

CMS and Medically Unlikely Edits

In 2007, the Centers for Medicare and Medicaid Services (CMS) established Medically Unlikely Edits (MUE) to reduce the Medicare Fee-For-Service paid claims error rate. An MUE is defined as the maximum number of service units, in most circumstances, permitted per provider, per Current Procedural Term (CPT) code, on the same date of service for a specific patient. In the vast majority of claims, the MUE is also the maximum number of units of service permitted by CMS for reimbursement per CPT code. Recently, CMS published MUEs for allergy testing and immunotherapy (see link below); and, for payers that process reimbursement like CMS, their claims may reflect these MUE edits also.

(<https://www.cms.gov/apps/ama/license.asp?file=/Medicare/Coding/NationalCorrectCodInitEd/downloads/2016-07-01-MCR-MUE-PractitionerServices.zip>)

Click the link below for the list of edits and units allowed, related to allergy testing and immunotherapy, as indicated by CMS.

(<http://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20Management/finances-coding/Medically-Unlikely-Edits.pdf>)

From previous publications, CMS has increased the number of patch test (CPT 95044) permitted to 80; in addition, ***immunotherapy (CPT 95165) is also standardized in some cases for a maximum number of units permitted, with testing codes now standardized, too.***

In processing claims, you will note that the MUEs are adjudicated as claim line edits, where the units of service on each claim are compared to the MUE value, specific to the CPT code. If the Unit of Service (UOS) exceeds the MUE value, all UOS specific to that claim line item will be denied. If the MUE is adjudicated as a Date of Service (DOS) MUE, all UOS, specific to each claim line for the same date of service, for the same CPT code, will be denied. Typically, DOS MUEs are generated for specific CPT codes, in circumstances where the same patient receives more than the maximum UOS, permitted by the MUE.

MUE files include indicators to inform the provider of what edit is applicable. These indicators are:

- “1” to indicate that the edit is a claim line MUE;
- “2” or “3” to indicate that the edit is a DOS MUE.

The MUE edits and the Medical adjudication indicator are based on the following:

1. Anatomical considerations – units of service may be limited based on structures;
2. CPT Code Descriptors - may limit units of service;
3. CMS policies - may limit units of service;
4. Clinical judgement considerations and determinations - based on input from physicians and certified coders may limit units of service;
5. Submitted claims data - a six month time-frame is used to ascertain the distribution pattern of UOS typically billed for a given CPT code.

You may appeal denials to your local Medicare Area Contractor (MAC) due to a claim line MUE or DOS MUE.