PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Payment Policy

cmi_171668

Title	**Medically Unlikely Edits (MUEs)/Maximum Units of Service**		
Number	**CP.PP.423.v1.1**		
Last Approval Date	08/18/26	**Original Effective Date**	02/05/24
Cross Reference	• *Claims Editing*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose/ Application	To define how the Plan applies Medically Unlikely Edits (MUEs)/maximum units of service to claim services that are submitted on a professional or facility claim.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
Definitions	**MUE** – Medically Unlikely Edit. An MUE is the maximum units of service (UOS) reported for a HCPCS/CPT code on the vast majority of appropriately reported claims by the same provider/supplier for the same patient on the same date of service. Not all HCPCS/CPT codes have an MUE unit maximum. **MAI** – MUE Adjudication Indicator. An indicator code that specifies the type of MUE and how a code on a claim will be processed, either for payment and/or denial of payment. There are three MAI indicator codes: MAI 1 = indicates that the edit is a claim line MUE, MAI 2 = indicates that the edit is a date of service edit, and MAI 3 = indicates that the edit is a date of service/per day edit
Policy	The Plan primarily incorporates MUE edits that are created by the Centers for Medicare and Medicaid Services (CMS) with exceptions made to unit maximums based on medical and payment policies, benefits, state regulations and statutes, or provider contract language. These exceptions may be more or less generous than CMS MUEs. An MUE is the maximum units of service that can be reported for a Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) procedure code for services rendered by a single provider/supplier to a single patient on the same date of service. MUEs are adjudicated either as claim line edits or date of service edits. The creation of the specific MUEs for a procedure code is based on a number of criteria such as, but not limited to, the following categories: • Anatomic considerations • HCPCS or CPT code descriptions • CPT coding instructions/guidelines • Established CMS policies • Nature of the service or procedure code,

- Nature of an analyte
- Nature of equipment
- Prescribing information
- Claim data history
- Published plan policies or business decisions

There are three classifications of MUEs based on their MUE Adjudication Indicator (MAI) classification:

- MAI 1 = indicates that the edit is a claim line MUE,
- MAI 2 = indicates that the edit is a date of service edit, and
- MAI 3 = indicates that the edit is a date of service/per day edit

MAI 1 – claim line MUE edit

MAI 1 edits are applied at the claim line level. Appropriate use of modifiers may be used to report the same HCPCS or CPT code on separate lines of a claim for units in excess of the MUE value. Each separate line on a claim will be separately adjudicated against the MUE for the HCPCS or CPT code submitted.

If the units of service on a claim line for a specific CPT or HCPCS procedure code exceeds the MUE unit maximum, the units billed may be either adjusted to reflect the MUE unit maximum or denied entirely, depending on the procedure code.

MAI 2 and MAI 3 – date of service MUE edit

MAI 2 and MAI 3 edits are per date of service/per day edits.

All units of service for the HCPCS or CPT code reported by the same provider for the same patient for the same date of service are summed regardless of modifiers. The summed value will be compared against the MUE value. If the summed unit value for the CPT or HCPCS procedure code(s) per date of service is greater than the MUE unit maximum, the units billed may be either adjusted to reflect the MUE unit maximum or denied entirely, depending on the procedure code.

There are three categories of CMS MUE tables based on the provider type:

- Durable Medical Equipment (DME) Supplier Services
- Facility Outpatient Hospital Services MUEs
- Practitioner Services MUEs

MUEs units are assigned with anatomic considerations. Therefore, the MUE value does not apply to **each side/site** but is applied to **each HCPCS or CPT code per date of service** regardless of the number of sides/sites on which this procedure was performed.

If a provider performs more than the maximum MUE unit value for a specific code resulting in a denial, the provider will need to file an appeal and provide medical records supporting extra units.

MUEs for HCPCS or CPT codes can be identified by using the Claim Editor Test Tool (Clear Claim Connection/C3) accessed out on the external Provider Portals.

Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties, and/or termination of the contract. Disciplinary actions will be determined by the Plan.
Exceptions	Exceptions to CMS MUE values and CMS MUE guidelines may be made per Plan business needs (ex: medical and payment policies, benefits, provider contracts, etc.).
Laws, Regulations & Standards	N/A
References and Resources	• CMS Medicare NCCI FAQ Library • NCCI Manual, 2024, Chapter 1, Section V – Medically Unlikely Edits • MEDLEARN Matters, MM8853 and Change Request 8853-Transmittal 1421 – Revised Modification to the Medically Unlikely Edit (MUE) Program

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	08/18/26; 08/04/25; 10/03/24	
Version History	02/05/24	Creation of new policy
	10/03/24	• In the section MAI 1-Claim line MUE Edit, the second paragraph added to indicate how the units that exceed the MUE maximum will be processed • In the section MAI 2 and MAI 3-Date of Service MUD edit, added the second paragraph to indicate how the units that exceed the summed MUE maximum will be processed • In the third paragraph from the bottom of the Policy, summarized how the Practitioner, Facility Outpatient and DME MUEs are assigned based on anatomic considerations
	08/04/25	Annual review; no changes
	08/18/26	Annual review; no changes

This policy was published on August 25, 2026