Horizon Blue Cross Blue Shield of New Jersey*

Horizon NJ Health
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FAQ for Medically Unlikely Edits (MUE) Notification

Q1. Are there specific edit codes on the Explanation of Payment (EOP) for medically unlikely edits (MUE)?

A1. Yes, the EOPs will have the denial edit codes listed. Here is the list of denial edits, with descriptions:

Edit Codes	Edit Description
j43	This service is not paid. The procedure exceeded max units allowed per date of service on this claim for same date of service (DOS).
j44	This service is not paid. The procedure exceeded max units allowed per date of service on another claim for same DOS.
j46	The billed quantity exceeded allowed units per DOS. The units are reduced with appropriate quantity for proper payment.
j68	The MUE has been exceeded for a procedure code, reported by the same provider, for the same member, on the same date of service.
l89	The MUE has been exceeded for a procedure code, reported by the same provider, for the same member, on the same date of service.
l90	This service is not paid. The procedure exceeded max units allowed per date of service on this claim for same DOS.
l91	This service is not paid. The procedure exceeded max units allowed per date of service on another claim for same DOS.
l92	This service is not paid. The procedure exceeded max units allowed per date of service on this claim or another claim for same DOS.
l93	The MUE has been exceeded for a procedure code, reported by the same provider, for the same member, on the same DOS.
l94	This service is not paid. The procedure exceeded max units allowed per date of service on this claim for same DOS.
l95	This service is not paid. The procedure exceeded max units allowed per date of service on another claim for same DOS.
l96	This service is not paid. The procedure exceeded max units allowed per date of service on this claim or another claim for same DOS.
fb6	The billed quantity exceeded allowed units per DOS. The units are reduced with appropriate quantity for proper payment.
fc1	The billed quantity exceeded allowed units per DOS. The units are reduced with appropriate quantity for proper payment.
fc2	This service is not paid. The procedure exceeded max units allowed per date of service on this claim or another claim for

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	same DOS.
fc3	This service is not paid. The procedure exceeded max units allowed per date of service on this claim or another claim for same DOS.

Q2. Where do I find information on the edits?

A2. The EOPs will have the denial edits listed along with the description or reason for denial.

Q3. Which provider types will be affected by the MUE rules?

A3. Professional, durable medical equipment (DME) and outpatient hospital providers.

Q4. What are the MUEs for Medicaid claims?

A4. Medicare Medically Unlikely Edit Practitioner - This edit identifies claim lines where the MUE has been exceeded for a CPT/HCPCS code with MUE adjudication indicator (MAI) = 1, 2 or 3, reported by the same provider, for the same member, on the same date of service. This edit will evaluate date ranges to determine if the MUE has been met or not.

Medically Unlikely Edit DME Multiple Lines MCARE Edit- This edit identifies claim lines where the MUE has been exceeded for a CPT/HCPCS code, reported by the same provider, for the same member, on the same date of service. This edit audits professional claims regarding DME supplier services.

Medicare Medically Unlikely Edit Outpatient Hospital Edit - This edit looks at the current claim line, will check for the quantity billed, and will deny a line quantity over the MUE limit on outpatient hospital services including emergency hospital services, hospital observation services, hospital outpatient laboratory services and critical access hospitals. This edit audits facility claims.

Q5. What dates of service are impacted?

A5. The MCARE MUE rules for practitioners and DME providers/suppliers for Medicaid & DSNP lines of business are applicable for dates of service on or after October 8, 2017. Claims with dates of service prior to October 8, 2017 will be excluded from these rules. The MCARE MUE Outpatient Hospital rules for Medicaid & DSNP lines of business are applicable for dates of service on or after January 1, 2017. Claims with dates of service prior to January 1, 2017 are excluded from these rules.

Q6. Can the provider appeal these denials?

A6. Yes, the provider has the right to appeal the denials.

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Q7. How do I appeal these denials? What process is to be followed?

A7. Section 10.7 of the Horizon NJ Health Provider Administrative Manual provides information on the Claim Appeals process. To file a claim appeal, a physician or health care professional must send the appeal application form, which is available at **horizonNJhealth.com/for-providers**, and any supporting documentation to Horizon NJ Health using one of the following methods:

Mail:
Horizon NJ Health
Claim Appeals
PO Box 63000
Newark, NJ 07101-8064

Fax: 1-973-522-4678