



Viewing Max Units and CMS Medically Unlikely Edits in the WCMBP System

A Medically Unlikely Edit (MUE) associated with a Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) code is the maximum number of service units that is expected to be submitted for a single claimant on a single date of service. Not all HCPCS or CPT codes have an MUE. Centers for Medicare and Medicaid Services (CMS) publishes MUEs on their website (referred to as CMS MUE hereafter).

Department of Labor (DOL) staff can access the CMS MUEs within the WCMBP System for durable medical equipment (DME) Suppliers, Practitioners, and Outpatient Hospital Services. The bill adjudication process considers both DOL Max Units and CMS MUEs. This quick reference guide (QRG) explains how to view the Max Units and CMS MUEs and their impact to the bill adjudication process.

1. Log in to the **WCMBP System** and select **DOL Reference View Only** from the **Profile** drop-down list.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE ✓

Select a profile to use during this session:

Profile: *

Favorite:



Viewing Max Units and CMS Medically Unlikely Edits in the WCMBP System

2. Select **Go**.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMS™
HCE ✓

Select a profile to use during this session:

Profile: DOL Reference View Only *

Favorite:

3. Select the **Reference** drop-down list on the **My Inbox** page in the header ribbon.

The screenshot shows the eCAMS HCE system interface. The header ribbon contains several dropdown menus: My Inbox, Provider, Bills, Reference (highlighted with a red box), Claimant, Rate Settings, and Payment. Below the header ribbon, the user profile is displayed as 'Profile: DOL Bills View Only'. The main content area shows the 'MyInbox' page with a 'Close' button and a 'Manage Alerts' button. Below these are two sections: 'My Reminders' and 'Your Recent Online Activities', both with dropdown arrows.



Viewing Max Units and CMS Medically Unlikely Edits in the WCMBP System

4. Select **Proc/Svc List code** from the **Reference** drop-down list.

The screenshot shows the eCAMS HCE interface. At the top, there are navigation tabs: My Inbox, Provider, Bills, Reference, Claimant, Rate Settings, and Payment. The Reference tab is selected, and a dropdown menu is open. The menu items are: APC/EAPG CODES (with sub-items APC Inquiry and APC/EAPG List Codes), DRG CODES (with sub-items DRG List Code and DRG Inquiry), DIAGNOSIS CODES (with sub-item Diagnosis List Code), MODIFIER CODES (with sub-item Modifier List Code), NDC CODES (with sub-item NDC List Code), and PROC/SVC CODES (with sub-items Proc/Svc List Code and Fee Schedule Calculator). The Proc/Svc List Code option is highlighted with a blue box.

5. Select **Proc/Svc Code** from the **Filter By** drop-down list and enter a five-digit procedure code in the next field.

The screenshot shows the eCAMS HCE interface for Proc/Svc Codes. At the top, there are navigation tabs: My Inbox, Proc/Svc List. Below the tabs, there are buttons: Close, Add, Approve, and Reject. The Proc/Svc Codes section is active. The Filter By dropdown is set to Proc/Svc Code, and the value 99408 is entered in the adjacent text field. Below the filter, there are buttons: Go, Clear Filter, Save Filter, and My Filters. A table of Proc/Svc Codes is displayed below the filter.

<input type="checkbox"/>	Proc/Svc Code ▲▼	Description ▲▼	Category ▲▼	Status ▲▼	Start Date ▲▼	End Date ▲▼	Effective Date ▲▼
<input type="checkbox"/>	00002	RMO REIMBURSEMENT,AMOUNT > \$1400.00	CPT-4 Code	Approved	01/01/1974	03/31/1989	01/01/1974
<input type="checkbox"/>	00003	PHYSICAL STATUS - MILD SYSTEMIC DISEASE	CPT-4 Code	Approved	01/01/1974	06/30/2024	01/01/1974
<input type="checkbox"/>	00004	RMO REIMBURSEMENT,AMOUNT <OR = \$1400.00	CPT-4 Code	Approved	01/01/1974	03/31/1989	01/01/1974
<input type="checkbox"/>	00005	PHY. STATUS SEVERE SYS DIS LIFE THREAT	CPT-4 Code	Approved	01/01/1974	12/31/2999	01/01/1974



