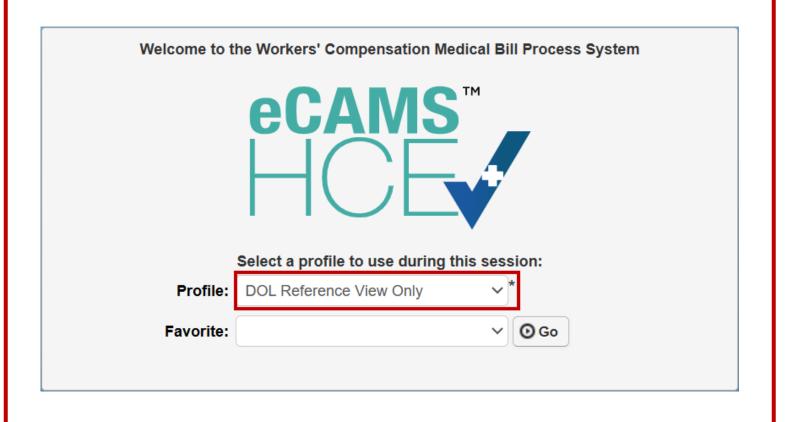


A Medically Unlikely Edit (MUE) associated with a Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) code is the maximum number of service units that is expected to be submitted for a single claimant on a single date of service. Not all HCPCS or CPT codes have an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

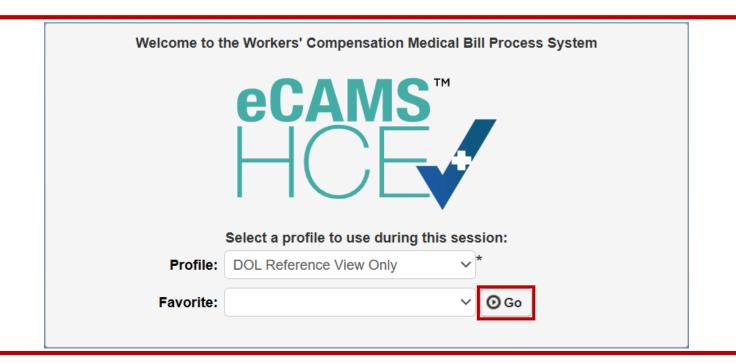
Department of Labor (DOL) staff can access the CMS MUEs within the WCMBP System for durable medical equipment (DME) Suppliers, Practitioners, and Outpatient Hospital Services. The bill adjudication process considers both DOL Max Units and CMS MUEs. This quick reference guide (QRG) explains how to view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

