

# Medically Unlikely Edit (MUE)

Reimbursement Policy ID: RPC.0024.2100

Recent review date: 10/2026

*Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and 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. The health plan 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 the health plan.

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.

The health plan follows the Centers for Medicare (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

The health plan 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 claim line will deny.
- 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.0013.2100 regarding duplicate claims).

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

Refer to CPT/HCPCS 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.0023.2100 for maximum units of service and RPC.0025.2100 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. [www.cms.gov/files/document/medicaid-ncci-technical-guidance-manual-02282025.pdf](http://www.cms.gov/files/document/medicaid-ncci-technical-guidance-manual-02282025.pdf)

## Attachments

N/A

## Associated Policies

RPC.0007.2100 Add-On Codes  
RPC.0013.2100 Duplicate Claim  
RPC.0023.2100 Maximum Units  
RPC.0025.2100 Frequency

## Policy History

|         |                                                                                                                                                                                                            |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/2026 | Reimbursement Policy Committee Approval                                                                                                                                                                    |
| 10/2026 | Annual review <ul style="list-style-type: none"><li>• Updated to biennial review</li><li>• Removed the next review date</li><li>• Replaced the plan name with “the health plan”</li></ul>                  |
| 11/2025 | 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> |
| 12/2024 | Reimbursement Policy Committee Approval                                                                                                                                                                    |
| 10/2024 | Annual Review <ul style="list-style-type: none"><li>• No major changes</li></ul>                                                                                                                           |
| 04/2024 | Preamble revised                                                                                                                                                                                           |
| 02/2024 | Reimbursement Policy Committee Approval                                                                                                                                                                    |
|         | Precedes Act 319                                                                                                                                                                                           |