Medically Unlikely Edits (MUE) Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.
This reimbursement policy applies to services reported using the either the 1500 Health Insurance Claim Form (a/k/a CMS-1500) and UB04 Form or their electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

Medically Unlikely Edits (MUEs) define for many HCPCS / CPT codes the maximum allowable number of units of service by the same provider, for the same beneficiary, for the same date of service, on the same claim line. Reported units of service greater than the MUE value are unlikely to be correct (e.g., a claim for excision of more than one gallbladder or more than one pancreas). For Professional claims, billed claim lines with a unit-of-service value greater than the established MUE value for the HCPCS/CPT code are denied payment for units above the MUE value.
For Facility claims, when claim lines with a unit-of-service value greater than the established MUE value for the HCPCS/CPT code are reported, all units on the claim line will be denied.

For the purpose of this policy, the same individual physician or other qualified health care professional is the same individual rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

Section 6507 of the Affordable Care Act requires each State Medicaid program to implement compatible methodologies of the NCCI, to promote correct coding, and to control improper coding leading to inappropriate payment. Specifically, section 6507 of the Affordable Care Act amends section 1903(r) of the Social Security Act (the Act). Section 1903(r)(4) of the Act, as amended, required that CMS notify States by September 1, 2010, of the NCCI methodologies that are

"compatible" with claims filed with Medicaid, in order to promote correct coding and to control improper coding leading to inappropriate payment of claims under Medicaid.
States were required to incorporate these methodologies for Medicaid claims filed on or after October 1, 2010.

The NCCI methodologies include both NCCI Procedure-to-Procedures (PTP) edits and Medically Unlikely Edits (MUEs). The MUE files on the Medicaid.gov NCCI and the CMS.gov NCCI websites contain a column labeled "MUE Rationale" for each HCPCS/CPT code. One of the listed rationales is "Medicaid Data." This rationale indicates that 100% Medicaid claims data from a six-month period of time was the major factor in determining the MUE value. If a provider receives a denial for a HCPCS/CPT code where the MUE is based on Medicare/Medicaid Data, the denial may be appealed. Medical record documentation should support that:
(1) the correct code is reported.
(2) the correct units of service (UOS) are utilized.
(3) the number of reported UOS were performed; and
(4) the additional medical documentation supports the UOS billed.

The NCCI manuals and files containing the assigned MUE values can be accessed via the links below:

CMS National Correct Coding Initiative (NCCI) Medicaid

(Note: For situations in which Medicare policy or data was used to establish a Medicaid MUE value, CMS has determined that it is equally appropriate as NCCI policy for Medicaid.)

UnitedHealthcare Community Plan will follow the CMS MUE values before any other Maximum Frequency Per Day (MFD) criteria is applied. If there is not a CMS MUE value or the CMS MUE value is not exceeded, then the UnitedHealthcare Community Plan Maximum Frequency Per Day Policy will be followed.

State Exceptions – Professional (CMS-1500 claims)	
Arizona	• Arizona Health Care Cost Containment System (AHCCCS) publishes a unit limit list specific to Arizona Medicaid • Arizona unit values are allowed even if they are greater than the CMS MUE values. If Arizona has not published a unit limit for a code, the MUE value will be followed
Colorado	Per state regulations, a different unit value is allowed for the following codes: • 82075, H0034 allow 1 unit per day • H0038, H2014, H2032 allow 12 units per day • H0023 allow 8 units per day • H0004, H2027, T1017 allow 4 units per day • H0033 allow 2 units per day • H2015, H2017, H2021 allow 16 units per day
Florida	Per state regulations, a different unit value is allowed for the following codes: • 92507, 92508, T1030, T1031 and T1032: 4 units allowed • H2010, T1005, T1019, and T1023: no unit limit (no more than 96 units in a day) • H0038: 2 units allowed • HCBS: T2033: no unit limit (no more than 96 units in a day) • HCBS: B4035, B4088, T1021 and T1024: no unit limit • Non-HCBS: T1021, T1024: 10 units allowed FLMMA only: • H0001, H0020, H0031, H0032, H0046, H0047, H0048, H2000, H2012, H2017, H2019, H2030, T1007, T1015, T1017: no unit limit (no more than 96 units in a day)
Idaho	• Per State Regulations, providers can bill additional units above the MUE limit, as long as it is on another claim line with the SC modifier

