

Description:

These edits audit professional claims using the Practitioner Services MUE table data published quarterly by CMS and found at <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE>. The rule allows payment of submitted quantities up to the MUE limit and denies the remainder.

Medically Unlikely Edits (MUE) are intended to limit the number of times a procedure can be billed on a single date of service. The Centers for Medicare and Medicaid Services (CMS) developed the MUE program to reduce the paid claims error rate for Part B claims. The limit reflects the total number of times it is clinically possible or clinically reasonable to perform a given procedure on a single date of service across all anatomic sites. Many commercial payers have also adopted the program for consistency and to control medical claim costs.

BE AWARE of CMS restrictions on MUE limits. Check the MUE Adjudication Indicator (MAI) on the appropriate CMS file before submitting excess units. Where a code's MAI = 2, CMS considers excess units as impossible and billing these units as contrary to Medicare statute, regulations, or guidance. Where a code's MAI = 3, excess units may be paid on formal appeal where medical necessity is proven.

Modifiers:

The medical record may demonstrate that units above the MUE limit are appropriate. **To expedite payment**, you may use modifiers (e.g., -59, -76, -77, -91, anatomic) to report reasonable and necessary units above the MUE limit as shown in the examples below.

Examples:

For illustration purposes only: codes subject to change

Claim #1

The medical record demonstrates that one additional unit for code 42500 (MUE limit = 2) is appropriate as a separate and distinct procedure.

Line	Code	Description	Units	Modifier	Result
1	42500	PLASTIC REPAIR OF SALIVARY DUCT ...	2	None	Line pays.
2	42500	PLASTIC REPAIR OF SALIVARY DUCT ...	1	-59	Line pays.

Claim #2

The medical record demonstrates that two additional units for code 87070 (MUE limit = 3) is appropriate as a repeat clinical laboratory test.

Line	Code	Description	Units	Modifier	Result
1	87070	Culture bacterial any other source ...	3	None	Line pays.
2	87070	Culture bacterial any other source ...	2	-91	Line pays.

Bilateral Procedures and MUE Limits:

Bilateral procedures submitted on two claim lines may generate an MUE limit denial. For example, code 27405 is a bilateral procedure with an MUE limit = 1. If submitted on two claim lines, the MUE edit applies:

Line	Code	Description	Units	Modifier	Result
1	27405	Repair primary torn knee ligament ...	1	-LT	Line pays, but NOT with bilateral adjustment because modifier 50 is excluded.
2	27405	Repair primary torn knee ligament ...	1	-RT	Line denies because the MUE limit was reached on line 1.

To expedite payment, submit the bilateral procedure as:

Line	Code	Description	Units	Modifier	Result
1	27405	Repair primary torn knee ligament ...	1	-50	Line pays. Bilateral adjustment properly calculated due to inclusion of modifier 50.

Providers are responsible for accurately reporting services with the correct CPT and/or HCPCS codes and for appending applicable modifiers as appropriate based on medical record review. Providers should be familiar with AMA/CPT coding instructions as well as CMS code editing logic and submit claims that comply with existing guidelines.

