



Payment Policy:

Maximum Frequency – Per Day (Commercial & Medicare)

Effective Date: 1/01/2021

Number: RP20210016

Reimbursement Guideline Disclaimer: EmblemHealth has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. 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, physician or other provider contracts, the member'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 EmblemHealth due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to; CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how EmblemHealth handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

Overview:

CMS developed Medically Unlikely Edits (MUEs) to reduce the paid claims error rate for Part B claims. An MUE for a Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.

EmblemHealth has established maximum daily frequency (MDF) values which are the highest number of units eligible for reimbursement of services on a single date of service. Reimbursement may be subject to the application of other EmblemHealth reimbursement policies. This policy applies whether a physician or other qualified health care professional submits one CPT/HCPCS code with multiple units on a single claim line or multiple lines with one or more units on each line.

Policy Statement:

The maximum unit(s) per day or maximum daily frequency (MDF) is the maximum number of units EmblemHealth reimburses for a specific CPT/HCPCS code that is provided per day by the same individual physician or other qualified health care professional (for the purpose of this policy, the same individual physician or other qualified health care professional is the same individual rendering health care services reporting the same Federal Tax Identification number).

EmblemHealth utilizes CMS maximum unit values or MUE for CPT/ HCPC codes, where available. The assigned unit value is subject to change and is not a guarantee of payment.

[Table A](#) below reflects the CMS MUE Adjudication Indicators (MAI) that EmblemHealth applies for our Medicare and Commercial plans:

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Table A:

CPT/HCPC Codes with CMS MUE Adjudication Indicator (MAI):	
MAI Indicator “1”	<p>Adjudicated as a claim line edit. EmblemHealth may consider reimbursement of medically necessary units of service in excess of MUE when submitted with appropriate use of modifiers such as 59, 76, 91, XE, XS or XU. Medical records are not required to be submitted when modifiers 59, 76, 91, XE, XS or XU are appropriately reported.</p> <p><i>Documentation within the medical record should reflect the number or units being reported and should support the use of the modifier.</i></p>
MAI Indicator “2”	<p>Absolute criteria (date of service). These are “per day edits based on policy”. CPT/HCPCS codes with an MAI of “2” have been rigorously reviewed and vetted within CMS and obtain this MAI designation because units of service (UOS) on the same date of service (DOS) in excess of the MUE value would be considered contrary to statute, regulation, or sub-regulatory guidance.</p> <p>EmblemHealth will <u>not</u> allow units in excess of the MUE value with MAI indicator “2” to be reimbursed.</p> <p><i>Per CMS guidelines, no modifier override will be allowed.</i></p>
MAI Indicator “3”	<p>Date of service edits. These are “per day edits based on clinical benchmarks”. Units of service (UOS) on the same date of service (DOS) in excess of the MUE value are unlikely to appear on correctly coded claim but could, in unusual circumstances, be payable.</p> <p>EmblemHealth will deny claims submitted with excess MUEs; however a corrected claim can be submitted or the claim may be reconsidered upon appeal. Supporting medical documentation is required.</p>

EmblemHealth follows CMS guidelines and will not reimburse CPT/HCPCS codes with a MUE value of “0” (zero). This applies to all EmblemHealth **Medicare Advantage plans**.

For Medicare non-covered services that are covered by our Commercial plans, EmblemHealth has established MDF exceptions. These exceptions are listed in [Table B below](#):



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Table B: (*Commercial Plans only)

EmblemHealth Maximum Daily Frequency allowable *(MDF) by CPT Code:		
CPT Code:	CMS MUE:	EmblemHealth MDF Allowable:
92015	0	1
92310	0	1
92314	0	1
92340	0	1
92591	0	1
92592	0	1
92593	0	1
92595	0	1
95941	n/a	8
98943	0	1
99374	0	1
99375	0	1
J3535	0	1

References

1. CMS Claims Processing Manual and other CMS publications; www.cms.gov
2. American Medical Association Current Procedural Terminology (CPT®*) Professional Edition

Revision history

DATE	REVISION
6/2021	<ul style="list-style-type: none">• Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number