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Indiana	• B4150, H0004, S5100, S5125, S5130, S5140, S5141, S5150, S5160, S5161, S5165, S5170, T1005, T1028, T2003, T2022, T2025, T2029, T2031, T2038, T2039 are exempt from MUE limits for MLTSS PathWays • CPT code 99600 – 16 units allowed
Kansas	Per State Regulations: • All units on the claim line will be denied when the unit of service value is greater than the established MUE value • Rural Health Centers, Federally Qualified Health Centers, and Indian Health Centers are exempt from MUE limits • 90472, 90474, H0005, H0006, S0316, S9460, T1502, and T2046 are exempt from MUE limits • 97129, 97535, and 97537 are exempt from MUE limits for Brain Injury Waiver Members only • H0019, when billed with modifier U3, is exempt from MUE limits
Kentucky	• Code H0006 has a daily limit of 96
Minnesota	• 99600 has a daily limit of 6 units per day. H2035 is allowed 10 units per day • 99607 is allowed 4 units per day
Mississippi	• J7295 is allowed 13 units per day
Nebraska	Per State regulations, Nebraska Medicaid has exceptions to the following codes: • Allow 4 units per day on code 99429 when billed with modifier EP • Allow 5 units per day on code H0015 • T1019 is allowed 96 units per day • T1013 is allowed 8 units per day • 99445, 99458, and 99470 are allowed 1 unit every 31 days.
New Jersey	Due to State Regulations: • 96116, 96125 and 99600 have a daily limit of 6 units per day • 96127 and 96110 have a daily limit of 1 unit per day • 99199 has a daily limit of 4 units per day • 97151-97158, 0362T and 0373T are exempt from MUE limits • 97535 & 97110 when billed with modifiers U2, U3, U4 or U5 is exempt from unit limits • H0019 when billed with modifier U3 is exempt from unit limits • H0035 has a daily limit of 5 units per day • S8990 has a daily limit of 8 units per day • Allows 2 units per day for A0425 when billed with Modifier UC (1 Original trip and 1 return trip) • Allows 2 units per day for A0120 when billed with Modifier UC (1 Original trip and 1 return trip) • Per state regulation, allow reimbursement for procedure code 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, and 96171 when billed with modifiers 26 and EP.
New Mexico	• Code 99509 has no limit
New York	• Due to State requirements CPT code 0403T is allowed 2 units per day • Due to State Regulations, there is no daily limit for 90460 • Due to State requirements, CPT code 97530 is allowed 8 units per day • Due to State requirements the following codes have a 5-year limit: 95004 60 95027 40 95044 40 • Due to State requirements, HCPCS code A4575 is allowed 16 units per day • Due to State Regulations, there is no daily limit for H0031 and H0032

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	• New York has an exception for the following codes to be exempt from MUE: J7175, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7198, J7200, J7201, J7202, J7205, J7207 and J7209
North Carolina	• North Carolina professional claims, when claim lines with a unit-of-service value greater than the established MUE value for the HCPCS/CPT code are reported, all units on the claim line will be denied Due to State Regulations: • 99509 has a daily limit of 96 units per day • A4253 – exempt from MUE • G0155 – 16 units per day • S9442 – 4 units per day: 1 unit is equal to 1 hour • ASC Dental Services - exempt from MUE • A4287 – exempt from MUE • A4238 – exempt from MUE • A4271 - exempt from MUE • A4332 – exempt from MUE • H0020 - exempt from MUE • A4625- exempt from MUE • A7004- exempt from MUE • A7007- exempt from MUE • A7012- exempt from MUE • A7015- exempt from MUE • A7048- exempt from MUE • 90472- exempt from MUE
Ohio	• Ohio professional claims, when claim lines with a unit-of-service value greater than the established MUE value for the HCPCS/CPT code are reported, all units on the claim line will be denied • Ohio MME has an exception from CMS for codes 90792, 90863, H0001, H0007, H0016, and H0020 when billed in a place of service 53 to be exempt from MUE/MFD edit limits • T2046 has a daily limit of 1 unit per day when billed by a hospice provider for room and board services when a member is receiving hospice services and resides in a skilled nursing facility Due to state regulations: • K1005 allows 600 units every 6 months • 0792T allows 3 units per tooth per year
Pennsylvania	PA has an exception from CMS for the following codes: • Allows 48 units per day on code 97151 and 97152 • Allows 32 units per day on code 97154, 97155 and 97158 • Allow 96 units per day on code G0156 • Allows 4 units per day on code T1028 when reported with Modifier HD
Rhode Island	• Rhode Island has an exception from CMS for code S9446, 92557, 97150, T1005 to be exempt from MUE edit limits
Tennessee	TN has an exception on the following codes: • Codes 95165 and 95170 are exempt from this policy when billed with and without modifier U1
Texas	• 96158 and 96159 are allowed a combined total of 3 units per day per provider. (96158 1 unit per day and 96159 2 per units per day) • 96164 and 96165 are allowed a combined total of 3 units per day per provider. (96164 1 unit per day and 96165 2 units per day)