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

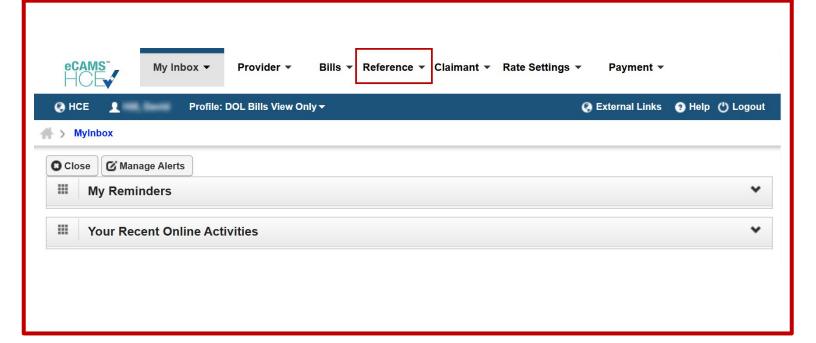




2. Select Go.

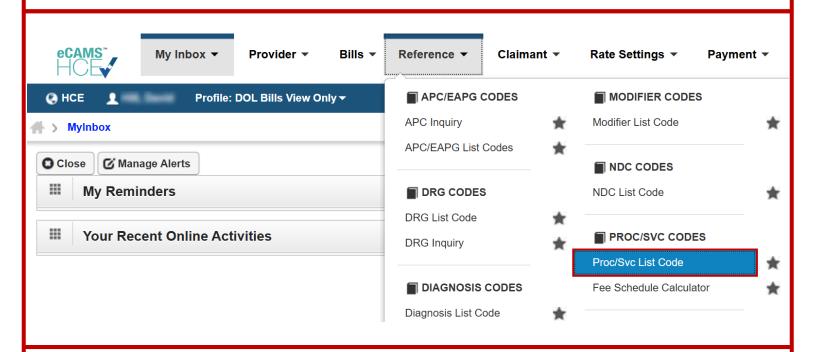


3. Select the **Reference** drop-down list on the **My Inbox** page in the header ribbon.

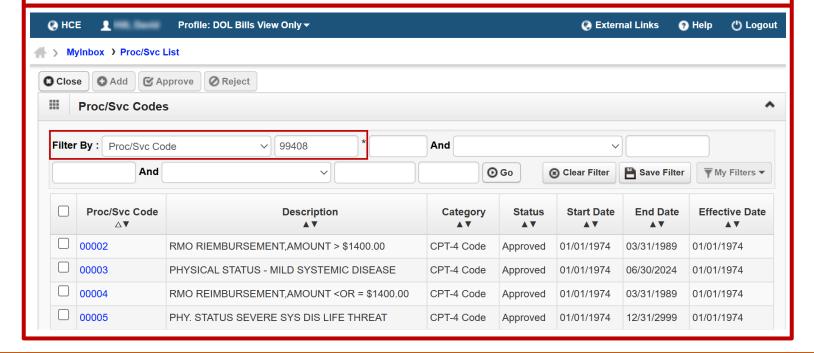




Select Proc/Svc List code from the Reference drop-down list.

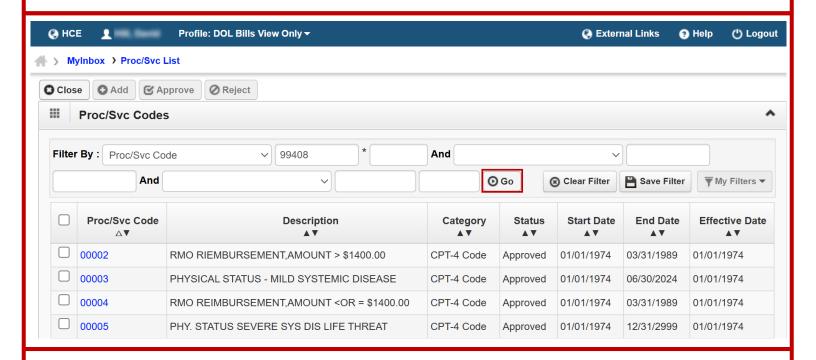


Select Proc/Svc Code from the Filter By drop-down list and enter a fivedigit procedure code in the next field.

