

MUE
medically
unlikely edit

PTP
procedure-to-
procedure code
pair edit

NCCI
national correct
coding initiative

I/OCE
integrated
outpatient code
editor

MAI
MUE
adjudication
indicators

TYPES OF EDITS

MUE

- Represent the maximum number of units reportable for a HCPCS code by the same provider for the same beneficiary for the same date of service or encounter.
- Applied by date of service or by claim line.
- If the unit of service is appropriate but is in excess of an MUE, it may be reported on a separate line with a modifier.
- MUE edits are updated quarterly. The updates are available on the CMS website: https://www.cms.gov/Medicare/Coding/NationalCorrectCodinitEd/Version_Update_Changes.html

PTP

- Pairs of CPT and/or HCPCS Level II codes that in general should not be reported together. If it is clinically appropriate to report these together, use a modifier.
- Code pairs are separated into Column 1 codes and Column 2 codes. When the pair is reported without a modifier, the Column 1 code gets paid and the Column 2 code gets rejected.
- The list of PTP edits is updated quarterly. Updates are available on the CMS website: https://www.cms.gov/Medicare/Coding/NationalCorrectCodinitEd/Version_Update_Changes.html

MODIFIERS TO OVERRIDE AN NCCI PTP EDIT

Anatomic Modifiers

-E1 through
-E4: eyelids
-FA through
-F9: fingers

-LC, -LD, -LM, -RC, and -RI:
arteries
-LT and -RT: left and right
sides

-TA through
-T9: toes

Global Surgery Modifiers

-24: unrelated evaluation and management (E/M)
service during the postoperative period (identified
in the I/OCE but inapplicable to hospital reporting)
-25: significant, separately identifiable E/M service
-57: decision for surgery

-58: staged or related procedure
-78: related procedure
-79: unrelated procedure or service

Other Modifiers

-59: distinct procedural services

-27: separate and distinct E/M
encounter

-91: repeat laboratory test

PTP



WHAT TO DO IF YOU HIT AN EDIT

MUE

1. Review orders and documentation for services provided
2. Check to make sure the codes are correct and are not included in the latest PTP update
3. Review orders/documentation for services provided
4. Apply the appropriate modifier if the documentation proves the services are:
 - A. Distinct
 - B. Separate, unrelated, and/or unique
5. Remove the second code if:
 - A. Services are not distinct
 - B. One service was provided in support of the other
 - C. The procedure is related or connected

1. Review orders and documentation for services provided
2. Make sure the HCPCS code is correct and is not included in the latest MUE update
3. Make sure the units are correct
4. If units are not correct, adjust units to MUE limit, leave charge for service and submit the claim
5. If units are not correct for a packaged service, remove HCPCS code, change revenue code to one that does not require a HCPCS code and submit the claim
6. If units are correct, submit the claim
7. If there is a denial, determine internally whether to appeal



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