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PAYMENT POLICY ID NUMBER: 10-012

Original Effective Date: 01/26/2010

Revised: 11/09/2023

Maximum Units of Service

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DESCRIPTION:

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

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 CPT® or 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.

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.

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:

- Centers for Medicare & Medicaid Services, "Medically Unlikely Edits"
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>
- 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.

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