



Medically Unlikely Edit (MUE)

Reimbursement Policy ID: RPC.0024.5400

Recent review date: 01/2024

Next review date: 12/2024

AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy describes Medically Unlikely Edits (MUE) in processing claims by providers contracted with AmeriHealth Caritas District of Columbia.

A Medically Unlikely Edit (MUE) is the maximum units of service that are allowed for the same service or supply, represented as a CPT/HCPCS procedure code, on the same date of service when furnished by the same provider. A physician or other qualified health care professional from the same group practice, with the same specialty and Tax Identification Number (TIN) is considered the same provider.

AmeriHealth Caritas District of Columbia follows the Centers for Medicare & Medicaid (CMS) National Correct Coding Initiative (NCCI) MUE program regarding daily maximum units for services and supplies. Only medically necessary services and/or supplies are reimbursed.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas District of Columbia utilizes CMS Medicaid NCCI MUEs to prevent payment for services and supplies exceeding their daily maximum units of service:

- An MUE value for a CPT/HCPCS procedure code is the maximum units of service allowed for payment on the same date of service by the same provider. For example, a procedure code with a MUE value of “1” has a maximum of one unit per date of service by the same provider.
- Medicaid MUEs are claim line edits. If the units on a single claim line exceed the MUE value for the procedure code on the claim line, the excess units will be denied.
- Appropriate modifier(s) indicate the circumstance(s) for which the same procedure code on multiple claim lines will be considered for payment. (See Reimbursement Policy RPC.0013.5400 regarding duplicate claims).

Providers must submit clean claims for accurate reimbursement of services and/or supplies.

Refer to CPT/HCPCS manuals for complete descriptions of procedure codes and their modifiers, Medicaid NCCI edit files for MUEs assigned to CPT/HCPCS procedure codes, Medicaid NCCI manuals for correct coding policies.

See Reimbursement Policies RPC.0023.5400 for maximum units of service and RPC.0025.5400 for frequency of services and supplies.

Definitions

Medically Unlikely Edit (MUE)

An MUE is the maximum units of service that are allowed for the same service or supply, represented as a CPT/HCPCS procedure code, on the same date of service when furnished by the same provider.

Same Individual Physician or Other Qualified Health Care Professional

A physician or other health care professional from the same group practice with the same specialty and subspecialty reporting under the same Federal Tax Identification number (TIN).

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI), <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci>

Attachments

N/A

Associated Policies

RPC.0013.5400: Duplicate Claim

RPC.0023.5400: Maximum Units

RPC.0025.5400: Frequency

Policy History

04/2024	Revised preamble
01/2024	Reimbursement Policy Committee Approval
12/2023	Annual Review <ul style="list-style-type: none">• Update Edit Sources
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section