



MedStar Family Choice Maryland HealthChoice NCCI and MUE Edits

POLICY:

It is the policy of MedStar Family Choice (MFC) to follow the CMS NCCI guidelines for PTP and Medicaid MUE edits. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. Providers must follow proper billing and submission guidelines. Industry standard and compliant codes are required on all claim submissions. Services must be billed with ICD-10 codes, CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. This applies to both participating and nonparticipating providers and facilities.

DEFINITIONS:

Medically Unlikely Edits (MUE) – The MUE for a HCPCS/CPT code is the maximum number of units of service (UOS) expected to be reported under most circumstances by the same provider for the same beneficiary on the same date of service.

National Correct Coding Initiative (NCCI) – CMS developed coding methodologies aimed to control improper billing and payment of claims.

Procedure-to-Procedure (PTP) – PTP edits prevent inappropriate payment of services that should not be reported together.

REIMBURSEMENT GUIDELINES:

Billed units of service are not to exceed the PTP or MUE values defined by CMS, for a HCPCS/CPT code or the claim line will be denied. Denials may be disputed and must include medical records and other supporting documentation for review, or the initial denial will be upheld.

Medicaid MUE files can be found via their website at:

<https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html>

CMS NCCI Edit files can be found via their website at:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd>