



# Medically Unlikely Edit (MUE)

Reimbursement Policy ID: RPC.0024.DEDS

Recent review date: 10/2025

Next review date: 12/2026

*AmeriHealth Caritas VIP Care 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 AmeriHealth Caritas VIP Care 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 AmeriHealth Caritas VIP Care.

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.

AmeriHealth Caritas VIP Care follows 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

AmeriHealth Caritas VIP Care uses CMS Medicare 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.
- Medicare 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.DEDS regarding duplicate claims).

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, Medicare NCCI edit files for MUEs assigned to CPT/HCPCS procedure codes, Medicare NCCI manuals for correct coding policies.

See Reimbursement Policies RPC.0023.DEDS for maximum units of service and RPC.0025.DEDS for frequency of services and supplies.

Claims will be reimbursed according to the MUE threshold, regardless of prior authorization.

## 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 health care professional from the same group practice with the same specialty and subspecialty reporting under the same Federal Tax Identification number (TIN).

## Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.

II. Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI),  
<https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci>

## Attachments

N/A

## Associated Policies

RPC.0007.DEDS Add-On Codes

RPC.0013.DEDS Duplicate Claim

RPC.0023.DEDS Maximum Units

RPC.0025.DEDS Frequency

## Policy History

10/2025	Reimbursement Policy Committee Approval
09/2025	Annual review <ul style="list-style-type: none"><li>Updated reimbursement guidelines to include "Claims will be reimbursed according to the MUE threshold, regardless of prior authorization."</li></ul>
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
11/2024	Reimbursement Policy Committee Approval
10/2024	Annual Review <ul style="list-style-type: none"><li>No major updates</li></ul>
04/2024	Revised preamble
01/2024	Reimbursement Policy Committee Approval
12/2023	Annual Review <ul style="list-style-type: none"><li>Update Edit Sources</li></ul>
08/2023	Removal of policy implemented by AmeriHealth Caritas VIP Care from Policy History section
01/2023	Template revised <ul style="list-style-type: none"><li>Revised preamble</li><li>Removal of Applicable Claim Types table</li><li>Coding section renamed to Reimbursement Guidelines</li><li>Added Associated Policies section</li></ul>