

Indiana Medicaid Resolutions Manual

NAME: 4180 MEDICALLY UNLIKELY EDITS PHYSICIAN (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if multiple units of a procedure code 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).

CRITERIA:

Set this edit if the quantity billed and the quantity allowed for a HCPC/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: Waiver services (modifier U7) will allow override of this edit.

Psychological Care . CPT codes 90801 including modifiers SE, TL 52 . Psychiatric Diagnostic Intervention, 96100 including modifiers SE, TL 52. Psychological Testing, or procedure code 96101 including modifiers SE, TL 52. Psychological Testing by a Psychologist or Physician, when billed on the same date of service will not be subject to NCCI Column I/II editing.

Modifier group 1214 is applicable to this edit and contains modifiers that when billed will allow bypass 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.

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.

Indiana Medicaid Resolutions Manual

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

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
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

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
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

Indiana Medicaid Resolutions Manual

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	ARC Description	Effective Date	End Date
273	Coverage/program guidelines were exceeded.	20151101	22991231

ARC Code	ARC Description	Effective Date	End Date
B5	Coverage/program guidelines were not met or were exceeded.	19950101	20160501

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

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that	19950101	22991231

Indiana Medicaid Resolutions Manual

has already been
adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims Setting this edit will be systematically denied with EOB 4183
For special batch claims, follow special instructions to adjudicate the claim.
Encounter claims are set to post and pay for this edit.