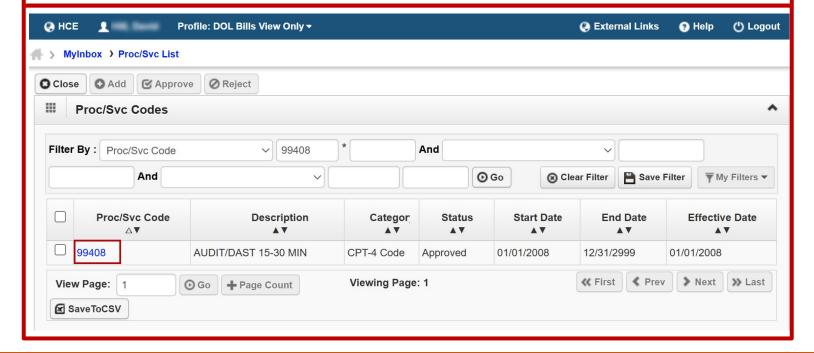




6. Select Go.

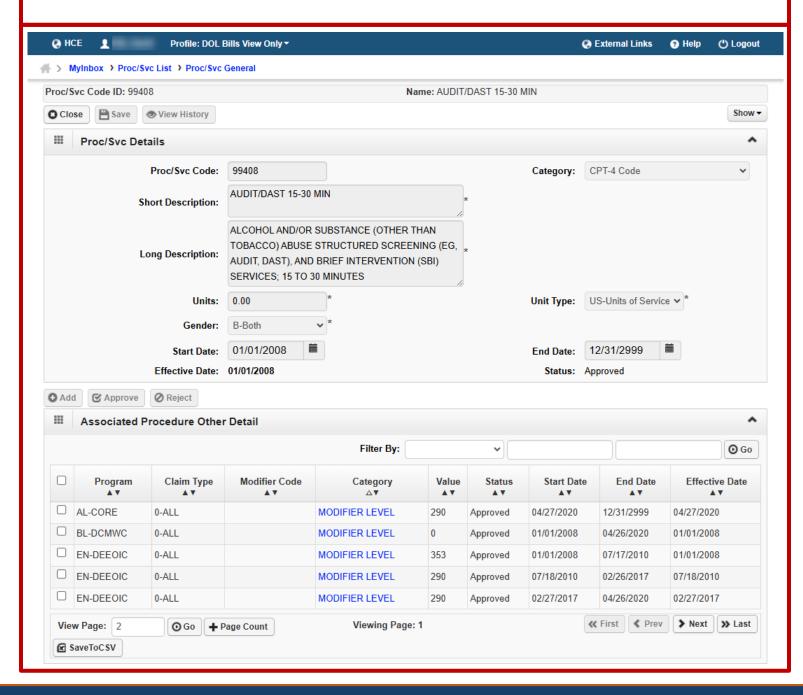


7. Select the **Proc/Svc Code** link.





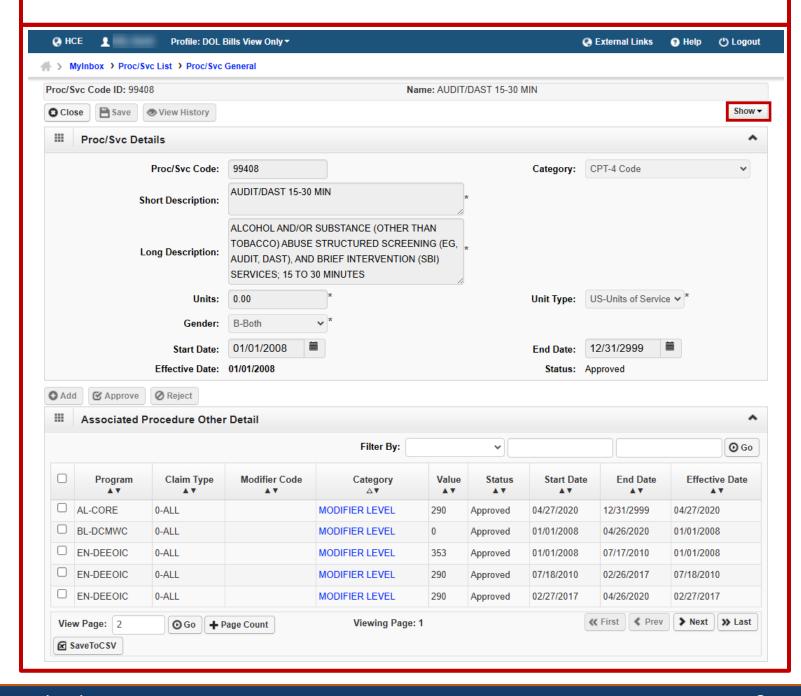
The **Proc/Svc Code Details** page displays the details pertaining to the procedure code.





Viewing Max Units in the WCMBP System

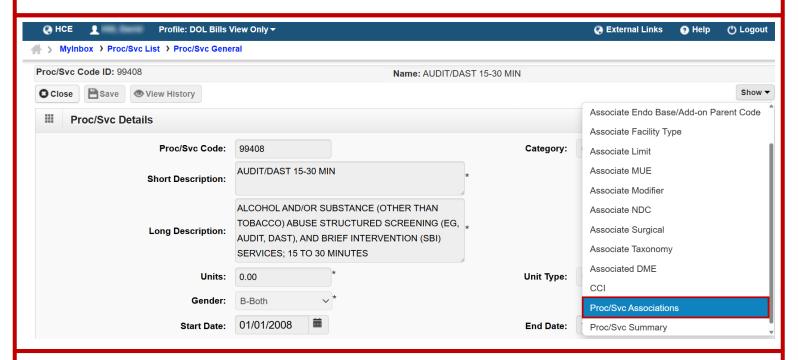
 To view the max units information for the selected procedure code, select Show at the top right of the page.



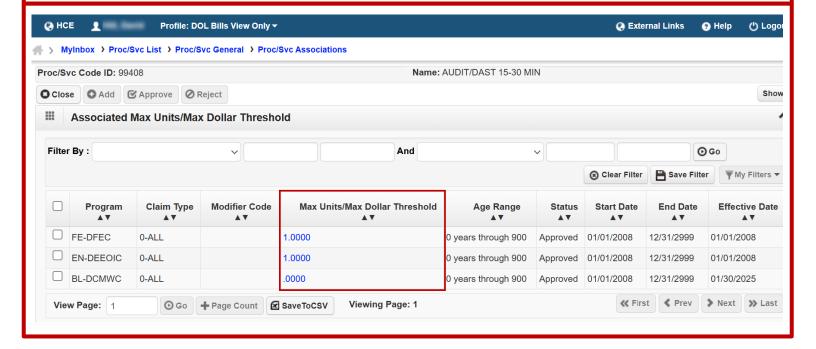


Viewing Max Units in the WCMBP System

To view max units, select Proc/Svc Associations from the Show dropdown list.



