

Reimbursement Policy	
Title: Maximum Units of Service (MUS) – Facility	
Policy Number: RP-F-565M	Application: Commercial, Individual Family Business (IFB)
Last Reviewed: 02/27/2023	Effective Date: 3/1/2023
Related Policies:	

Disclaimer: *This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers’ administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:
This policy provides guidelines for the maximum number of units allowed for the same Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) code on the same date of service. The policy applies to outpatient facility claims reported on a UB-04 or its electronic equivalent.

Policy Statement:

The purpose of this policy is to provide reimbursement for *units* that are billed appropriately without reimbursing for obvious billing submission and data entry errors. Medica has established unit values (MUSs) derived from several sources:

- Centers for Medicare and Medicaid Services (CMS): Medically Unlikely Edits (MUEs) file for Facility Outpatient Hospital Services.
- American Medical Association (AMA): CPT and HCPCS code descriptors including CPT instructions.
- Anatomic considerations and standards of medical practice.
- Specialty societies and the U.S. Food and Drug Administration (FDA) guidance.

Procedures submitted by the *same facility* with multiple *units* will be reimbursed up to the maximum *units* per day. If the *unit* value exceeds the maximum unit(s) per day, the *unit(s)* over that value will not be reimbursed unless appended with the appropriate modifier and applicable to the service. The use of modifiers should be supported by documentation. Medica does not require documentation to be submitted for the initial claim review.



Medica aligns with the CMS MUE Adjudication Indicator (MAI) designations which include the following: CMS MUE includes the line value and the MAI indicator in their MUE files.

- MAI 1 Line edit: Each line is compared against the unit value. Modifier use is appropriate if medically necessary and the same code can be reported on separate lines.
- MAI 2 Date of Service edit: all units for the same date of service will be compared against the unit value. Modifiers are not applicable to these codes and units may not exceed the unit value.
- MAI 3 Date of service edit: all units for the same date of service will be compared against the unit value. Modifier use is appropriate if medically necessary; however, units exceeding should be uncommon.

MUS values will be evaluated and/or updated quarterly to reflect new, changed, and deleted codes. Review of MUS values for existing CPT and HCPCS codes based on criteria within this policy will occur on an ongoing basis.

Modifiers:	
59	Distinct procedural service
XE	Separate encounter. A service that is distinct because it was performed on a separate organ/structure.
XP	Separate practitioner. A service that is distinct because it was performed by a different practitioner.
XS	Separate structure. A service that is distinct because it was performed on a separate organ/structure.
XU	Unusual non-overlapping service. The use of a service that is distinct because it does not overlap usual components of the main service.

Definitions:	
Same Facility	A facility (same Medica assigned provider number) reporting the same Federal Tax Identification number (TIN) and National Provider Identifier (NPI).
Unit/Unit(s)	Refers to the number of times a service with the same CPT or HCPCS codes are provided.

Q & A:	
Q:	Does the MUS value apply if a facility submits one CPT or HCPCS code with multiple units on a single claim line or multiple claim lines with one or more unit(s)?
A:	Yes, it will apply. Please refer to the CMS MAI indicator to determine if the units will be counted on the claim line or multiple lines.
Q:	Does Medica recognize anatomical modifiers?



A: Yes, the anatomical modifiers will be considered when claims are processed. These modifiers should be used per Coding guidelines and supported by the medical record. Anatomical modifiers: E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA

Resources:
Centers for Medicare and Medicaid Services (CMS)
Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)

Effective Date:	03/01/2023
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Revision Updates:	
03/01/2023	New policy approved by the Reimbursement Policy Oversight Committee.