

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-062
Subject: Durable Medical Equipment MUE Value
Effective Date: October 1, 2020 **End Date:**
Issue Date: June 12, 2023 **Revised Date:** June 2023
Date Reviewed: May 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

CMS has established units of service edits referred to as Medically Unlikely Edits (MUEs). An MUE for a HCPCS/CPT code is the maximum number of units of service (UOS) under most circumstances allowable by the same provider for the same patient on the same date of service.

REIMBURSEMENT GUIDELINES:

The Plan has established MUE values that generally align with CMS MUEs, which are the highest number of units eligible for reimbursement of services on a single date of service. This guideline applies whether a physician or other health care professional submits one CPT or HCPCS code with multiple units on a single claim line or multiple claim lines with one or more unit(s) on each line, under the same claim or different claim numbers. It is common coding practice for some CPT and HCPCS codes to be submitted with multiple units. MUE Service Cap logic is only applicable to procedure codes that are designated as eligible more than once per date of service. DME MUE values will be applied to ancillary providers, and the Practitioner values will be applied to physician claims.

Note: MUE values are evaluated and/or updated quarterly to reflect new, changed, and deleted codes. Any mid quarter CMS updates will be considered on a case-by-case basis for the implementation effective date.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

- Centers for Medicare & Medicaid Services; (2008) Medicare Publishes Billing Edits to Reduce Payment Errors. <https://www.cms.gov/newsroom/press-releases/medicare-publishes-billing-edits-reduce-payment-errors>
- Centers for Medicare & Medicaid Services; (2020) CMS National Correct Coding Initiative Program (NCCI) Medicare & Medicaid Program. <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE>

POLICY UPDATE HISTORY INFORMATION:

10 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
6 / 2023	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-062
Subject: Durable Medical Equipment MUE Value
Effective Date: October 1, 2020 **End Date:**
Issue Date: January 3, 2022 **Revised Date:** January 2022
Date Reviewed: October 2021
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
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POLICY UPDATE HISTORY INFORMATION:

10 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

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HISTORY VERSION

Bulletin Number: RP-062
Subject: Durable Medical Equipment MUE Value
Effective Date: October 1, 2020 **End Date:**
Issue Date: November 1, 2021 **Revised Date:** July 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

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REFERENCES:

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RELATED HIGHMARK POLICIES:

- Reimbursement Policy: RP-035 Correct Coding Guidelines

ADDITIONAL BILLING INFORMATION, REFERENCES, AND GUIDELINES:

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<https://www.cms.gov/newsroom/press-releases/medicare-publishes-billing-edits-reduce-payment-errors>

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POLICY UPDATE HISTORY INFORMATION:

10 / 2020	Implementation
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