

Medically Unlikely Edits (MUE)

Policy Number	MUE10012009RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	09/11/2013
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take

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precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

The Centers for Medicare and Medicaid Services (CMS) developed the Medically Unlikely Edits (MUE) program to reduce the paid claims error rate for Part B claims. 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. The first edits were implemented January 1, 2007 and even today not all HCPCS/CPT codes have an MUE. Subsequent to implementation, there have been quarterly updates increasing the number of edits.

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. Prior to implementation, all edits were reviewed by national healthcare organizations, and their alternative recommendations were taken into consideration. In 2008, CMS has been refining the edits based on 100% submitted claims data from a six month period in 2006. 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.

UnitedHealthcare Medicare and Retirement expanded the MUE program to include **HCPCS "J" codes**. The "J" code edits were developed based on HCPCS code descriptors, an unpublished CMS "J" code MUE list, a UnitedHealthcare published MUE list, historical claim data, condition dosage requirements and clinical judgment. UnitedHealthcare Medicare and Retirement will continue to refine the threshold units and expand the list based on 100% submitted valid claims data, CMS published and unpublished lists and clinical judgment. UnitedHealthcare Medicare and Retirement has no intention of publishing the unit thresholds for the applicable "J" codes due to the concerns about fraud and abuse. This policy attachment will be evaluated and updated quarterly to reflect new, changed or deleted codes. Review of MUE values for the existing ~290 "J" codes will be completed annually unless there is an urgent need requiring interim review.

Reimbursement Guidelines

UnitedHealthcare Medicare and Retirement adjudicates MUEs against each line of a claim rather than the entire claim. Thus, if a CPT/HCPCS code is reported on more than one line of the claim by using CPT modifiers, each line with that code is separately adjudicated against the MUE. If a provider bills units of service for HCPCS/CPT codes in excess of established limits, the edits prevent payment. UnitedHealthcare Medicare and Retirement denies at the line level rather than the claim level for both Physician and Facility claims.

Codes that exceed the MUE are denied and no payment is made.

Comments about MUE are received from the AMA and the national medical societies, representatives of the AMA's CPT Editorial Panel, CPT Advisory, and Health Care Professionals Advisory (HCPAC) Committees, CMS Central and Regional Offices, Medicare Contractor Medical Directors, contractor staff, physicians, other providers, and independent billing consultants. Based upon input from these sources, an MUE may be deleted. MUE may also be deleted for other reasons such as CMS policies, modified HCPCS/CPT code descriptors or coding instructions, deletion of HCPCS/CPT codes, or modified medical practice. (Occasionally an MUE is modified. In such situations the original MUE is deleted, and a new MUE with the revised MUE value is added).

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CPT/HCPCS Codes

CPT/HCPCS codes identified in MUE Reference Lists below.

MUE Reference Lists

Listing:	Description
Practitioner MUE Listing	http://www.cms.gov/apps/ama/license.asp?file=/NationalCorrectCodInitEd/downloads/MCR_MUE_PractitionerServices.zip
Facility Outpatient MUE Listing	http://www.cms.gov/apps/ama/license.asp?file=/NationalCorrectCodInitEd/downloads/MCR_MUE_OutpatientHospitalServices.zip
DME MUE List	http://www.cms.gov/apps/ama/license.asp?file=/NationalCorrectCodInitEd/downloads/MCR_MUE_DMESupplierServices.zip (Note: This file will include HCPCS A-B, D-H, K-V codes at this time and will not just include HCPCS codes under DME MAC jurisdiction)

Questions and Answers

1	Q:	Can providers bill fractions of units given?
	A:	No, the dosing for drugs is always rounded up
2	Q:	How do Providers calculate the units given?
	A:	Example: J0207 Injection, amifostine, 500 mg – The Provider administers 350 mg and bills “1” unit. This is correct since the denominator cannot be broken down to < 500 mg and Providers are expected to round up since fractions are not accepted on the CMS 1500, 837P, UB-04 or 837I.
3	Q:	What happens if a Provider bills for more than the patient received?
	A:	If the administration records validate the Provider billed more units than what the patient received AND there is no documentation of drug waste, the claim line will be denied again.
4	Q:	What does the Provider need to do if he/she receives a complete denial of a “J” code?
	A:	The Provider may send in a reconsideration after he/she has validated the units on the claim are accurate. Medication administration records must accompany the reconsideration form.
5	Q:	When does my claim get edited?
	A:	Claims are reviewed before they are paid (called prepayment review).
6	Q:	What is the CMS MUE program?
	A:	The CMS MUE program was developed to reduce the paid claims error rate for Medicare claims. MUEs are designed to reduce errors due to clerical entries and incorrect coding based on anatomic considerations, HCPCS/CPT code descriptors, CPT coding instructions, established CMS policies, nature of a service/procedure, nature of an analyte, nature of equipment, and unlikely clinical treatment.
7	Q:	How are claims adjudicated with MUEs?
	A:	UnitedHealthcare Medicare and Retirement adjudicates MUEs against each line of a claim rather than the entire claim. Thus, if a HCPCS/CPT code is reported on more than one line of a claim by using CPT modifiers, each line with that code is separately adjudicated against the MUE. The entire claim line is denied if the units of service on the claim line exceed the MUE value. Since claim lines are denied, the denial may be appealed.