Viewing Max Units and CMS Medically Unlikely Edits in the WCMBP System

6. Select Go.

HCE Profile: DOL Bills View Only External Links Help Logout

MyInbox > Proc/Svc List

Close Add Approve Reject

Proc/Svc Codes

Filter By: Proc/Svc Code 99408 * And

Go Clear Filter Save Filter My Filters

Proc/Svc Code	Description	Category	Status	Start Date	End Date	Effective Date
00002	RMO RIEMBURSEMENT,AMOUNT > \$1400.00	CPT-4 Code	Approved	01/01/1974	03/31/1989	01/01/1974
00003	PHYSICAL STATUS - MILD SYSTEMIC DISEASE	CPT-4 Code	Approved	01/01/1974	06/30/2024	01/01/1974
00004	RMO REIMBURSEMENT,AMOUNT <OR = \$1400.00	CPT-4 Code	Approved	01/01/1974	03/31/1989	01/01/1974
00005	PHY. STATUS SEVERE SYS DIS LIFE THREAT	CPT-4 Code	Approved	01/01/1974	12/31/2999	01/01/1974

7. Select the Proc/Svc Code link.

HCE Profile: DOL Bills View Only External Links Help Logout

MyInbox > Proc/Svc List

Close Add Approve Reject

Proc/Svc Codes

Filter By: Proc/Svc Code 99408 * And

Go Clear Filter Save Filter My Filters

Proc/Svc Code	Description	Category	Status	Start Date	End Date	Effective Date
99408	AUDIT/DAST 15-30 MIN	CPT-4 Code	Approved	01/01/2008	12/31/2999	01/01/2008

View Page: 1 Go Page Count Viewing Page: 1 First Prev Next Last

SaveToCSV



Viewing Max Units and CMS Medically Unlikely Edits in the WCMBP System

The **Proc/Svc Code Details** page displays the details pertaining to the procedure code.

HCE Profile: DOL Bills View Only External Links Help Logout

MyInbox > Proc/Svc List > Proc/Svc General

Proc/Svc Code ID: 99408 Name: AUDIT/DAST 15-30 MIN

Close Save View History Show

Proc/Svc Details

Proc/Svc Code: 99408 Category: CPT-4 Code

Short Description: AUDIT/DAST 15-30 MIN *

Long Description: ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES *

Units: 0.00 * Unit Type: US-Units of Service *

Gender: B-Both * End Date: 12/31/2999 *

Start Date: 01/01/2008 Effective Date: 01/01/2008 Status: Approved

Add Approve Reject

Associated Procedure Other Detail

Filter By: [] [] [] Go

<input type="checkbox"/>	Program ▲▼	Claim Type ▲▼	Modifier Code ▲▼	Category ▲▼	Value ▲▼	Status ▲▼	Start Date ▲▼	End Date ▲▼	Effective Date ▲▼
<input type="checkbox"/>	AL-CORE	0-ALL		MODIFIER LEVEL	290	Approved	04/27/2020	12/31/2999	04/27/2020
<input type="checkbox"/>	BL-DCMWC	0-ALL		MODIFIER LEVEL	0	Approved	01/01/2008	04/26/2020	01/01/2008
<input type="checkbox"/>	EN-DEEOIC	0-ALL		MODIFIER LEVEL	353	Approved	01/01/2008	07/17/2010	01/01/2008
<input type="checkbox"/>	EN-DEEOIC	0-ALL		MODIFIER LEVEL	290	Approved	07/18/2010	02/26/2017	07/18/2010
<input type="checkbox"/>	EN-DEEOIC	0-ALL		MODIFIER LEVEL	290	Approved	02/27/2017	04/26/2020	02/27/2017

