

## National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE) and MUE Adjudication Indicator (MAI)

### What are NCCI MUEs and MAIs?

<b>Who created NCCI?</b>	The Centers for Medicare and Medicaid (CMS) is the creator and owner of the NCCI program.
<b>Why was NCCI established?</b>	To promote correct coding methodologies and reduce improper coding which leads to improper payment of claims.
<b>What is an MUE?</b>	The number for the MUE value listed reflects the maximum units of services the code is allowed to be reported per claim line or on a date of service for reimbursement.
<b>What do the different MUE values mean?</b>	<ul style="list-style-type: none"><li>✓ An MUE value of “1” indicates the code may only be reported once. Any additional units of services over the allowed MUE of “1” would be denied.</li><li>✓ An MUE value of “2” indicates the code may be reported twice on the same date of service and be reimbursed as such.</li></ul>
<b>What is an MAI?</b>	The MUE Adjudication Indicator (MAI) signifies the type of MUE and its basis. The MAI assigned to HCPCS/CPT codes will determine how the claim will process and/or deny.
<b>What do the different MAI values mean?</b>	<ul style="list-style-type: none"><li>✓ An MAI of “1” indicates that the edit is a claim line edit.</li><li>✓ An MAI of “2” indicates it is an absolute date-of-service edit and cannot be appealed.</li><li>✓ An MAI of “3” indicates that the code may be reported with more units than the MUE allows; however, the physician or staff must submit an appeal to CMS and private payers following NCCI guidelines.</li></ul>
<b>How can an MAI be used to override an MUE value?</b>	If a CPT code has an MUE of “1” and an MAI of “3”, the code may be reported more than the MUE value listed. However, if the claim is still rejected or denied, the physician or staff may appeal with supporting documentation. With the MAI “3”, this is the only time an appeal would be accepted for reporting more than the MUE value limitation.

<p><b>Who follows NCCI guidelines?</b>  <b>Why is this important when submitting claims for non-Medicare patients?</b></p>	<p>Many third-party payers follow the CMS NCCI guidelines and therefore the same rules will apply when processing claims with a number of units allowed per date of service (MUE) and if the code can be reported with more than the MUE limit and appealed if denied (MAI).</p> <p>It is best to confirm if private payers use NCCI rules in order to determine what is required to bypass an MUE limitation. Private payers that adhere to NCCI edits and guidelines may have software systems that reject claims submitted with more than one unit reported.</p> <p>For payers that do not contractually require the use of NCCI guidelines, surgeons should be aware of the NCCI MUE values, along with CPT and GSD guidelines, and appeal all inappropriately denied and bundled claims. Appeals should state if the denial of the code conflicts with AMA CPT guidelines and/or AAOS GSD guidelines, which state the code may be reported more than once per date of service.</p>
<p><b>Where are the NCCI MUEs and MAIs located?</b></p>	<p>The extensive NCCI Excel spreadsheet files and tables for all MUEs and MAIs are located on the CMS website.</p>
<p><b>What information is listed in the tables?</b></p>	<p>Within the Excel tables are listed:</p> <ul style="list-style-type: none"> <li>✓ HCPCS/CPT Code</li> <li>✓ Practitioner Services MUE Values</li> <li>✓ MUE Adjudication Indicator (MAI)</li> <li>✓ MUE Rationale</li> </ul>
<p><b>How often are updates made to the NCCI program?</b></p>	<p>Updates are made annually and every quarter to the NCCI program. Often proposed MUE and MAI edits are sent to stakeholders for review and comment prior to becoming effective.</p>
<p><b>Do NCCI MUE values align with AAOS guidance?</b></p>	<p>There are frequent occurrences when certain NCCI MUE values conflict with CPT and AAOS Global Service Data (GSD) guidelines. For example, the MUE value of “1” for a calcaneus osteotomy (code 28300) means the code can only be reported once per date of service. However, it is often medically necessary that two calcaneal osteotomies be performed at the same encounter, and there is no overlap in the surgical work required of the two procedures when this situation occurs.</p>
<p><b>How can practices stay up-to-date with NCCI MUE and MAI changes?</b></p>	<ul style="list-style-type: none"> <li>✓ Have staff perform quarterly &amp; yearly review of NCCI proposed and new MUE and MAI values and NCCI guidelines.</li> <li>✓ Note the policies for services performed in the practice that diverge from CPT and GSD guidelines.</li> <li>✓ For private payers, review contracts to understand which payers adhere to NCCI guidelines.</li> <li>✓ If the private payer contract mandates the adherence to NCCI guidelines, physicians and billing staff will have no foundation to appeal unpaid services.</li> </ul>

