

## Medically Unlikely Edit (MUE)

Reimbursement Policy ID: RPC.0024.7700

Recent review date: 11/2022

Next review date: 11/2023

*AmeriHealth Caritas Family of Companies reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and 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 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 but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to 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 policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.*

## Policy Overview

This policy describes Medically Unlikely Edits in processing claims by providers contracted with AmeriHealth Caritas Ohio.

A Medically Unlikely Edit (MUE) is the maximum units of service that are normally allowable 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 under the same specialty and same Tax Identification Number (TIN) is considered the same provider.

AmeriHealth Caritas Ohio follows Ohio Department of Medicaid (ODM) and the Centers for Medicare and Medicaid (CMS) National Correct Coding Initiative (NCCI) MUE program with regard to daily maximum units of service for services and supplies. Only medically necessary services and/or supplies are reimbursable.

## Exceptions

N/A

## Reimbursement Guidelines

AmeriHealth Caritas Ohio 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 that are normally allowable 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 (1) 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 that 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.0013.7700 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, and ODM provider resources for fee schedules and ODM guidelines.

See also Reimbursement Policies RPC.0023.7700 for maximum units of service and RPC.0025.7700 for frequency of services and supplies.

## Definitions

### Medically Unlikely Edit (MUE)

An MUE is the maximum units of service that are normally allowable 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 Provider

A physician or other qualified health care professional from the same group practice under the same specialty under and same Tax Identification Number (TIN) is considered the same provider.

## Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM);* 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>
- III. Ohio Department of Medicaid (ODM) fee schedules and other billing resources: <https://medicaid.ohio.gov/resources-for-providers/billing/billing>

## Attachments

N/A

## Associated Policies

RPC.0007.7700: Add-On Codes

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RPC.0013.7700: Duplicate Claim

RPC.0023.7700: Maximum Units

RPC.0025.7700: Frequency

## Policy History

04/11/2023	AmeriHealth Caritas Implementation
04/11/2023	Reimbursement Policy Committee Approval
01/10/2023	Template Update Preamble: revised Applicable Claim Types section: removed Coding section: renamed to Reimbursement Guidelines Associated Policies section: added