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	• Texas allows a combined total of 2 units per day of service per discipline for CPT codes 97535 and 97537 • Texas allows 1 unit per day for CPT and HCPC codes L8627, L8628 and L8629 • Texas allows 2 of each part per rolling year for HCPCS codes A4281, A4282, A4284, A4286 • Texas allows 135 units per calendar year for HCPCS code H0005 • HCPCS H2014 allows 16 units per day • Texas has an exception from the MUE edit limit for S5101 for all StarPlus, Star Kids, and MME • Texas has an exception for S5151 when billed with modifier U3, U7, UC, US and 99 to only allow 24 units
Virginia	VA has an exception for the following codes: • 0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97157 and 97158 allow a limit of 96 units per day • G0151, G0152, G0153, G0495, T1015, T1024, T1026 and T1027 allows 18 units per day • G0378 is limited to a maximum of 24 hours • H0005 with a limit of 24 units per day • H0014 with a limit of 1 unit per day • H0024 and H0025 with a limit of 16 units per day • H0032 with a limit of 5 units per day • H2016 allows a limit of 3 units per day • Per state guidance, S5102 allowed to bill hourly at 6 units per day • S9125 when billed with modifiers TD and TE limit of 24 units per day • S9445 with a limit of 16 units per day • S5126, T1023, T1023 U1 with a limit of 24 units per day • T1001 when billed with modifier U1 limit of 24 units per day • T1012 limit of 16 units per day • T1030 when billed with modifier TD limit of 24 units per day • T1031 when billed with modifier TE limit of 24 units per day
Washington	Per State regulations, Washington Medicaid has exceptions to the following codes: • 90791, 90792, H0031 Limit of 5 • 90853 does not impose any daily limits as of 01/01/2019 • 96165 does not impose a daily limit as of 01/01/2022 • 95870 allows 5 units per day • The following COVID19 codes do not impose a daily limit: 99001 & 99451 • 80305, 90486, 90487, 90846, 90847, 90849, 96110, 96121, 96131, 96133, 96137, 96139, 96153, 96154, 96155, 96165, 96168, 96171, 99341, 99355, G0480, G0481, H0001, H0002, H0003, H0004, H0010, H0011, H0020, H0024, H0028, H0031, H0032, H0033, H0034, H0036, H0038, H0044, H0046, H0050, H2011, H2012, H2013, H2014, H2015, H2017, H2019, H2020, H2021, H2023, H2025, H2027, H2028, H2033, S0109, S9446, S9484, S9976, T1005, T1009, T1013, T1016, T1019, T1020, T1023, T2001, T2002, T2003, T2004, T2005, T2007, T2038 & H0016 do not impose a daily limit for Behavioral Health • H0020 allows 2 units per day • G0317, G0318, G2212 do not impose a daily limit • S9430 & H0003 does not impose a daily limit
Washington DC	The District unit values are allowed even if they are greater than the CMS MUE values. If the District has not published a unit limit for a code, the MUE value will be followed.
Wisconsin	Per State regulations, Wisconsin Medicaid has exceptions to the following codes: • Allows 1 unit per day on code 63650 in POS 24 • Allows 2 units per day on code 99082 • There are no limitations on code A4363 as of January 1, 2021 • Allows 96 units per day on code H0005 • Allows 24 units per day on code H0022

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	• Allows 1 unit per day on code 90840 • Allows 1 unit per day on code 90870 • Allows 5 units per day on code 90899 • Allows 3 units per day on code 96137 • Allows 7 units per day on code 96139 • Allows 24 units per day on code 99199

State Exceptions – Facility (UB-04 claims)	
Arizona	• Arizona Health Care Cost Containment System (AHCCCS) publishes a unit limit list specific to Arizona Medicaid • Arizona unit values are allowed even if they are greater than the CMS MUE values. If Arizona has not published a unit limit for a code, the MUE value will be followed
Florida	• Florida reimburses speech therapy in 15-minute time increments and allows a maximum of 4 units for each code • Florida has an exception from CMS for CPT codes 92507 & 92508
Hawaii	• Hawaii MFD requirements updated
Indiana	• Indiana allows 16 units per day for code 99600
Kansas	• Kansas allows 1 unit per day for code 11045
Maryland	• Maryland is exempt from MUE edits
Missouri	• Missouri Medicaid requirements allow an MUE exception to CPT 86305 • Missouri Medicaid requirements allow an MUE exception to CPT 92609 and 92507
New Jersey	• New Jersey Medicaid requirements allow an MUE exception to 99234-99236
New York	• Free Standing Mental Hygiene facilities are exempt from MUE • Due to state requirements for Voluntary Foster Care Agencies (VFCA) under plan codes NYSSTF and NYTFTF, T1013 has a limit of 2 units per day
North Carolina	• NC Medicaid policy only requires outpatient lab, drug and radiology claims to be submitted with a revenue code and valid HCPCS or CPT code. All other revenue codes will be exempt from MUE with or without CPT/HCPCS codes.
Texas	• Texas allows 3 units per day for CPT code 87798
Washington	• WA Medicaid allows 2 units per day for CPT 87481 • Codes 90791, 90792, H0031 Limit of 5
Wisconsin	Per State regulations, Wisconsin Medicaid has exceptions to the following codes: • Allows 1 unit per day on code 63650 in POS 24 • Allows 2 units per day on code 99082 • There are no limitations on code A4363 as of January 1, 2021 • Allows 96 units per day on code H0005 • Allows 24 units per day on code H0022 • Allows 24 units per day for 99199

Questions and Answers	
1	**Q:** “Upon analysis by States, what if an edit is found to be in conflict with a State law or regulation, but is currently included within an NCCI methodology?”

