Keystone First
Family of Health Plans

# Medically Unlikely Edit (MUE)

Reimbursement Policy ID: RPC.0024.0100

Recent review date: 05/2025

Next review date: 12/2025

*Keystone First reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Keystone First may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

This policy describes Medically Unlikely Edits (MUE) in processing claims by providers contracted with Keystone First.

A Medically Unlikely Edit (MUE) is the maximum units of service that are allowed for the same service or supply, represented as a CPT/HCPCS procedure code, on the same date of service when furnished by the same provider. A physician or other qualified health care professional from the same group practice with the same specialty and Tax Identification Number (TIN) is considered the same provider.

Keystone First and the Centers for Medicare & Medicaid (CMS) National Correct Coding Initiative (NCCI) MUE program regarding daily maximum units for services and supplies. Only medically necessary services and/or supplies are reimbursed.

## Exceptions

N/A

## Reimbursement Guidelines

Keystone First uses CMS Medicaid NCCI MUEs to prevent payment for services and supplies exceeding their daily maximum units of service:

- An MUE value for a CPT/HCPCS procedure code is the maximum units of service allowed for payment on the same date of service by the same provider. For example, a procedure code with a MUE value of "1" has a maximum of one unit per date of service by the same provider.
- Medicaid MUEs are claim line edits. If the units on a single claim line exceed the MUE value for the procedure code on the claim line, the excess units will be denied.
- Appropriate modifier(s) indicate the circumstance(s) for which the same procedure code on multiple claim lines will be considered for payment. See Reimbursement Policy RPC.0013.0100 regarding duplicate services.

Providers must submit clean claims for accurate reimbursement of services and/or supplies.

Refer to CPT/HCPS manuals for complete descriptions of procedure codes and their modifiers, Medicaid NCCI edit files for MUEs assigned to CPT/HCPCS procedure codes, Medicaid NCCI manuals for correct coding policies.

See Reimbursement Policies RPC.0023.0100 for maximum units of service and RPC.0025.0100 for frequency of services and supplies.

## Definitions

**Medically Unlikely Edit (MUE)**
An MUE is the maximum units of service that are allowed for the same service or supply, represented as a CPT/HCPCS procedure code, on the same date of service when furnished by the same provider.

**Same Individual Physician or Other Qualified Health Care Professional**
A physician or other qualified health care professional from the same group practice under the same specialty under and same Tax Identification Number (TIN) is considered the same provider.

## Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI): https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci.
V. Corresponding Keystone First Clinical Policies.
VI. Applicable Keystone First manual reference.
VII. Commonwealth of Pennsylvania Medicaid Program guidance.
VIII. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

## Attachments

N/A

## Associated Policies

RPC.0013.0100: Duplicate Claim
RPC.0023.0100: Maximum Units
RPC.0025.0100: Frequency

## Policy History

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| 06/2025 | Minor updates to formatting and syntax |
| 05/2025 | Reimbursement Policy Committee Approval |
| 04/2025 | Revised preamble |
| 10/2024 | Annual Review<br>• No major updates |
| 04/2024 | Revised preamble |
| 04/2024 | Reimbursement Policy Committee Approval |
| 12/2023 | Annual Review<br>Update Edit Sources |
| 08/2023 | Removal of policy implemented by Keystone First from Policy History section |
| 01/2023 | Template revised<br>• Revised preamble<br>• Removal of Applicable Claim Types table<br>• Coding section renamed to Reimbursement Guidelines<br>• Added Associated Policies section |