



Maximum Units Payment Policy

Policy

Fallon Community Health Plan (FCHP) assigns a maximum number of units allowed on select CPT and HCPCS codes that may be billed by the same provider or provider group. Services and subsequent payments are based on the member's benefit plan. Eligibility and benefit specifics should be verified prior to initiating services.

Definitions

Procedure Code Maximums – FCHP has assigned a maximum number of units for services that may only be billed per date of service, by the same provider or provider group.

Annual Maximums - FCHP has assigned a maximum number of units to select procedure codes that may be billed within a 12-month period by the same provider or provider group.

Lifetime Maximums - FCHP has assigned a maximum number of units to select procedure codes that may be billed within a member's lifetime by the same provider or provider group.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCareSM

Reimbursement

Coverage is limited to the services physicians and qualified non-physician practitioners are legally authorized to perform in accordance with state law. Reimbursement is made according to the contracted provider's applicable fee schedule. Reimbursement may vary depending on specific claim procedure code combinations and claim edits.

If the number of units billed exceeds the limit of units allowed for the service, FCHP will reject the claim line with the disposition of "Reject - too many units billed."

The unit assignment list is subject to change based on review of industry standard coding updates including, but not limited to, the CMS Medically Unlikely Edit (MUE) program.

Referral/notification/preauthorization requirements

PCP referrals are required for all specialty visits. For a description of services requiring a PCP referral, please refer to the PCP referral and preauthorization grid located in the Managing Patient Care section of the *Provider Manual* under PCP Referral and Plan Preauthorization Process.

The ordering physician is required to obtain preauthorization for:

- Unlisted CPT codes
- The applicable codes found on the List of Procedures Requiring Preauthorization located in the Managing Patient Care section of the *Provider Manual* under PCP Referral and Plan Preauthorization Process.

Billing/coding guidelines

Please report "from" and "to" dates for a series of identical services, and report the appropriate number of days.

E.g., a correct submission would be: code 99231 Subsequent hospital care; from date January 1, 2009 to date January 7, 2009; number of units 7.

EDI Claim Submitter Information:

- Submit claims in HIPAA compliant 837P format for professional services. Claims billed with non-standard codes will reject if billed electronically.

Paper Claim Submitter Information:

- Submit claims on a CMS 1500 form for professional services. Claim lines billed with non-standard codes will deny.

Place of service

This policy applies to services rendered in all settings. This policy applies to services furnished by physicians and qualified non-physician practitioners in all areas and settings permitted under applicable laws.

Policy history

Origination date:	09/27/06
Previous revision date(s):	10/10/07
	05/01/09 – Changed policy name from Units of Service Edit to Maximum Units; added codes to the procedure code maximum list; updated the language under policy, definitions, benefits application, reimbursement, referral/notification/preauthorization requirements, and billing/coding guidelines.
Connection date & details:	11/01/09 – Added language in the reimbursement section discussing that the policy is subject to change based on review of industry standard coding updates including, but not limited to, the CMS Medically Unlikely Edit (MUE) program.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.