

<b>Reimbursement Policy</b>	
Subject: <b>Maximum Units Per Day</b>	
Policy Number: <b>G-15003</b>	Policy Section: <b>Administration</b>
Last Approval Date: <b>06/16/21</b>	Effective Date: <b>06/16/21</b>

**Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>.**

### **Disclaimer**

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP). The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT<sup>®</sup> codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Blue Cross NC Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.

<https://www.bluecrossnc.com/provider-home>

Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP) is a Medicare Advantage plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Certain administrative services for Healthy Blue + Medicare are provided by Amerigroup Partnership Plan, LLC (Amerigroup) pursuant to an administrative services agreement. References to Blue Cross NC may mean Blue Cross NC or their designee, Amerigroup.

Blue Cross NC Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on our provider website.

**Policy**

Blue Cross NC Medicare Advantage allows reimbursement for a procedure or service that is billed, for a single member, on a single date of service, by the same provider and/or provider group, up to the maximum number of units allowed per day unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

When the number of units assigned to a procedure or service exceeds the daily maximum allowed, the units billed in excess of the maximum per day limit will not be eligible for reimbursement.

When a provider appropriately bills units that exceed the maximum units allowed, documentation must be provided for consideration of reimbursement.

Maximum units per day edits do not affect National Correct Coding Initiative (NCCI) edits. For more information on NCCI edits, please see our Code and Clinical Editing reimbursement policy.

**Related Coding**

Policy Section	Code(s)	Comments
N/A	N/A	Standard correct coding applies

**Policy History**

<b>(06/16/21)</b>	Biennial review approved <b>06/16/21</b> : No changes made to the policy language
<b>(01/01/21)</b>	Initial policy approval and effective

**References and Research Materials**

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contract</li> <li>• Blue Cross NC Medicare Advantage contract(s)</li> </ul>
---

**Definitions**

<b>Maximum Units</b>	The assigned maximum number of units per day for a procedure or service, which may be reported for a single member on a single date of service by the same provider and/or provider group.
----------------------	--

**General Reimbursement Policy Definitions**

**Related Policies and Materials**

Code and Clinical Editing Guidelines
Documentation Standards for Episodes of Care
Drugs and Injectable Limits