<b>What actions can be taken when MUE or MAI values are clinically incorrect?</b>	<ul style="list-style-type: none"> <li>✓ If experiencing claim denials based on clinically inaccurate NCCI edits, AAOS members can raise the issue with the AAOS Coding and Reimbursement department for intervention.</li> <li>✓ If the physician advisors on the AAOS Coding Coverage and Reimbursement Committee (CCRC) deem the NCCI MUE and/or MAI values as clinically incorrect and in conflict with CPT and GSD guidelines, then AAOS will address the inaccurate code pair edit directly with CMS and NCCI and request a change. This intervention has overturned several NCCI edits in recent years.</li> </ul>
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The following are actual examples of CPT codes listed in the CMS NCCI MUE table, along with an explanation how to interpret these values.

### Example 1: NCCI MUE

HCPSC/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
27427	1	2 Date of Service Edit: Policy	CMS Policy

Source: [www.cms.gov](http://www.cms.gov) retrieved 5/25/22

### How to Interpret the NCCI MUE example: Limiting the MUE to “1” precludes payment for an additional ligament reconstruction.

CPT Code	MUE Value	MUE Adjudication Indicator (MAI)
27427	1	2 Date of Service Edit: Policy

Number of times the code may be reported per encounter.

Date of service edit is absolute. Cannot be bypassed or appealed.

Source: [www.cms.gov](http://www.cms.gov) retrieved 5/25/22

## Example 2: NCCI MAI

HCP/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
28300	1	3 Date of Service Edit: Clinical	Nature of Service/ Procedure

Source: [www.cms.gov](http://www.cms.gov) retrieved 5/25/22

### How to Interpret the NCCI MUE example: Limiting the MUE to “1” precludes payment for an additional ligament reconstruction.

CPT Code	MUE Value	MUE Adjudication Indicator (MAI)	MUE Rationale
28300	1	3 Date of Service Edit: Clinical	Nature of Service/ Procedure

Number of times the  
code may be reported per  
encounter.

Date of service edit is  
absolute. Cannot be  
bypassed or appealed.


Source: [www.cms.gov](http://www.cms.gov) retrieved 5/25/22

An MAI of “3” indicates that the code may be reported with more units than the MUE allows; however, a physician or staff **must submit an appeal** in order to obtain reimbursement. If code **27427** is reported with more than the allowed MUE value (i.e., once per date of service), it will be denied. Having the MAI value “3” indicates that an appeal is required for reconsideration and review for higher quantities of MUEs reported. The written appeal must be accompanied by supporting documentation (e.g., medical records) showing the multiple units of service performed in excess of the MUE value. It should be noted that the MUE edit of “1” for code 27427 directly conflicts with both CPT and AAOS GSD guidelines, which allow for more than one multi-ligament knee injury to be repaired in the same surgical encounter.

## Example of NCCI PTP Edit

Column 1	Column 2	Effective	Modifier	PTP Edit Rationale
29806	29822	20020701	1	Standards of medical/ surgical practice

Source: [www.cms.gov](http://www.cms.gov) retrieved 5/25/22



“1” indicates a CPT modifier must be appended to bypass the PTP edit.

**Column 1: CPT code 29806** Arthroscopy, shoulder, surgical; capsulorrhaphy

**Column 2: CPT code 29822**, Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])

**Effective:** This PTP code pair edit has been effective since 7/1/2002

**Modifier:** “1” indicates a CPT modifier is acceptable to override the PTP edit if the two procedures are distinctly separately identifiable. If the claim is submitted without the CPT modifier, then the procedure(s) will not be reimbursed correctly and will need to be appealed.

**PTP Edit Rationale:** The edit is in place as a standard of medical and surgical practice.

## AAOS Global Service Data for Orthopaedic Surgery (GSD)

The AAOS publication, Global Service Data for Orthopaedic Surgery (GSD), lists that code 29806 may be reported separately when code 29822 is performed. However, since the NCCI PTP edits indicate that a CPT modifier must be appended to the claim in order to bypass the PTP edit and report both CPT codes, physicians and their staff need to append a modifier (e.g 59) when reporting these two procedures to all payers adhering to NCCI guidelines.

For private payers that do not contractually require the use of NCCI, surgeons must be aware of the NCCI PTP code pair edits, along with CPT and GSD guidelines, and appeal all inappropriately denied and bundled claims. Appeals should state if the denial of the code conflicts with AMA CPT guidelines and/or AAOS GSD guidelines, which state the two codes are separately reportable.