View Page: 2 Go + Page Count Viewing Page: 1 << First < Prev > Next >> Last

SaveToCSV



Viewing Max Units in the WCMBP System

1. To view the max units information for the selected procedure code, select **Show** at the top right of the page.

HCE Profile: DOL Bills View Only External Links Help Logout

MyInbox > Proc/Svc List > Proc/Svc General

Proc/Svc Code ID: 99408 Name: AUDIT/DAST 15-30 MIN

Close Save View History Show

Proc/Svc Details

Proc/Svc Code: 99408 Category: CPT-4 Code

Short Description: AUDIT/DAST 15-30 MIN

Long Description: ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES

Units: 0.00 Unit Type: US-Units of Service

Gender: B-Both

Start Date: 01/01/2008 End Date: 12/31/2999

Effective Date: 01/01/2008 Status: Approved

Add Approve Reject

Associated Procedure Other Detail

Filter By: [] [] [] Go

<input type="checkbox"/>	Program	Claim Type	Modifier Code	Category	Value	Status	Start Date	End Date	Effective Date
<input type="checkbox"/>	AL-CORE	0-ALL		MODIFIER LEVEL	290	Approved	04/27/2020	12/31/2999	04/27/2020
<input type="checkbox"/>	BL-DCMWC	0-ALL		MODIFIER LEVEL	0	Approved	01/01/2008	04/26/2020	01/01/2008
<input type="checkbox"/>	EN-DEEOIC	0-ALL		MODIFIER LEVEL	353	Approved	01/01/2008	07/17/2010	01/01/2008
<input type="checkbox"/>	EN-DEEOIC	0-ALL		MODIFIER LEVEL	290	Approved	07/18/2010	02/26/2017	07/18/2010
<input type="checkbox"/>	EN-DEEOIC	0-ALL		MODIFIER LEVEL	290	Approved	02/27/2017	04/26/2020	02/27/2017

View Page: 2 Go Page Count Viewing Page: 1 << First < Prev > Next >> Last

SaveToCSV



Viewing Max Units in the WCMBP System

2. To view max units, select **Proc/Svc Associations** from the **Show** drop-down list.

The screenshot shows the 'Proc/Svc Details' page for Proc/Svc Code ID: 99408, Name: AUDIT/DAST 15-30 MIN. The 'Show' dropdown menu is open, listing various options. 'Proc/Svc Associations' is highlighted in blue.

Proc/Svc Details

Proc/Svc Code: 99408
 Short Description: AUDIT/DAST 15-30 MIN
 Long Description: ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES
 Units: 0.00
 Gender: B-Both
 Start Date: 01/01/2008

Category:
 Associate Endo Base/Add-on Parent Code
 Associate Facility Type
 Associate Limit
 Associate MUE
 Associate Modifier
 Associate NDC
 Associate Surgical
 Associate Taxonomy
 Associated DME
 CCI
Proc/Svc Associations
 Proc/Svc Summary

The **Proc/Svc Associations** page displays Max Units and Max Dollar Thresholds.

The screenshot shows the 'Proc/Svc Associations' page for Proc/Svc Code ID: 99408, Name: AUDIT/DAST 15-30 MIN. The page displays a table of associated max units and dollar thresholds.

Associated Max Units/Max Dollar Threshold

Filter By: [] And [] Go

Clear Filter Save Filter My Filters

<input type="checkbox"/>	Program	Claim Type	Modifier Code	Max Units/Max Dollar Threshold	Age Range	Status	Start Date	End Date	Effective Date
<input type="checkbox"/>	FE-DFEC	0-ALL		1.0000	0 years through 900	Approved	01/01/2008	12/31/2999	01/01/2008
<input type="checkbox"/>	EN-DEEOIC	0-ALL		1.0000	0 years through 900	Approved	01/01/2008	12/31/2999	01/01/2008
<input type="checkbox"/>	BL-DCMWC	0-ALL		.0000	0 years through 900	Approved	01/01/2008	12/31/2999	01/30/2025

