

Part B Insider (Multispecialty) Coding Alert

What Are MUEs?

Although CCI may be very familiar to you, any practice filing a claim with Medicare should also know what MUEs are and how they work. "An 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," CMS says. "All HCPCS/CPT® codes do not have an MUE."

The MUE list includes specific CPT® or HCPCS codes, followed by the number of units that CMS will pay. CMS developed the MUEs to reduce paid claims error rates in the Medicare Program. The first edits were implemented in January 2007, although the edits themselves became public in October 2008.

Some MUEs deal with anatomical impossibilities while others edit automatically the number of units of service you can bill for a service in any 24-hour period. Still others limit codes according to CMS policy. Additional edits focus on the nature of the equipment for testing, the study or procedure, or pathology specimen.

Anatomical example: The MUEs edit out and deny an erroneously coded claim for a hysterectomy (for example, 58150, Total abdominal hysterectomy [corpus and cervix], with or without removal of tube[s], with or without removal of ovary[s]) for a male patient.

Unit of service example: The edits also limit the claims for codes such as 99462 (Subsequent hospital care, per day, for evaluation and management of normal newborn) to a single unit per calendar day. This makes sense because 99462 is a "per day" code.