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	A: "CMS allows States to consider edits on an individual State-by-State basis. If a State determines that some portion of the 1.3 million edits in the Medicaid NCCI methodologies conflict with one or more State laws, regulations, administrative rules, or payment policies, CMS may allow a State to deactivate the conflicting edit(s). States are not afforded the flexibility to deactivate edits after March 31, 2011, because of a lack of operational readiness. The first time that a State requests CMS approval for the State to deactivate a Medicaid NCCI edit, the State must submit to its CMS Regional Office a Medicaid NCCI Advance Planning Document (APD) with sufficient primary source documentation of the State law, regulation, administrative rule, or payment policy the edit conflicts with. Subsequent requests do not require an APD." From: Questions and Answers Section 6507 of the Affordable Care Act, NCCI Methodologies August 2010 Updated January 2012
2	**Q:** How are MUE values for CPT 95165 determined? **A:** CMS defines a dose of CPT code 95165 as one – (1) cc aliquot from a single multidose vial. Per CMS a maximum of 10 doses per vial is allowed. Providers will not be reimbursed for more than the CMS MFD/MUE value per day.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

CMS transmittal http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1421OTN.pdf

History

8/16/2026	Policy Version Change State Exceptions: Virginia updated History Section: Entries prior to 8/16/2024 archived
7/12/2026	Policy Version Change State Exceptions: Nebraska updated History Section: Entries prior to 7/12/2024 archived
5/1/2026	Policy Version Change State Exceptions: Kansas updated History Section: Entries prior to 5/1/2024 archived
4/19/2026	Policy Version Change State Exceptions: Wisconsin updated History Section: Entries prior to 4/19/2024 archived
3/22/2026	Policy Version Change State Exceptions: North Carolina updated History Section: Entries prior to 3/22/2024 archived
3/8/2026	Policy Version Change State Exceptions section: Virginia updated
3/5/2026	Policy Version and verbiage updated
2/22/2026	Policy Version Change State Exceptions section: Florida updated

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1/15/2026	Policy Version Change State Exceptions section: Ohio updated History Section: Entries prior to 1/15/2024 archived
12/26/2025	Policy Version Change State Exceptions section: Indiana updated
12/7/2025	Policy Version Change State Exceptions section: Wisconsin updated
11/16/2025	Policy Version Change State Exceptions section: Pennsylvania updated History Section: Entries prior to 11/16/2023 archived
10/18/2025	Policy Version Change Reimbursement Guidelines: MUE Policy description change
10/5/2025	Policy Version Change State Exceptions: Colorado updated History Section: Entries prior to 10/05/2023 archived
9/7/2025	Policy Version Change State Exceptions: North Carolina and Colorado updated
8/24/2025	Policy Version Change State Exceptions: Colorado updated History Section: Entries prior to 8/24/2023 archived
7/13/2025	Policy Version Change State Exceptions: California removed History Section: Entries prior to 7/13/2023 archived
6/29/2025	Policy Version Change State Exceptions: North Carolina updated History Section: Entries prior to 6/29/2023 archived
5/18/2025	Policy Version Change State Exceptions: Idaho added
4/27/2025	Policy Version Change State Exceptions: New jersey updated
4/11/2025	Policy Version Change Reimbursement Guidelines Clarification
4/04/2025	Policy Version Change State Exceptions: New jersey updated History Section: Entries prior to 4/04/2023 archived
1/12/2025	Policy Version Change State Exceptions: Florida updated History Section: Entries prior to 1/12/2023 archived
11/24/2024	Policy Version Change State Exceptions: Nebraska updated History Section: Entries prior to 10/20/2022 archived
10/20/2024	Policy Version Change State Exceptions: Indiana and Texas updated History Section: Entries prior to 10/20/2022 archived
9/22/2024	Policy Version Change

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	State Exceptions: North Carolina updated History Section: Entries prior to 9/22/2022 archived
8/18/2024	Policy Version Change State Exceptions: New Mexico added History Section: Entries prior to 8/18/2022 archived
2/16/2015	Policy Posted for UnitedHealthcare Community & State; previously included in the Maximum Frequency Per Day Policy Added information on MAI indicator

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