

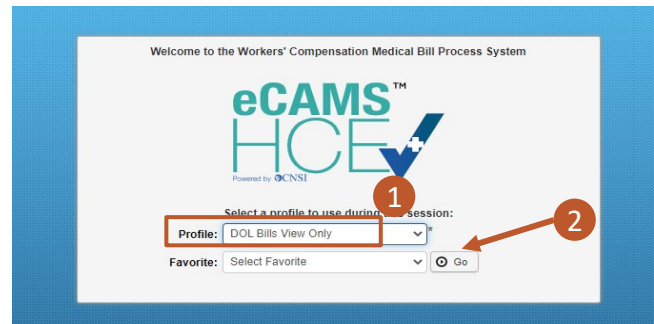


An MUE (Medically Unlikely Edit) for a HCPCS/CPT code is the maximum units of service that a Provider would report under most circumstances for a single claimant on a single date of service. Not all HCPCS/CPT codes have an MUE. Centers for Medicare and Medicaid Services (CMS) publishes MUEs on their website (referred to as CMS MUE hereafter).

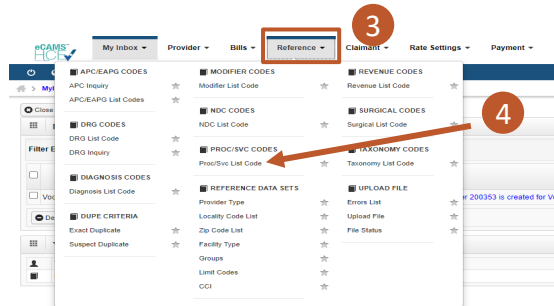
DOL Staff can now view the CMS MUEs in the WCMBP system for DME Supplier, Practitioner and Outpatient Hospital services. The bill adjudication process has been enhanced to reference DOL Max Units and CMS MUEs. The steps to view the Max Units and CMS MUEs and their impact to the bill adjudication process are outlined in this reference guide.

Viewing Max Units & CMS MUE in WCMBP System

1. Log in to the **WCMBP system** and select preferred **profile**. CMS MUEs can be viewed using all DOL profiles.
2. Select **Go**.



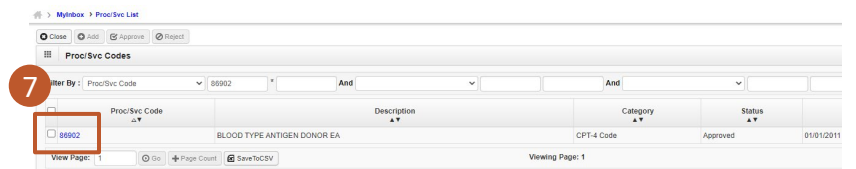
3. From the header list, click on **Reference**.
4. Select **Proc/Svc List code** from the drop-down menu.



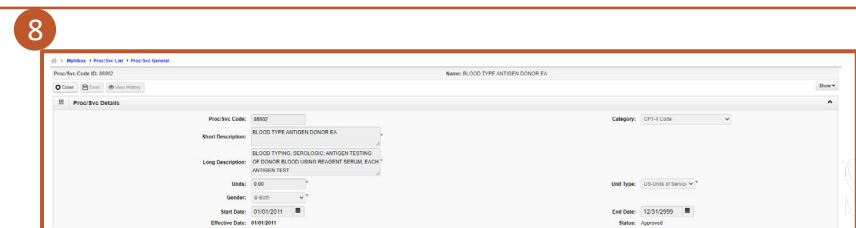
5. Use dropdown in **Filter By** to select **Proc/Svc Code** and enter a 5-digit procedure code in the next field.
6. Select **Go**.



7. Select **Proc/Svc Code** hyperlink.



8. The **Proc/Svc Code Details** page displays.





Viewing Max Units in WCMBP system (current functionality)

- 9. Click on **Show** button.
- 10. Select **Proc/Svc Associations**.

Proc/Svc Code ID: 86902 Name: BLOOD TYPE ANTIGEN DONOR EA

Proc/Svc Code: 86902 Category: CPT-4 Code

Short Description: BLOOD TYPE ANTIGEN DONOR EA

Long Description: BLOOD TYPING, SEROLOGIC, ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN TEST

Units: 0.00 Unit Type: US-Units of Service

Gender: B-Both Start Date: 01/01/2011 Effective Date: 01/01/2011

End Date: 12/31/2999 Status: Approved

- 11. The **Proc/Svc Associations** page displays.
- 12. The Max Units/Max Dollar Threshold are displayed here.

Proc/Svc Code ID: 86902 Name: BLOOD TYPE ANTIGEN DONOR EA

Program	Claim Type	Modifier Code	Max Units/Max Dollar Threshold	Age Range	Status	Start Date	End Date	Effective Date
<input type="checkbox"/> FE-DFEC	O-ALL		40.0000	0 years through 900	Approved	01/01/2011	12/31/2999	01/01/2011
<input type="checkbox"/> EN-DEEOIC	O-ALL		.0000	0 years through 999	Approved	01/01/2011	12/31/2999	01/01/2011
<input type="checkbox"/> BL-DCMWC	O-ALL		.0000	0 years through 999	Approved	01/01/2011	12/31/2999	01/01/2011

Viewing CMS MUEs in WCMBP system

- 13. Click on **Show** button.
- 14. Select **Associate MUE**.