View Page: 1 Go Page Count SaveToCSV Viewing Page: 1

First Prev Next Last



Viewing CMS Medically Unlikely Edits in the WCMBP System

1. To view MUEs associated with the procedure code, select the **Show** drop-down list at the top right of the page.

The screenshot shows the top navigation bar with 'Profile: DOL Bills View Only', 'External Links', 'Help', and 'Logout'. Below is a breadcrumb trail: 'Proc/Svc List > Proc/Svc General > Proc/Svc Associations'. The main header displays 'Code ID: 99408' and 'Name: AUDIT/DAST 15-30 MIN'. Action buttons include 'Add', 'Approve', 'Reject', and a 'Show' dropdown menu. Below this is a section for 'Associated Max Units/Max Dollar Threshold' with search filters and a 'Go' button. A table lists associated programs with columns for Program, Claim Type, Modifier Code, Max Units/Max Dollar Threshold, Age Range, Status, Start Date, End Date, and Effective Date. The table contains three rows for DFEC, DEEOIC, and DCMWC. At the bottom, there are pagination controls including 'Page 1 of 1', 'Go', 'Page Count', 'SaveToCSV', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

2. To view the CMS MUE, select **Associate MUE** from the **Show** drop-down list.

This screenshot is identical to the previous one, but the 'Show' dropdown menu is open, displaying a list of options. The 'Associate MUE' option is highlighted with a red border. The other options in the dropdown include: 'Associate Dental Attributes', 'Associate Diagnosis', 'Associate Endo Base/Add-on Parent Code', 'Associate Facility Type', 'Associate Limit', 'Associate NDC', 'Associate Surgical', 'Associate Taxonomy', 'Associated DME', and 'Associated Modifiers'. The rest of the page content remains the same as in the previous screenshot.



Viewing CMS Medically Unlikely Edits in the WCMBP System

The **Associated MUE List** page displays the following:

- MUE Value
- MUE Adjudication Indicator (MAI)
- Service Category
- MUE Type
- Start Date
- End Date

HCE Profile: DOL Bills View Only External Links Help Logout

MyInbox > Proc/Svc List > Proc/Svc General > Proc/Svc Associations > Proc/Svc To MUE

Proc/Svc Code ID: 99408 Name: AUDIT/DAST 15-30 MIN

Close Show ▼

Associated MUE List ▲

Filter By : Go

Clear Filter Save Filter My Filters ▼

MUE Value ▲▼	MUE Adjudication Indicator ▲▼	Service Category ▲▼	MUE Type ▲▼	Start Date ▲▼	End Date ▲▼
0	3	PractitionerServices	CMS Public MUE	07/01/2018	12/31/2999
0	3	FacilityOutpatientHospitalServices	CMS Public MUE	07/01/2018	12/31/2999

View Page: Go Viewing Page: 1

Page Count SaveToCSV
First Prev Next Last



MUE Bill Adjudication Process

The Bill Adjudication lifecycle moves a bill with a processing **Status** of “Available for Edits Processing” from pricing to editing. The Medically Unlikely Edits (MUE) Bill Adjudication Process is described as follows.

Bill Processing Hierarchy

The bill is processed by using the first available configuration in the following order of hierarchy.

1. Max Unit
2. CMS MUEs

Max Unit = 0

- If the **Max Unit** is configured for bill date of service as **0**, it is interpreted as unlimited units allowed for the procedure code.
- The MUE check is bypassed.
- The bill *is paid to the maximum allowable amount*.

Max Unit = Greater than 0

- If billed units are less than or equal to Max Units, then no edit is posted and the bill *is paid to the maximum allowable amount*.
- If billed units are greater than Max Units, then Edit 90386 Pay and Report is posted. A cutback is applied, and the bill *is paid to the maximum allowable amount*.

Max Unit = Not Available or Blank

- If Max Unit is not available, CMS MUE is checked for the respective DME Supplier, Practitioner, or Outpatient Hospital services based on the service category determined.



