Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers:

Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)

Clinical claim editor criteria used to audit claims for professional and outpatient services in the Medicaid Management Information System (MMIS) include National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs) as required by Section 6507 of the Affordable Care Act. Medicaid MUEs are units-of-service edits for practitioners, ambulatory surgical centers, outpatient hospital services and durable medical equipment.

MUEs define for many Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes the maximum number of units of service that are under most circumstances billable by the same provider, for the same beneficiary, on the same date of service. 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). Billed claim lines with a unit-of-service value greater than the established MUE value for the HCPCS/CPT code are denied payment in their entirety with one of the following error codes:

- 4180 (MUE Professional)
- 4181 (MUE DME)
- 4182 (MUE Outpatient)

Provider types whose claims are processed using MUE criteria are: 10 (Outpatient Surgery, Hospital Based), 12 (Hospital, Outpatient), 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurses), 33 (Durable Medical Equipment (DME), Disposable, Prosthetics), 46 (Ambulatory Surgical Centers) and 77 (Physician's Assistant).

For additional information regarding Medicaid NCCI edits, please see the following CMS website:

https://www.cms.gov/medicare/coding-billing/ncci-medicaid

The edit files are located in hyperlinks in the section of the Medicaid NCCI webpage titled "Medicaid NCCI Edit Files."