

Outpatient Hospital Maximum Frequency Per Day Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Value & Balance Exchange reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Value & Balance Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Value & Balance Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Value & Balance Exchange products.

This reimbursement policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient hospital claims, including, but not limited to, non-network authorized, and percent of charge contract facilities.

Policy

Overview

The purpose of this policy is to reimburse units billed for outpatient hospital services without reimbursing for obvious billing submission and data entry errors or incorrect coding based on anatomic considerations, Healthcare Common Procedure Coding System II (HCPCS)/Current Procedural Terminology CPT® (CPT) code descriptors, CPT coding instructions, established UnitedHealthcare Value & Balance Exchange policies, nature of a service/procedure, nature of an analyte, nature of equipment, and unlikely clinical treatment. The term "units" refers to the number of times services with the same CPT or HCPCS codes are provided per day by the same outpatient hospital. UnitedHealthcare Value & Balance Exchange has established Maximum Frequency per Day (MFD) values, which are the highest number of units eligible for reimbursement of services on a single date of service. Reimbursement also may be subject to the application of other UnitedHealthcare Value & Balance Exchange Reimbursement policies and/or Provider contracts. This policy applies whether an outpatient hospital submits one CPT or HCPCS code with multiple units on a single claim line or multiple claim lines with one or more unit(s) on each line. It is common coding practice for some CPT and HCPCS codes to be submitted with multiple units.

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

Reimbursement Guidelines

MFD Determination

The following criteria are used to determine the MFD values for codes to which these criteria are applicable:

- The Centers for Medicare and Medicaid Services (CMS) Medically Unlikely Edit (MUE) value, specifically the MUE table for Facility Outpatient Hospital Services.
- Codes assigned a CMS MUE value of zero will have MFD values established using the same criteria as CMS, including but not limited to anatomic considerations, CPT/HCPCS code descriptors, CPT coding instructions, nature of service/procedure, nature of an analyte, nature of equipment, and unlikely clinical treatment.

If an MFD value is not listed, it's the responsibility of the outpatient hospital to bill the appropriate number of units for each service.

Reimbursement

The MFD values apply whether a hospital submits one CPT or HCPCS code with multiple units on a single claim line or multiple claim lines with one or more unit(s) on each line. Services provided are reimbursable services up to and including the MFD value for an individual CPT or HCPCS code.

There may be situations where a facility reports units accurately and those units exceed the established MFD value. In such cases, UnitedHealthcare Value & Balance Exchange will consider additional reimbursement if reported with an appropriate modifier such as modifier 59, 76, 91, XE, XP, XS, or XU. Medical records are not required to be submitted with the claim when modifiers 59, 76, 91, XE, XP, XS, or XU are appropriately reported. Documentation within the medical record should reflect the number of units being reported and should support the use of the modifier.

Medically Unlikely Edit (MUE) Adjudication Indicator (MAI) 2

CMS has identified CPT/HCPCS codes where the units of service (UOS) on the same date of service in excess of the MUE value would be considered impossible because it is contrary to statute, regulation or sub-regulatory guidance. Therefore, UnitedHealthcare Value & Balance Exchange will not allow units in excess of the MFD value to be reimbursed for CPT/HCPCS codes assigned an MAI indicator of "2". Per CMS guidelines, no modifier override will be allowed, however, anatomic modifiers may be considered when appropriate.


Questions and Answers

- 1 **Q:** Will the unit values apply to case rate payments?
A: No, unit values will be applied to claims that are paid at a discount or fee schedule.

Modifiers

Anatomic Modifiers

E1	E2	E3	E4	F1	F2
F3	F4	F5	F6	F7	F8
F9	FA	T1	T2	T3	T4
T5	T6	T7	T8	T9	TA
LC	LD	LM	LT	RC	RI
RT					

Attachments	
Maximum Frequency Per Day Policy List	Designates the Maximum Frequency per Day value assignments for CPT and HCPCS codes.
 MAI 2 Indicator Codes	Codes that CMS has identified where the Units of Service (UOS) on the same date of service in excess of the MUE value would be considered impossible, however, anatomic modifiers may be considered when appropriate.

Resources
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) Policy Publications

History	
1/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange