



TITLE:	MAXIMUM UNITS
DEPARTMENT:	PAYMENT POLICY
ORIGINAL EFF. DATE:	04/28/2026
REVISION DATE:	N/A

1. PURPOSE

This Payment Policy outlines clear and consistent reimbursement guidelines to ensure compliant, transparent, and timely payment for medically necessary, cost-effective care.

2. SCOPE

This policy applies to the reimbursement of covered services for all members and providers. Curative will allow reimbursement for services according to the criteria outlined in this policy, unless modified or superseded by contractual language.

3. DEFINITIONS

The following terms are defined as follows regarding this policy.

- 3.1. **Same Individual Provider** The same individual Physician or Other Qualified Health Care Professional rendering health care services reporting the same Federal Tax Identification number.

4. POLICY

Disclaimer: These Payment Policies serve as a comprehensive guide for all providers, assisting in submitting accurate claims and outlining the essential framework for reimbursement. The determination that a service, procedure, or item is covered under a Curative member’s benefit plan does not constitute a guarantee of payment. Services must meet medical necessity and authorization guidelines appropriate to the procedure and diagnosis and, where mandated, the members state of residence. Services rendered must be within the legal scope of practice for the specific type of provider and align with the professional credentials and training in the state where the care is furnished.

To ensure proper processing, providers are required to adhere to industry-standard, compliant codes and follow proper coding, billing, and submission guidelines. To ensure accurate reimbursement and proper claims adjudication, all services provided to the same member, by the same provider, and on the same date of service must be reported on a single claim. Current Procedure Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or relevant revenue codes must be used for billing. Codes submitted must be fully supported by corresponding documentation in the medical record. Unless noted otherwise within a policy, these payment policies apply to both participating and non-participating providers and facilities.

Curative reserves the right to take corrective action, which may include the rejection or denial of the claim, or the recovery and/or recoupment of any previous claim payment if proper coding, billing guidelines, or these established payment policies are not followed. Providers may refer to the Provider Manual for guidance on addressing such actions, including the formal claim reconsideration, appeals, and dispute resolution processes.

These policies may be superseded by mandates within provider contracts, state or federal laws, or requirements issued by the Centers for Medicare & Medicaid Services (CMS). Curative retains the right to

revise these policies as deemed necessary and will publish the most current version on the Curative website.

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Reimbursement Guidelines

This policy outlines the process for ensuring that physicians and other qualified healthcare professionals receive correct reimbursement from Curative based on units reported. A unit defines the number of times a CPT/HCPCS code is recognized for a single patient, reported on a single date of service by the Same Individual Provider.

Reporting the CPT/HCPCS code on a single claim line with multiple units or reporting the CPT/HCPCS code reported on multiple claim lines with one or more unit(s) on each line is allowed. If appropriate, modifiers may be necessary to define the services performed and ensure proper reimbursement of multiple services. Units reported in excess of the maximum allowed will not be reimbursed.

Curative utilizes the Medically Unlikely Edits (MUE) table CMS has established as the highest units eligible for reimbursement of services reported on a single date of service as the main factor in determining the maximum frequency value applied. Maximum frequency values are also based on various criteria such as CPT/HCPCS code descriptors, CPT coding guidelines, National Physician Fee Schedule (NPF) Indicators, anatomic considerations, historical claims data, and standard practice guidelines. CMS maximum unit values are updated quarterly to reflect new, changed, and deleted codes.

Reimbursement may be subject to the application of other Curative policies.

5. REFERENCE DOCUMENTS AND MATERIALS

- 5.1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- 5.2. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- 5.3. Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services
- 5.4. Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

6. COLLABORATING DEPARTMENTS

- 6.1. Claims
- 6.2. Compliance
- 6.3. Medical Management
- 6.4. Network
- 6.5. System Configuration

7. POLICY & PROCEDURE CONTROL

This Policy will be reviewed at least annually and as necessary.

REVISION HISTORY			
Date	Author	Version	Comments
04-28-2026	CJ Wisecarver	001	Initial Version