

February 2021

Anesthesia Services Maximum Daily Units

Applies to: All Lines of Business

Policy Overview

Anesthesia services (00100–01999) are limited to a specific number of units per member, per provider group, per day. These limits are considered “typical” but may not reflect the actual services provided.

If units are billed beyond our established limits, the total units allowed will be adjusted to the assigned maximum allowed; all other units will be denied. However, additional units can be considered for payment with supporting documentation upon appeal.

Rationale

If you disagree with a determination, you have the right to file an appeal. You should submit the medical record documenting the details of the anesthesia service. We will review the medical record to assess the services provided. After that, we will adjust the reimbursement for those claims where the documentation indicates a medical necessity for the additional units.

For additional details on appeals, please refer to Section 17.6 (Claims Inquiries, Corrected Claims, Claim Consideration and Appeal Process) of the Healthfirst Provider Manual. To access the Provider Manual, visit hfproviders.org, scroll down, and click *Provider Manuals*.

If you have any questions, please reach out to your Healthfirst Network Account Manager.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, “Healthfirst”).