

n05663

DME Services - Medicare Line of Business

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health’s process, for the Medicare Advantage line of business, for Medically Unlikely Edits (MUEs) as published by the Centers for Medicare & Medicaid Services (CMS).

Policy Detail:

- I. Network Health is committed to processing Medicare Advantage claims based on the quarterly MUE update implemented by CMS.
- II. CMS created MUEs which indicate the maximum Units of Service (UOS) reimbursable per CPT/HCPC code per member per date of service.
- III. These CPT/HCPC codes should be submitted for reimbursement based on their MUE Value, as well as their MUE Adjudication Indicator (MAI).
- IV. If the number of units submitted is over the MUE value for a single date of service (DOS), all units will be denied for that DOS.
 - **Please note:** Only the beginning DOS submitted on the HCFA 1500 claim form is used in the claim validation process.
- V. **MUE Adjudication Indicator**

Indicator	Description
MAI of 1	Edit is applied at the line level vs. the claim level
MAI of 2	Absolute date of service edits. These are “per day edits based on policy.”
MAI of 3	Claims will process as a date of service edit. These are “per day edits based on the clinical benchmarks.”

Regulatory Citations:

Centers for Medicare & Medicaid Services (CMS)

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