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8	Q:	How do I report medically reasonable and necessary units of service in excess of an MUE?
	A:	Since each line of a claim is adjudicated separately against the MUE of the code on that line, the appropriate use of CPT modifiers to report the same code on separate lines of a claim will enable a provider/supplier to report medically reasonable and necessary units of service in excess of an MUE. CPT modifiers such as -76 (repeat procedure by same physician), -77 (repeat procedure by another physician), anatomic modifiers (e.g., RT, LT, F1, F2), -91 (repeat clinical diagnostic laboratory test), and -59 (distinct procedural service) will accomplish this purpose. Modifier -59 should be utilized only if no other modifier describes the service.
9	Q:	How are claim lines adjudicated against an MUE for a repetitive service reported on a single claim line?
	A:	If a provider reports repetitive services over a range of dates on a single line of a claim with multiple units of service, the provider should report the "from date" and "to date" on the claim line. UnitedHealthcare Medicare and Retirement will divide the units of service reported on the claim line by the number of days in the date span and round to the nearest whole number. This number is compared to the MUE for the code on the claim line.

References Included (but not limited to):

CMS Transmittals

Transmittal 652, Change Request 6712, Dated 03/17/2010 (Medically Unlikely Edits (MUEs))
 Transmittal 949, Change Request 7418, Dated 08/12/2011 (Implementation of a Correction of Initial Default Values for Medically Unlikely Edits (MUEs))
 Transmittal 1386, Change Request 5824, Dated 11/30/2007 (Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 14.0, Effective January 1, 2008)

UnitedHealthcare Medicare Advantage Coverage Summaries

Chemotherapy, Associated Drugs & Treatments
 Medications/Drugs (Outpatient/Part B)

UnitedHealthcare Reimbursement Policies

Multiple Procedure Payment Reduction (MPPR) for Surgical Procedures
 Intravenous Immune Globulin for the Treatment of Mucocutaneous Blistering Diseases (250.3)
 Anti-Cancer Chemotherapy for Colorectal Cancer (NCD 110.17)

MLN Matters

Article MM5824, Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 14.0, Effective January 1, 2008

Others

CMS Medical Learning Network: How to Use the Medicare National Correct Coding Initiative (NCCI) Tools
 National Correct Coding Initiative's (NCCI) General Correspondence Language And Section-Specific Examples (For NCCI Procedure To Procedure (PTP) Edits And Medically Unlikely Edits (MUE))
 National Correct Coding Initiative Edits, CMS website

MUE Dosage Resources:

- Drugs & Biologicals: Maximum Allowed Units (MAUs) - Palmetto GBA Medicare - August 2010 [REF #2]
- Palmetto GBA Jurisdiction 11 Part B: Drugs & Biologicals: Maximum Allowed Units (MAU) [REF #3]
- GBA Medicare Part B Advisory - Palmetto - January 2009 Update [REF #4]
- GBA Medicare J11 Part A Advisory - Palmetto - January 2011 Update [REF #5]
- GBA Medicare Part B Advisory - Palmetto - January 2011 Update [REF #6]
- GBA Medicare Part B Advisory - Palmetto - April 2011 Update [REF #7]
- GBA Medicare Part B Advisory - Palmetto - February 2011 Update [REF #8]
- GBA Medicare Part B Advisory - Palmetto - June 2013 Update [REF #9]
- GBA Medicare Part B Advisory - Palmetto - August 2009 Update [REF #10]
- GBA Medicare Part B Advisory - Palmetto - February 2010 Update [REF #11]
- GBA Medicare Part B Advisory - Palmetto - November 2010 Update [REF #12]

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- GBA Medicare Part B Advisory - Palmetto - November 2010 Update [REF #13]

History

Date	Revisions
02/11/2014	Administrative updates
02/10/2014	Administrative updates
02/07/2014	Administrative updates
02/06/2014	Administrative updates
02/05/2014	Administrative updates
01/31/2014	Administrative updates
01/15/2014	Administrative updates
01/10/2014	Administrative updates
12/18/2013	Administrative updates
11/13/2013	Administrative updates
10/17/2013	Administrative updates
10/15/2013	Administrative updates
10/08/2013	Administrative updates
09/25/2013	Administrative updates
09/23/2013	Administrative updates
09/11/2013	Re-review of the policy approved by MPRC
09/06/2013	Administrative updates
11/16/2011	Administrative updates
05/01/2011	Policy revised
04/15/2011	Units changed from 119u to 150u on J1453 with retro effective date 11/01/2010
11/30/2010	Units changed from 90u to 120u on J9055 and 10u to 20u on J9395
11/01/2010	Policy written and published