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<tr><td> </td><td colspan="2">Reimbursement Policy</td></tr>
<tr><td colspan="3">Subject: Reimbursement for Maximum Units Per Day</td></tr>
<tr><td>Effective Date: 11/26/19</td><td>Committee Approval Obtained: 11/26/19</td><td>Section: Administration</td></tr>
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*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.amerigroup.com. Under Quick Tools, select Reimbursement Policies > Medicaid. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. 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® 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 both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy	Amerigroup 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. **Note**: The maximum units per day are based on claims data analysis.
Exemptions	• There are no exemptions.
History	• Biennial review approved **11/26/19**: Policy language updated • Review approved and effective **04/06/18**: Policy language updated • Initial policy approved **03/14/16** and effective **01/01/17**
References and Research Materials	This policy has been developed through consideration of the following: • The maximum units per day are based on proprietary claims data analysis of provider billing patterns for a procedure or service across Medicare and Medicaid.
Definitions	• **Maximum Units:** 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	• Code and Clinical Editing Guidelines • Documentation Standards for Episodes of Care • Drugs and Injectable Limits
Related Materials	• None