



## units of service edit payment policy

### ***description of procedure/service***

This policy applies to Fallon Community Health Plan assignment of a limit to the number of units allowed for select CPT/HCPCS codes.

### ***policy***

Fallon Community Health Plan assigns a number of units allowed on select CPT/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.

### ***benefits application***

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

### ***coverage and reimbursement criteria***

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.

### ***preauthorization guidelines***

Preauthorization requirements apply.

### ***billing/coding guidelines***

Fallon Community Health Plan references the most up-to-date industry standard codes (CPT/HCPCS).

**Procedure code maximums** – Fallon Community Health Plan has assigned a limit of one for services that may only be billed once per date of service, by the same provider or provider group. If the number of units billed exceeds the limit of units allowed for the service, Fallon Community Health Plan will reject the claim line with the disposition of "Reject too many units billed". The unit assignment is subject to change and is not a guarantee of payment.

**Annual maximums** - Fallon Community Health Plan 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** - Fallon Community Health Plan 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.

**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 furnished by physicians and qualified non-physician practitioners in all areas and settings permitted under applicable laws.

***policy implementation***

Policy number: ADM0051  
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