# Medically Unlikely Edits (MUE) Policy, Professional and Facility for Louisiana

***IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY***

*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 Community Plan reimbursement policies uses 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. 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 reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.*

***Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.***

*Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan 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.*



## Application

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**
This reimbursement policy applies to services reported using the either the 1500 Health Insurance Claim Form (a/k/a CMS-1500) and UB04 Form or their electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

## Policy

### Overview

Medically Unlikely Edits (MUEs) define for many HCPCS / CPT codes the maximum allowable number of units of service by the same provider, for the same beneficiary, for the same date of service, on the same claim line. Reported units of service greater than the MUE value are unlikely to be correct (e.g., a claim for excision of more than one gallbladder or more than one pancreas). For Professional claims, billed claim lines with a unit-of-service value greater than the established MUE value for the HCPCS / CPT code are denied payment for units above the MUE value.
For Facility claims, when claim lines with a unit-of-service value greater than the established MUE value for the HCPCS / CPT code are reported, all units on the claim line will be denied.

For the purpose of this policy, the same individual physician or other qualified health care professional is the same individual rendering health care services reporting the same Federal Tax Identification number.

### Reimbursement Guidelines

Section 6507 of the Affordable Care Act requires each State Medicaid program to implement compatible methodologies of the NCCI, to promote correct coding, and to control improper coding leading to inappropriate payment. Specifically, section 6507 of the Affordable Care Act amends section 1903(r) of the Social Security Act (the Act). Section 1903(r)(4) of the Act, as amended, required that CMS notify States by September 1, 2010, of the NCCI methodologies that are

"compatible" with claims filed with Medicaid, in order to promote correct coding and to control improper coding leading to inappropriate payment of claims under Medicaid.
States were required to incorporate these methodologies for Medicaid claims filed on or after October 1, 2010.
The NCCI methodologies include both NCCI Procedure-to-Procedures (PTP) edits and Medically Unlikely Edits (MUEs).
The MUE files on the Medicaid.gov NCCI and the CMS.gov NCCI websites contain a column labeled "MUE Rationale" for each HCPCS/CPT code. One of the listed rationales is "Medicaid Data." This rationale indicates that 100% Medicaid claims data from a six month period of time was the major factor in determining the MUE value. If a provider receives a denial for a HCPCS/CPT code where the MUE is based on "Medicaid Data," the denial may be appealed. Medical record documentation should support that (1) the correct code is reported; (2) the correct units of service (UOS) is utilized; (3) the number of reported UOS were performed; and (4) all UOS were medically reasonable and necessary.
The NCCI manuals and files containing the assigned MUE values can be accessed via the links below:

CMS National Correct Coding Initiative (NCCI) Medicaid

LA has an exception for 90472 and H0015; Code 0361T may be allowed up to 8 units of this service; Code 77417 allows up to 4 units per day.

UnitedHealthcare Community Plan will follow the CMS MUE values before any other Maximum Frequency Per Day (MFD) criteria is applied. If there is not a CMS MUE value or the CMS MUE value is not exceeded, then the UnitedHealthcare Community Plan Maximum Frequency Per Day Policy will be followed.

## Questions and Answers

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| 1 | **Q:** "Upon analysis by States, what if an edit is found to be in conflict with a State law or regulation, but is currently included within an NCCI methodology?"<br><br>**A:** "CMS allows States to consider edits on an individual State-by-State basis. If a State determines that some portion of the 1.3 million edits in the Medicaid NCCI methodologies conflict with one or more State laws, regulations, administrative rules, or payment policies, CMS may allow a State to deactivate the conflicting edit(s). States are not afforded the flexibility to deactivate edits after March 31, 2011, because of a lack of operational readiness. The first time that a State requests CMS approval for the State to deactivate a Medicaid NCCI edit, the State must submit to its CMS Regional Office a Medicaid NCCI Advance Planning Document (APD) with sufficient primary source documentation of the State law, regulation, administrative rule, or payment policy the edit conflicts with. Subsequent requests do not require an APD."<br>From: Questions and Answers Section 6507 of the Affordable Care Act, NCCI Methodologies August 2010 Updated January 2012 |

## Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology ( CPT® ) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

CMS transmittal http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1421OTN.pdf

## History

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| **2/25/2020** | State Exceptions section: Removed state exceptions professional grid, including all state exceptions previously referenced, and moved current LA exceptions to the Reimbursement Guidelines section; removed state exceptions section (facility)<br>History section: Entries prior to 2/25/2020 archived |
| **2/16/2015** | Policy Posted for UnitedHealthcare Community & State; previously included in the Maximum Frequency Per Day Policy |

 