The Centers for Medicare and Medicaid Services (CMS) developed Medically Unlikely Edits (MUEs) to reduce the paid claims error rate for Part B claims. A MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service (DOS). Not all HCPCS/CPT codes have an MUE; and not all MUEs are included in the MUE Edit List, found on the CMS website: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Version_Update_Changes.html.

MUE was implemented January 1, 2007 and subsequently there have been quarterly updates increasing the number of codes listed. The edits were developed based on anatomic considerations, HCPCS/CPT code descriptors, CPT instructions, CMS policies, nature of service/procedure, nature of analyte, nature of equipment, and clinical judgment.

Although CMS publishes most MUE values on its website, other MUE values are confidential and are for CMS and CMS Contractors’ use only. The latter group of MUE values should not be released since CMS does not publish them; i.e., CMS will not publish all MUE values that are for units of 4 or higher because of CMS concerns about fraud and abuse.

Inquiries about the MUE program other than those related to MUE values for specific HCPCS/CPT codes should be sent to the following email address: NCCIPTPMUE@cms.hhs.gov.

**NOTE:** MUE values do NOT represent units of service that may be reported without concern about medical review. Providers should continue to only report services that are medically reasonable and necessary and confirm documentation supports the services billed.

Example MUE table from CMS website:

CPT code 20552 is listed on the MUE table with a value of 1. This means that only one unit of service will be allowed per date of service per patient per claim line item.

**Vs.**

CPT code 20600 is listed on the MUE table with a value of 6. This means that the carrier could allow up to 6 units of service per date of service per patient, per claim line item, if medically necessary and documentation supports.

Providers can use this MUE tool to assist in avoiding denial and overpayments caused by claims that exceed the number of allowed services, per patient, per day, including improper reporting of bilateral procedures. Medicare added two columns (MUE Adjudication Indicator (MAI), MUE Rationale) that can be used to pinpoint gaps in staff knowledge and determine
whether an appeal is an option when the carrier denies a claim based on MUEs. To prevent modifier 50 denials, providers should indicate the anatomical modifier relevant to the service performed. *(Source: Anesthesia and Pain Coders Pink Sheet, 090114)*

MAI is the Date of Service Edit policy, policy edits are based on information inherent in the codes description or the applicable annotation, i.e.,

1 = Line Edit
2 = Date of Service: Policy Edit
3 = Date of Service: Clinical Edit (most common date of service edit)

In conjunction with the updated MUE list, CMS reminds providers that when reporting a bilateral procedure that does not have bilateral in the description, but does have a valid bilateral modifier indicator (1), providers must report the service on one line with quantity of 1 with modifier 50 affixed to the CPT.

*NOTE: Not all carriers bill bilateral codes as Medicare does (described above).* *(Source: Anesthesia and Pain Coders Pink Sheet, 090114)*

For example, trigger point injection CPT code 20552 has a bilateral modifier indicator of ‘0’ (meaning it cannot be billed bilaterally), i.e., modifier 50 is not applicable.

Under the National Correct Coding Initiative (NCCI) edits, CPT code 20552 has a MUE value of 1 and an MAI of 2. The carrier will typically edit claims based on DOS and deny additional trigger point injections, even if billed on a second line. *(Source: Anesthesia and Pain Coders Pink Sheet, 090114)*

Another example is related to nerve block injections, CPT code 64445 which has a bilateral modifier indicator of ‘1’ (meaning it can be billed bilaterally with modifier 50). Under the NCCI edits, CPT code 64445 has a MUE value of 1 and an MAI of 3. Policy edits are based on the information such as billing patterns.

Denials of MAI 3 claims could be caused by improper interpretation of coding instructions or medically unnecessary services, however providers can appeal denials. *(Source: Anesthesia and Pain Coders Pink Sheet, 090114)*

**MEDPM** houses the MUE edits in the Practice Charge Maintenance file for each CPT code:

<table>
<thead>
<tr>
<th>HCPCS/CPT Code</th>
<th>Practitioner Services MUE Values</th>
<th>MUE Adjudication Indicator</th>
<th>MUE Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>20610</td>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Charge Code</th>
<th>Description (Short)</th>
<th>Revenue Center</th>
<th>Standard Amount</th>
<th>CPT Codes</th>
<th>Date of Service Edit</th>
<th>MUE Adjudication Indicator</th>
<th>MUE Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ARTHROCENTESIS ASP/INJ MJR JNT GAN CYST</td>
<td>20610 SURGERY-HOSPITAL PROC'S</td>
<td>16100 ASA Code</td>
<td>1, 2</td>
<td>MUE</td>
<td>MAI</td>
<td></td>
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</tbody>
</table>

**MEDTRON/MEDDATA** suggests never billing one charge line item with quantity >MUE edit number. If the provider feels the additional units are medically necessary, the additional units should be billed on a separate line item with appropriate modifier so that all services are not denied and/or shared in the appeal process.
MEDDATA published a News Blast each quarter outlining the updates including a summary chart or ‘scorecard’ outlining the code pairs that were added or deleted:

- 033115 National Correct Coding Initiative Version 21.1
- 022315 National Correct Coding Initiative Version 21.0
- 102714 National Correct Coding Initiative October 2014
- 072214 National Correct Coding Initiative July 2014
- 050814 National Correct Coding Initiative April 2014
- 020514 National Correct Coding Initiative January 2014

These updates can also be found on the CMS website listed as “Quarterly Additions, Deletions, and Revisions to Published MUEs for Practitioner Services Effective MMDDYY”:

Resources:
CMS, Medically Unlikely Edits: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html
CMS, Medically Unlikely Edits Table:

Contact Software Support for assistance or any questions via:
From MEDPM or MEDEHR Sign On screens, double click on ‘support@medtronsoftware.com’ to compose an email to the Software Support Dept.

-OR-
Phone: (985) 234-0599 (local)
(800) 978-0599 (toll free)

-OR-
Fax: (985) 234-0609