Proc/Svc Code ID: 86902 Name: BLOOD TYPE ANTIGEN DONOR EA

Program	Claim Type	Modifier Code	Max Units/Max Dollar Threshold	Age Range	Status	Start Date	End Date	Effective Date
<input type="checkbox"/> FE-DFEC	O-ALL		40.0000	0 years through 900	Approved	01/01/2011	12/31/2999	01/01/2011
<input type="checkbox"/> EN-DEEOIC	O-ALL		.0000	0 years through 999	Approved	01/01/2011	12/31/2999	01/01/2011
<input type="checkbox"/> BL-DCMWC	O-ALL		.0000	0 years through 999	Approved	01/01/2011	12/31/2999	01/01/2011

- 15. Click on **Associated MUE List** page displays.
- The MUE Value, MAI, Service Category and MUE type are displayed here.

Proc/Svc Code ID: 86902 Name: BLOOD TYPE ANTIGEN DONOR EA

MUE Value	MUE Adjustment Indicator	Service Category	MUE Type	Start Date	End Date
40	3	Facility/Operator/Proc/Svc/Service	CMS Public MUE	04/01/2012	09/30/2015
5	3	Facility/Services	CMS Public MUE	04/01/2012	09/30/2015
40	3	Facility/Operator/Proc/Svc/Service	CMS Public MUE	09/30/2015	12/31/2999
5	3	Facility/Services	CMS Public MUE	09/30/2015	12/31/2999





Enhanced Bill Adjudication System

Bill Processing Hierarchy	<p>The bill is processed by utilizing the first available configuration in the following order of hierarchy.</p> <ol style="list-style-type: none"> 1. Max Unit 2. CMS MUEs
Max Unit = 0	<ul style="list-style-type: none"> • If Max Unit is configured 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	<ul style="list-style-type: none"> • If billed units are less than or equal to Max Units then no edit is posted, and bill is paid to the maximum allowable amount. • If billed units are more than Max Units then Edit 90386 is posted. A cutback is applied, and bill is paid to the maximum allowable amount (current functionality).
Max Unit = Not Available / Blank	<ul style="list-style-type: none"> • If Max Unit is not available, CMS MUE is checked for the respective DME Supplier /Practitioner/Outpatient Hospital services based on service category determined.
Service Category Determination	<p>The service category for MUE is determined as per below criteria:</p> <ul style="list-style-type: none"> • If Claim Type is Professional and billing provider has Provider Type as 75, the service category is classified as DME Supplier. • If Claim Type is Professional and billing provider is other than Provider Type 75, the service category is classified as Practitioner. • If Claim Type is Outpatient and Type of Bill is 13X or 14X or 85X, the service category is classified as Outpatient Hospital Service.
MUE Adjudication Indicator	<ul style="list-style-type: none"> • 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, bill history within 24 hours will impact the adjudication
Modifier 55	<ul style="list-style-type: none"> • Any service line containing Modifier 55 (postoperative management) will be exempt from MUE edits • If the service line containing Modifier 55 has billed units: <ul style="list-style-type: none"> • Less than or equal to Max Units, 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, bill is paid to the maximum allowable amount.





Enhanced Bill Adjudication System *(Continued)*

<p>Max Unit = Not Available / Blank CMS MUE = greater than 0</p>	<ul style="list-style-type: none"> • If billed units are less than or equal to CMS MUE, bill is paid to the maximum allowable amount. • If billed units are greater than CMS MUE, a new Edit 90966 (“Units not in CMS MUE range”) is posted and the bill is denied. The edit is included in EOB and RV. (EOB/RV message: <i>Payment adjusted. Bill information submitted does not support service units/frequency.</i>)
<p>Max Unit = Not Available / Blank CMS MUE = 0</p>	<ul style="list-style-type: none"> • Edit 90967 “CMS defined MUE Units are set to zero” is posted as pay and report and bill is paid to the maximum allowable amount.
<p>Max Unit = Not Available / Blank MAI = 2 or 3 CMS MUE = greater than 0</p>	<ul style="list-style-type: none"> • If no other bills submitted in the same day for the same procedure code, Claimant and Provider, and: <ul style="list-style-type: none"> • If billed units is less than or equal to CMS MUE, bill is paid to the maximum allowable amount. • If billed units is greater than Public MUE, a new 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: <i>Payment adjusted. Bill information submitted does not support service units/frequency.</i>) • If multiple bills submitted in the same day for the same procedure code and claimant, and: <ul style="list-style-type: none"> • If billed units of the previously adjudicated bills from the same day combined are less than or equal to CMS MUE, bill is paid to the maximum allowable amount. • If billed units of the previously adjudicated bills from the same day combined are greater than CMS MUE, the number of units utilized by previous bills will be subtracted from the CMS MUE <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 bill is denied. This edit is included in the EOB and RV. (EOB/RV message: <i>Payment adjusted. Bill information submitted does not support service units/frequency.</i>) • 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: <i>Payment adjusted. Bill information submitted does not support service units/frequency.</i>)
<p>Adjustments to bills processed before March 5, 2022</p>	<ul style="list-style-type: none"> • If a bill processed before 03/05/22 is adjusted causing a denial or overpayment: <ul style="list-style-type: none"> • Edit 10855 (“Cannot auto deny adjustment”) or Edit 10653 (“Adjustment results in an over payment”) will post. • The bill will be manually reviewed by CNSI and the MUE forced to edit

