UnitedHealthcare Community Plan

Reimbursement Policy
CMS 1500 and UB04
Policy Number 2020R7117E

Medically Unlikely Edits (MUE) Policy, Professional and Facility

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.

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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

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.

State Exceptions – Professional (CMS-1500 claims)	
Arizona	Arizona Health Care Cost Containment System (AHCCCS) publishes a unit limit list specific to Arizona Medicaid. Arizona unit values are allowed even if they are greater than the CMS MUE values. If Arizona has not published a unit limit for a code, the MUE value will be followed.
California	California is exempt from MUE for code 90471. California has an MUE exception for codes: Codes 96150 and 96151 has a limit of 1 unit per day Codes 96152, 96153 and 96154 has a limit of 2 units per day Codes 96367 and 96375 has a limit of 3 units per day Code G0277 has a limit of 4 units per day Code 86235 has a limit of 5 units per day Code 96370 has a limit of 8 units per day
Florida	Per state regulations, a different unit value is allowed for the following codes: CPT 92507 and 92508 = 4 units allowed HCPCS H0031 = 80 units allowed HCPCS T1024 = 40 units allowed HCPCS T1030 and T1031 = 4 units allowed HCPCS H2010, T1020, T1021 and T2033 = no unit limit
Iowa	Iowa Medicaid requirements allows: No unit limit on codes 92507, 92508, S4993, and T1024 Daily limit of 24 units on HCPC T2018
Kansas	Per State Regulations: • All units on the claim line will be denied when the unit of service value is greater than the established MUE value. • Rural Health Centers, Federally Qualified Health Centers, and Indian Health Centers are exempt from MUE limits.

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<table>
<tr><td></td><td>• CPT codes 90472, 90474, 90882, and 97130 are exempt from MUE limits.
HCPCs codes S0316, S9460, T1502 and T2046 are exempt from MUE limits.</td></tr>
<tr><td>Missouri</td><td>MO utilizes its own list of units allowed per date of service. MO is exempt from this policy and does not use CMS MUE values.</td></tr>
<tr><td>Nebraska</td><td>Per State regulations, Nebraska Medicaid has exceptions to the following codes:
Allow 5 units per day on code H0015
Allow 4 units per day on code 99429 when billed with modifier EP</td></tr>
<tr><td>New Jersey</td><td>NJ has an exception for 97532 when billed with modifier U4 & U5; and 97535 & 97110 when billed with modifiers U2, U3, U4 or U5
New Jersey allows 8 units per day for code S8990
Due to State Regulations:
96101 has a daily limit of 6 units per day
96102 has a daily limit of 6 units per day
96103 has a daily limit of 6 units per day
96116 has a daily limit of 6 units per day
96118 has a daily limit of 6 units per day
96120 has a daily limit of 6 units per day
96125 has a daily limit of 6 units per day
96127 has a daily limit of 1 unit per day
96110 has a daily limit of 1 unit per day
96150 has a daily limit of 6 units per day
96151 has a daily limit of 4 units per day
96152 has a daily limit of 4 units per day
96153 has a daily limit of 4 units per day
96154 has a daily limit of 4 units per day
H0035 has a daily limit of 5 units per day</td></tr>
<tr><td>New York</td><td>New York has an exception for the following codes to be exempt from MUE: J7175, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7198, J7200, J7201, J7202, J7205, J7207 and J7209
Due to State requirements, HCPCS code A4575 is allowed 16 units per day.
Due to State Regulations, there is no daily limit for H0031 and H0032.
Due to State requirements, CPT code 97530 is allowed 8 units per day.
Due to State requirements CPT code 0403T is allowed 2 units per day.</td></tr>
<tr><td>North Carolina</td><td>North Carolina professional 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.</td></tr>
<tr><td>Ohio</td><td>• Ohio MME has an exception from CMS for codes 90792, 90863, H0001, H0007, H0016, and H0020 when billed in a place of service 53 to be exempt from MUE/MFD edit limits.
• Ohio professional 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.
• T2046 has a daily limit of 1 unit per day when billed by a hospice provider for room and board services when a member is receiving hospice services AND resides in a skilled nursing facility.</td></tr>
<tr><td>Pennsylvania</td><td>Pennsylvania has an exception from CMS for T1028 when billed with modifier HD to be exempt from the MUE limits.</td></tr>
<tr><td>Rhode Island</td><td>Rhode Island has an exception from CMS for code S9446 to be exempt from MUE edit limits.</td></tr>
<tr><td>Tennessee</td><td>TN has an exception on the following codes:
HCPCS codes H0031 and H0032 allows up to 96 units per day</td></tr>
</table>

