



PROVIDER BULLETIN
#25-2013

TO: Participating hospitals and ambulatory surgical centers
FROM: Contracting and Provider Networks
DATE: November 22, 2013
SUBJECT: Medically Unlikely Edits

The purpose of this bulletin is to reinforce the application of Medically Unlikely Edits (MUE) for facility claims, as referenced in Bulletin #08-2010: Fee Schedule Update and Reminders for Billing Outpatient Units of Service and ER Follow-Up Care.

As previously communicated, AmeriHealth is in the process of transitioning AmeriHealth Pennsylvania members to a new operating platform. Claims processed on the new platform will continue to be adjudicated using the Centers for Medicare & Medicaid Services (CMS) MUEs for facility claims. An MUE is assigned to certain HCPCS/CPT[®] codes to identify the maximum units of service that a provider can perform on a patient on a given date of service.

Claim lines with billed units of service that exceed the CMS MUE limits will be rejected. Please note that this information only applies to HCPCS/CPT codes – claims reported with ICD-9 procedure codes are not affected.

For a complete listing of the CMS MUE values, please visit www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html.

For more information about our upcoming system and process changes, please visit our dedicated site at www.amerhealth.com/pnc/upcomingchanges.

Note: Starting January 1, 2014, MUEs will be applicable to professional claims that are processed on the new platform.

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We encourage you to share this information with appropriate members of your staff.