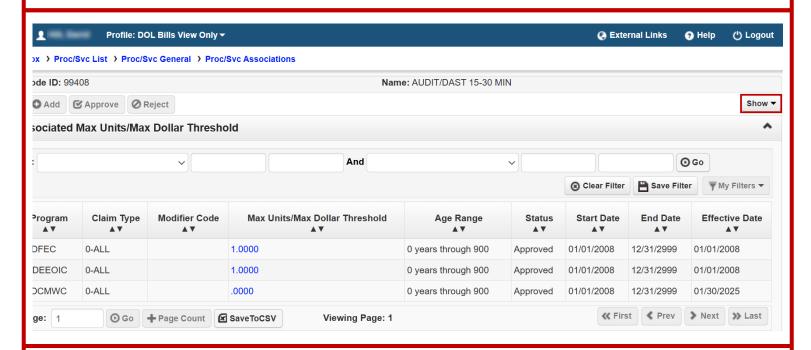
The **Proc/Svc Associations** page displays Max Units and Max Dollar Thresholds.



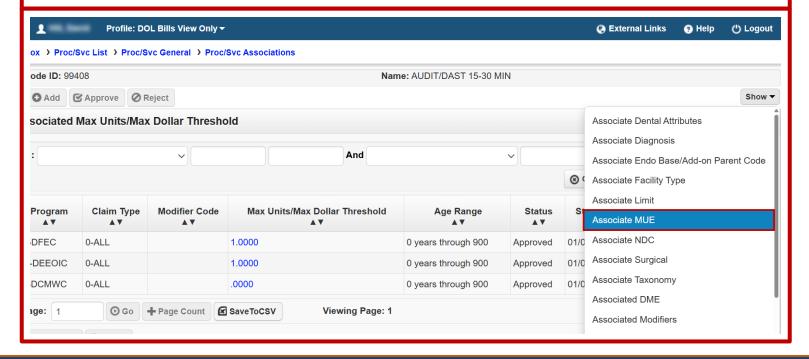


Viewing CMS Medically Unlikely Edits in the WCMBP System

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



To view the CMS MUE, select Associate MUE from the Show dropdown list.

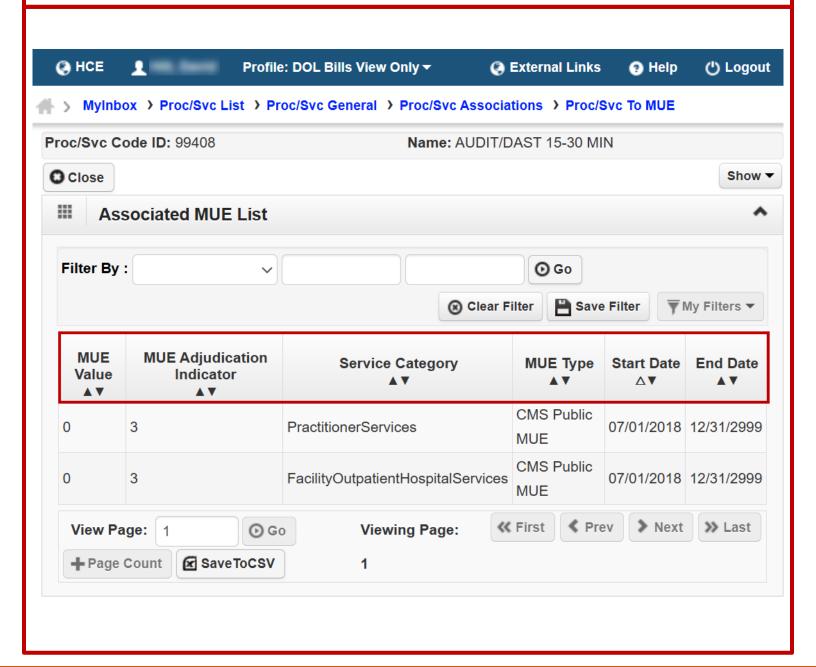




Viewing CMS Medically Unlikely Edits in the WCMBP System

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

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



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	
	Is less than or equal to CMS MUE	Paid to the maximum allowable amount	
No other bills submitted the same day for the same procedure code, Claimant, and Provider	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.)	
	If the previously adjudicated bills from the same day combined are less than or equal to CMS MUE	Paid to the maximum allowable amount	
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 greater than CMS MUE	The number of units used by previous bills will be subtracted from the CMS MUE. 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).