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	Codes 95165 and 95170 are exempt from this policy when billed with and without modifier U1
Texas	Texas has an exception from the MUE edit limit for S5101 for all StarPlus, Star Kids, and MME. Texas has an exception for A4281, A4282, A4284, A4286, and H0005. Texas has an exception for H2014 to only allow 16 units. Texas has an exception for S5151 when billed with modifier U3, U7, UC, US and 99 to only allow 24 units. Texas exception for H0020 allowed when billed with modifier U1. Texas allows 1 unit per day for CPT and HCPC codes 97799, L8627, L8628 and L8629 Texas allows 3 units per day for CPT codes 97535 and 97537 0403T has a daily limit of 2 per day
Virginia	VA has an exception on the following codes: S9125 when billed with modifiers TD and TE limit of 24 units per day T1001 when billed with modifier U1 limit of 24 units per day T1030 when billed with modifier TD limit of 24 units per day T1031 when billed with modifier TE limit of 24 units per day H0005 with a limit of 24 units per day H0014 with a limit of 1 unit per day H0024 and H0025 with a limit of 16 units per day H0032 with a limit of 5 units per day H0035 when billed with modifier HA reported in place of service (pos) 03, 11, 22, or 53 with a limit of 3 units per day H0035 when billed with modifier HB reported in place of service (pos) 11, 22, or 53 with a limit of 3 units per day T1012 limit of 16 units per day T1015, T1015 U1 limit of 6 units per day T1024 limit of 6 units per day S9445 with a limit of 16 units per day S5126, T1023, T1023 U1 with a limit of 24 units per day
Washington	Per State regulations, Washington Medicaid has exceptions to the following codes: Code 95870 allows 5 units per day Codes S9430 & H0003 does not impose a daily limit Codes H0010 & H0016 do not impose a daily limit for Behavioral Health Code H0020 allows 2 units per day The following COVID19 codes do not impose a daily limit: 99001 & 99451
Wisconsin	Per State regulations, Wisconsin Medicaid has exceptions to the following codes: Allows 2 units per day on code 99082 Allows 24 units per day on code H0022 Allows 96 units per day on code H0005

State Exceptions – Facility (UB-04 claims)	
Arizona	Arizona Health Care Cost Containment System (AHCCCS) publishes a unit limit list specific to Arizona Medicaid. Arizona unit values are allowed even if they are greater than the CMS MUE values. If Arizona has not published a unit limit for a code, the MUE value will be followed.
Florida	Florida has an exception from CMS for CPT codes 92507 & 92508. Florida reimburses speech therapy in 15 minute time increments and allows a maximum of 4 units for each code.
Maryland	Maryland is exempt from MUE edits.

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Missouri	Missouri Medicaid requirements allow an MUE exception to CPT 92609 and 92507
New York	Free Standing Mental Hygiene facilities are exempt from MUE
Washington	WA Medicaid allows 2 units per day for CPT 87481

Questions and Answers

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?" **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." 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

4/19/2020	State exceptions section: Updated Washington
3/11/2020	Footer section: Updated copyright year from "2019" to "2020" State exceptions section (Professional): Removed reference to Louisiana Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the "Louisiana Only" policy
02/25/2020	State exceptions section: Updated Tennessee verbiage, replaced "GD" with "U1"
02/17/2020	State Exceptions: updated Texas and New York
1/1/2020	State Exceptions: updated Kansas, Louisiana and Washington Policy Version Change History prior to 1/1/2018 archived
12/1/2019	State Exceptions: updated Ohio
9/22/2019	State Exceptions: updated Nebraska
8/11/2019	State Exceptions: updated Michigan

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7/7/2019	State Exceptions: updated Tennessee State Exceptions Facility: added Missouri
7/5/2019	Annual Version Change
6/23/2019	State Exceptions: updated Iowa and Texas
6/16/2019	State Exceptions: added Nebraska and North Carolina; updated Wisconsin
5/19/2019	State Exceptions: updated New York
4/7/2019	State Exceptions: updated Washington
3/24/2019	State Exceptions: removed All Medicaid States J1726 and updated Washington
2/17/2019	State Exceptions: updated Florida and Virginia
1/25/2019	Policy Change: Removed Annual Approval Date and Approved by Reimbursement Policy Oversight Committee from title State Exceptions: updated Florida, New Jersey, Tennessee, and Virginia
1/3/2019	State Exceptions Facility: updated Florida and Washington
1/1/2019	Annual Version update State Exceptions Facility: Added Washington History Section: Entries prior to 1/1/2017 archived
12/02/2018	State Exceptions: updated Kansas
11/18/2018	State Exceptions: Added Washington
9/9/2018	State Exceptions: updated New York and added All Medicaid States
8/14/2018	Removed Medicare references Reimbursement Guidelines: Updated rationale language
7/15/2018	Policy Approval Date Change State Exceptions: updated Virginia
5/27/2018	State Exceptions: updated Louisiana, and New Jersey
5/20/2018	State Exceptions: updated Louisiana, and New York
4/13/2018	State Exceptions: updated Kansas
4/08/2018	State Exceptions: updated Ohio, and Texas added Tennessee
3/25/2018	State Exceptions: updated Kansas
3/18/2018	State Exceptions: updated Iowa
3/6/2018	State Exceptions: updated Iowa on entry error (No new version)
2/11/2018	State Exceptions: updated Florida and removed Tennessee
1/14/2018	State Exceptions: updated Virginia and Texas
1/1/2018	Annual Version update History Section: Entries prior to 1/1/2016 archived
2/16/2015	Policy Posted for UnitedHealthcare Community & State; previously included in the Maximum Frequency Per Day Policy Added information on MAI indicator

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