

## PROVIDER BULLETIN

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### **NATIONAL CORRECT CODING INITIATIVE (NCCI) MEDICALLY UNLIKELY EDITS (MUE)**

#### **APPLIES TO: PROVIDERS BILLING PROCEDURE CODES WITH NCCI MUE EDITS**

**EFFECTIVE: August 23, 2022**

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#### **NATIONAL CORRECT CODING INITIATIVE (NCCI) MEDICALLY UNLIKELY EDITS (MUE)**

Effective August 23, 2022, for dates of service on or after July 1, 2022, the MO HealthNet Division (MHD) will require providers to follow Centers for Medicare & Medicaid Services (CMS) NCCI MUE edits. Claims paid between July 1, 2022 and August 22, 2022 for dates of service on or after July 1<sup>st</sup>, 2022, will not be reprocessed.

An MUE for a Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code is the maximum units of service that a provider would report under most circumstances for a single participant on a single date of service. Not all HCPCS/CPT codes have an MUE assigned by CMS. If there is no MUE for a code, providers should use the MO HealthNet maximum quantity on the online fee schedule located on the MHD website at: <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. Claims submitted that exceed the MUE for the HCPCS/CPT code will be denied.

Providers can find the current CMS NCCI MUE edits on the CMS Web site at: <https://www.medicare.gov/medicaid-program-integrity/national-correct-coding-initiative/medicaid-ncci-edit-files/index.html>.

#### **APPLICABILITY**

The information in this bulletin applies to the MHD fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed

care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are “carved out” of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin’s applicability to each managed care health plan, please contact your health plan directly, or contact [MHD.MCCommunications@dss.mo.gov](mailto:MHD.MCCommunications@dss.mo.gov).

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient’s MO HealthNet Managed Care health plan. Before delivering a service, please check the patient’s eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**