without the express written permission of Florida Blue. The medical codes referenced in this document may be proprietary and owned by others. Florida Blue makes no claim of ownership of such codes. Our use of such codes in this document is for explanation and guidance and should not be construed as a license for their use by you. Before utilizing the codes, please be sure that to the extent required, you have secured any appropriate licenses for such use. Current Procedural Terminology (CPT®) is copyright 2024 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT®. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.

PAYMENT POLICY ID NUMBER: 10-012

Original Effective Date: 01/26/2010

Revised: 11/14/2024

Maximum Units of Service

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

The purpose of this policy is to ensure that Florida Blue reimburses physicians and other health care professionals for the units billed without reimbursing for obvious billing submission and data entry errors. These edits are defined as the maximum units of service that a provider would report for a code, for a single member, on a single date of service under most circumstances.

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

- The service is classified as bilateral on the Centers for Medicare & Medicaid Services (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 Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding system (HCPCS) code description indicates the number of times it can be reported.
- The quantity submitted exceeds historic standard practice and is unlikely, based upon analysis of submitted claims data.

Also note that other limits to the frequency of services may apply based on factors outside of this Maximum Units of Service policy such as member benefit limits or medical necessity frequency as defined in Florida Blue medical policy.

This policy applies to professional services reported on a CMS1500 claim form (or its electronic equivalent) with multiple units for the same CPT® or HCPCS code on the same date of service for the same member by the same physician or other qualified health care professional.

REIMBURSEMENT INFORMATION:

Services provided are reimbursable according to the terms of the members' contract up to and including the maximum unit of service limit for the CPT® or HCPCS code. In some instances, a modifier may be necessary for correct coding and reimbursement purposes.

The rationale for an individual maximum unit of service may be sourced to the Center for Medicare and Medicaid Services (CMS) Medically Unlikely Edit (MUE) values. As defined by CMS, an MUE is a value for the maximum unit(s) of service allowed for a CPT® or HCPCS code for services rendered by a single provider/supplier to a single beneficiary on the same date of service. CPT® and HCPCS codes are also assigned an "MUE adjudication indicator" or "MAI" indicating whether the MUE value is a date of service edit versus a claim line edit. Codes assigned an MAI 3 are adjudicated as "per day edits based on clinical benchmarks". MAI of "3" is based on criteria (e.g., nature of service, prescribing information) combined with data such that it would be possible but medically highly unlikely that higher values would represent correctly reported medically necessary services. If there is adequate documentation the services were provided, were correctly coded and were medically necessary, services in excess of the MUE value may be allowed on appeal.

Claims denials for a HCPCS/CPT® code where the Maximum Units of Service is based on "Data," will be reviewed on appeal for adequate documentation supporting the following: 1) the correct code is reported; (2) the correct Units of Service (UOS) are used; (3) the number of reported UOS were performed; and (4) all UOS were medically reasonable and necessary.

There may be instances where a physician or other healthcare professional reports units accurately and those units exceed the established maximum unit of service limit. In such cases, Florida Blue will consider additional reimbursement if reported with an appropriate modifier such as modifier 76, or 91. Documentation within the medical record should reflect the number of units being reported and support the use of the modifier.

BILLING/CODING INFORMATION:

The Maximum Units of Service list, in the link below, is not all inclusive. Some procedure codes may be non-covered, investigational, have a Medical Policy limit or may hold for medical review.

Maximum Units of Service CPT®/HCPCS Listing

[Maximum Units of Service CPT/HCPCS Listing](#)

CPT® Coding/Modifiers

76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
91	Repeat Clinical Diagnostic Laboratory Test

REFERENCES:

1. Centers for Medicare & Medicaid Services, "Medically Unlikely Edits"
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>
2. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition

GUIDELINE UPDATE INFORMATION:

01/26/2010	New Payment Policy
09/13/2010	Added new link to provider manual
07/23/2012	Added new link to 07/01/12 Maximum Units of Service
12/30/2013	Updated Maximum Units of Service link
01/30/2014	Updated Maximum Units of Service link
11/01/2015	Updated Maximum Units of Service link
12/07/2017	Annual Review with updates to the following sections: Description and Billing & Coding.
11/08/2018	Annual Review
11/14/2019	Annual Review
05/20/2020	Updated Maximum Units of Service link
11/12/2020	Annual Review-Updated Maximum Units of Service link
03/15/2021	Update Maximum Units of Service link
11/11/2021	Annual Review – Updated Maximum Units of Service Link
11/10/2022	Annual Review – Updated Maximum Units of Service Link and References reviewed and updated.
11/09/2023	Annual Review – References reviewed and updated.
11/14/2024	Annual Review – Additional information added to the Reimbursement information section for Medically Unlikely Edits (MUE) Adjudication Indicator (MAI) of 3 and for Maximum Units of Service denials based on “Data.” References reviewed and updated.

Private Property of Florida Blue

This payment policy is Copyright 2024, Florida Blue. All Rights Reserved. You may not copy or use this document or disclose its contents without the express written permission of Florida Blue. The medical codes referenced in this document may be proprietary and owned by others. Florida Blue makes no claim of ownership of such codes. Our use of such codes in this document is for explanation and guidance and should not be construed as a license for their use by you. Before utilizing the codes, please be sure that to the extent required, you have secured any appropriate licenses for such use. Current Procedural Terminology (CPT®) is copyright 2024 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT®. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.