

The Mystery of MUEs Unraveled



Have you ever had a claim denied because of the number of units billed? If so, the claim likely conflicted with the Medically Unlikely Edits (MUE) table. MUEs were developed by CMS to reduce the claims paid in error and represent the maximum number of units for a service that a physician would report under most circumstances for a patient on a single date of service. The denial occurs when a physician bills more units for a HCPCS/CPT code than is listed on the MUE table. The MUE table consists of 4 columns:

Column 1: CPT code

Column 2: Maximum units allowed. Any units billed in excess of the number of units in this column will need to be billed in a specific format to be payable (see example).

Column 3: MUE Adjudication Indicator (MAI) indicates how the edit is applied (claim line or date of service level), and if units billed over the MUE are payable, appealable, or never paid.

- **MAI 1** – claim line edit; indicates the MUE units allowed will be compared to each claim line only (not for the entire date of service). As long as the number of units on each claim line does not exceed the MUE, the units should be paid and no modifier is needed. For example, if the MUE was 7, and 30 units were billed, as long as no more than 7 units were billed on a single claim line, all 30 units would pay (5 claim lines would need to be billed: lines 1-4 with 7 units, line 5 with 2 units).
- **MAI 2** – date of service edit; indicates the units billed on the entire date of service will be compared to the MUE (not per claim line). Units in excess of the MUE should be reported on separate lines with a modifier *but are not appealable and will never be paid* because this MAI indicates it is impossible to exceed the MUE. For Example, a knee replacement could not be billed with 3 units, as a person only has 2 knees.
- **MAI 3** - date of service edit; indicates the units billed on the entire date of service will be compared to the MUE (not per claim line). Units in excess of the MUE are unlikely, but in rare circumstances can be billed on separate lines with a modifier, and units denied can be appealed with documentation to justify the additional units. For example, the MUE for a biopsy of an organ may be 7, but circumstances warranted that 10 biopsies be taken. If billed correctly and with proper justification, the additional 3 units may be paid (see example).

Column 4: MUE Rationale providing the underlying basis for each MUE; indicates the justification for the MUE value in column 2.

(cont.)

MUE Table:

HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator (MAI)	MUE Rationale
26645	1	2 Date of Service Edit: Policy	CMS Policy
26700	3	3 Date of Service Edit: Clinical	Clinical: Data
96360	1	1 Line Edit	Code Descriptor / CPT Instruction

To be paid for the maximum units allowed by the MUE, and units in excess of the MUE (if MAI1 or MAI3), it is necessary to bill them correctly. Otherwise, only 1 unit will pay, or none, regardless of the units allowed by the MUE.

Example: CPT 26700: MUE of 3; MAI3 indicator; 5 units were performed

Bill on 1 claim line the number of units up to the MUE. Bill the remaining units on separate lines with an appropriate modifier (modifier 59 is used for illustrative purposes only).

26700 x 3 units

26700-59 x 2 units

When billed in this fashion, for MAI1 codes, all 5 units should pay. For MAI3 codes, 3 units should pay (MUE = 3) and the other 2 units will likely need to be appealed.

If all 5 units are billed on 1 line (26700 x 5 units), only 1 unit, or possibly none, will be paid and appeals will likely be unsuccessful. A corrected claim should be submitted, then appealed or adjusted based on the MAI indicator.

MUE tables: <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>

CMS Guide: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/How-to-Use-NCCI-Tools.pdf>

MLN Matters: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8853.pdf>

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