

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4181 MEDICALLY UNLIKELY EDITS DME (DTL)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when multiple units of a procedure are billed on a single date of service when the frequency is in conflict with the allowed amounts established by the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI). NCCI editing applies to claims with dates of service on or after October 1, 2010.

### **CRITERIA:**

Set this edit if the quantity billed and the quantity allowed for a HCPCS/CPT code is in conflict with the NCCI Medically Unlikely Edits (MUEs), which limits the number of times a procedure can be billed on a single date of service with, EOB 4183.

To align with current IHCP policy, the following exceptions to the MUE unit limit are applicable: Modifier group 1214 is applicable to this edit. If a modifier in this group is appended to a procedure code then it will allow override of this edit. These modifiers are located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Modifier Group Type> Select group number 1214.

There are a select number of HCPCS procedure codes that when billed, if prior authorization is present, will bypass this edit. They can be found in Procedure group 100018 which is located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>HCPCS Procedure Group Type> Select group number 100018.

Provider contract group type 180 NCCI Outpatient Hospital Services Contracts is applicable to this edit. This contract and a description of how it impacts this edit can be located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other> Provider Contract Group Type>Select group number 180.

Procedures with an override indicator in the MUE table may have an override indicator equal to "TO"yes "TO", if so, then the MUE is considered overrideable.

MUE values can be located in CoreMMIS under Main Menu>BPA>Related Data. Go to Open Tab and select other, then select MUE Practitioner, Outpatient or DME to open the UI and search for the applicable code.

## **Indiana Medicaid Resolutions Manual**

### **DISPOSITION:**

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

**Claim Type:** 0 - All Claim Types    **Member Plan:** ALL    **Status:** Do Not Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL    **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
04	00	4183	DENY
04	30	9999	PAY
04	32	9999	PAY
04	33	9999	PAY
04	34	9999	PAY
04	35	9999	PAY
04	36	9999	PAY
04	37	9999	PAY
04	38	9999	PAY
04	70	9999	PAY
04	72	9999	PAY
04	73	9999	PAY
04	74	9999	PAY
04	91	4183	SUSPEND

**EOB: 4183** - UNITS OF SERVICE ON THE CLAIM EXCEED THE MEDICALLY UNLIKELY EDIT (MUE) ALLOWED PER DATE OF SERVICE. GO TO [HTTPS://WWW.MEDICAID.GOV/MEDICAID/PROGRAM-INTEGRITY/NATIONAL-CORRECT-CODING-INITIATIVE-MEDICAID/INDEX.HTML](https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html) FOR INFORMATION REGARDING MAXIMUM NUMBER OF UNITS OF SERVICE ALLOWED FOR THE SERVICE BILLED.

**ARC Code**  
273

**ARC Description**  
Coverage/program  
guidelines were  
exceeded.

**Effective Date**  
20151101

**End Date**  
22991231

**ARC Code**

**ARC Description**

**Effective Date**

**End Date**

## **Indiana Medicaid Resolutions Manual**

B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501
----	--	----------	----------

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N435	Exceeds number/frequency approved /allowed within time period without support documentation.	20080701	22991231

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4183.  
Encounter claims are set to post and pay for this edit.

## **Indiana Medicaid Resolutions Manual**

For special batch claims, follow special instructions to adjudicate the claim which will be processed by the Healthcare Administrative Review Specialist who will confer with OMPP for authority to override this edit.