

QUESTIONS AND ANSWERS CONCERNING MEDICALLY UNLIKELY EDITS (MUEs)

WHAT IS THE PURPOSE OF MUEs?

The purpose of the MUE project is to detect and deny unlikely Medicare claims on a pre-payment basis in order to stop inappropriate payments.

WHAT IS CMS DOING TO INVOLVE PROVIDERS IN THE MUE PROCESS?

The CMS and its contractor, Correct Coding Solutions, LLC, have been working with the provider community during this comment period, and we will continue to have open discussions with providers about the non-statistical criteria for MUE as well as the statistical foundation for establishing these edits based on claims data.

WHAT IS CMS DOING TO INSURE THAT THEY CONSIDER SPECIFIC CONCERNS THAT PROVIDERS HAVE ABOUT MUES?

Where communications from providers express particular concerns, CMS is giving each comment careful consideration and will revise the MUEs as appropriate.

HOW WILL CMS COMMUNICATE PROGRESS IT MAKES WITH MUEs TO PROVIDERS?

CMS will continue to use its web site and list serves to communicate information about this initiative as it progresses. The CMS looks forward to hearing comments from the provider community to ensure CMS' desired results of preventing improper Medicare payments without diminishing beneficiary access to appropriate medical care or running counter to current medical practice.

WHAT ARE CMS PLANS FOR IMPLEMENTING MUEs?

CMS does want to make this as public a process as possible. Based on feedback from various provider groups, CMS has decided to implement MUEs in phases with the edits based on anatomic considerations being phase 1. Sometime between July 24, 2006 and July 31, 2006, CMS will release edits based on anatomical considerations for a 60 day comment period. These edits are scheduled for a January 2007 implementation. The CMS plans to implement edits to prevent typographical errors in April 2007. After the implementation of these two phases, CMS will develop a plan for additional phases.

WILL CMS USE THE RULE MAKING PROCESS TO IMPLMENT MUEs?

Because MUEs are a mechanism to identify obvious billing mistakes and are not designed to set payment policy or determine medical necessity, CMS does not need to use the rule making process to implement MUEs.

WILL CMS CONSIDER ALLOWING USE OF MODIFIERS TO BYPASS MUE LEVELS OR APPEALS OF DENIALS BASED ON MUEs?

When MUEs are implemented, CMS will have an appeals process in place to ensure payment for medically reasonable and necessary services that exceed established MUEs. CMS is also exploring the need for claims modifiers to by-pass MUEs on a pre-payment basis in specific, medically reasonable and necessary situations.

DID CMS CHANGE THE NAME OF THIS PROJECT?

Yes, CMS changed the name of the project to “Medically Unlikely Edits” as a result of provider comments and a suggestion made at the May 22, 2006, Practicing Physicians Advisory Council (PPAC) meeting. CMS has renamed the project to better reflect the purpose of the MUE project.

WHO SHOULD A PROVIDER OR OTHER INTERSTED PARTY CONTACT IF THEY HAVE QUESTIONS?

If you have any questions, please contact John Stewart at JOHN.STEWART@CMS.HHS.GOV or access the MUE website at <http://www.cms.hhs.gov/MedicalReviewProcess/>