

Maximum Units Per Day

Policy

Harvard Pilgrim reimburses a maximum number of units per day for CPT and HCPCS codes.

Policy Definition

The maximum unit per day is the maximum number of units Harvard Pilgrim reimburses for a specific CPT or HCPCS code for a single date of service.

Harvard Pilgrim Reimburses¹

Harvard Pilgrim reimburses covered services up to and including the maximum number of units allowed for CPT or HCPCS codes. The assigned unit value is subject to change and is not a guarantee of payment.

- If the number of units billed exceeds the maximum number of units allowed, Harvard Pilgrim will reimburse only the maximum number of units allowed for the service. Subsequent units will be denied.

Example: Procedure code 95144 — Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials) allows 30 units. If 100 units are billed, the maximum number of units will be reduced to 30 and reimbursed accordingly.

Harvard Pilgrim applies industry standard frequency guidelines in accordance with FDA-approved labeling, accepted compendia, CMS guidelines and/or evidence-based guidelines. Harvard Pilgrim will utilize CMS unit values for CPT or HCPCS codes (MUE), where available.

For those CPT or HCPCS codes that do not have an associated CMS unit value available, Harvard Pilgrim will continue to apply maximum frequency per day (MFD).

- Select procedure codes are assigned a maximum number of units within a member's lifetime.

Example: CPT 58150 — Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovaries.

- For those instances where a provider correctly bills units that exceed the established maximum frequency per day (MFD) value, individual consideration of reimbursement will be determined upon review of medical notes.
- Additional reimbursement will not be made for those services that exceed the CMS unit value.
- Providers should report the total number of units on one line per date of service, rather than individual claim lines, as they may be denied as a duplicate.
- For multiple dates of service report a separate line for each date of service with the applicable procedure code(s) and the number of units.

PUBLICATION HISTORY

08/01/08	original documentation
01/31/07	original documentation
01/01/12	removed First Seniority Freedom information from header
09/15/13	annual review; no changes
08/15/14	annual review; no changes
08/15/15	annual review; no changes
08/15/16	annual review; no changes
04/15/17	added as of dos 07/01/17 Harvard Pilgrim will use CMS unit values (MUE)
08/15/17	annual review; no changes
01/02/18	added report multiple dates of service on a separate line
09/04/18	annual review; no changes
09/03/19	annual review; no changes
09/01/20	annual review; administrative edits

PAYMENT POLICIES

09/01/21 annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.