Medically Unlikely Edits Bill Adjudication Process

If the Claim Type is...	And the billing provider has Provider Type...	And the Procedure Code used is...	And the Type of Bill is...	Then the Service Category is classified as...
Professional	other than 75	N/A	N/A	Practitioner
Professional	75	N/A	N/A	DME Supplier
Professional	10	DME	N/A	DME Supplier
Professional	10	Non-DME	N/A	DME Supplier
Outpatient	N/A	N/A	13X, 14X, or 85X	Outpatient Hospital Service

MUE Adjudication Indicator

The MUE Adjudication Indicator (MAI) determines whether bill history needs to be considered during adjudication

- If **MAI = 1**, bill history is *not required*.
- If **MAI = 2 or 3**, paid history bills will impact the adjudication.

Modifier 55

Any service line containing Modifier 55 (postoperative management) *will be exempt from MUE edits*. If the service line containing Modifier 55 *has billed units*:

- Less than or equal to Max Units, the bill is *paid to the maximum allowable amount*.
- Greater than Max Units, Edit 90386 will post and cutback applied to cap the paid bill units at the Max Units.
- If Max Unit is 0 or Not Available, the bill is *paid to the maximum allowable amount*.

Max Units = Not Available or Blank

CMS MUE = Greater than 0

- If billed units are less than or equal to CMS MUE, the bill is *paid to the maximum allowable amount*.
- If billed units are greater than CMS MUE, Edit 90966 (“Units not in CMS MUE range”) is posted and the bill is *denied in entirety* and units are not partially paid. The edit is included in the explanation of benefits (EOB) and remittance voucher (RV). (EOB/RV message: *Payment adjusted. Bill information submitted does not support service units/frequency.*)



Medically Unlikely Edits Bill Adjudication Process

If there are...	And if billed units...	The bill is...
No other bills submitted the same day for the same procedure code, Claimant, and Provider	Is less than or equal to CMS MUE	Paid to the maximum allowable amount
	Is greater than Public MUE	Denied. Edit 90966 (“Units not in CMS MUE range”) is posted and the bill is denied. This edit is included in the EOB and RV. (EOB/RV message: Payment adjusted. Bill information submitted does not support service units/frequency.)
Multiple bills submitted in the same day for the same procedure code and Claimant	If the previously adjudicated bills from the same day combined are less than or equal to CMS MUE	Paid to the maximum allowable amount
	If the previously adjudicated bills from the same day combined are greater than CMS MUE	<p>The number of units used by previous bills will be subtracted from the CMS MUE.</p> <ul style="list-style-type: none"> ▪ If the remaining number of units is less than the billed units in the current bill, Edit 90966 (“Units not in CMS MUE range”) will be posted and the bill is denied. This edit is included in the EOB and RV. (EOB/RV message: Payment adjusted. Bill information submitted does not support service units/frequency.) ▪ If no units remain, Edit 91966 (“Units not in CMS MUE range”) will post, and the bill is denied. This edit is included in the EOB and RV. (EOB/RV message: Payment adjusted. Bill information submitted does not support service units/frequency.)



Medically Unlikely Edits Bill Adjudication Process

Max Unit = Not Available or Blank

CMS MUE = 0

- Edit 90967 “CMS defined MUE Units are set to zero” is posted as pay and report, and the bill is *paid to the maximum allowable amount*.

MUE File Processing

Acentra Health receives a quarterly file from the DOL that includes Public and confidential MUE information. Acentra Health processes the file to add, update, or remove MUEs as indicated in the file.

- **Add MUE:** End date the Max Units when at least one MUE value is received in the quarterly CMS file except for the procedure codes where Programs approved to utilize Max Units. The Max Units end date will be MUE Start Date - 1 (Day Prior to MUE Start Date).
- **Update MUE:** End date the existing MUE record and add a new record with the new MUE values received in the file (Existing behavior).
- **Delete MUE:** End date the MUE record when the MUE is deleted. Add Max Units as “0” with Max Unit Start Date as MUE End Date + 1 (Day After the MUE End Date).