



of Tennessee

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## Upcoming Code Edits (Effective June 1, 2021)

Beginning June 1, 2021, BlueCross BlueShield of Tennessee (BCBST) will implement the following new code editing policy to ensure appropriate coding guidelines are followed for claims submitted for reimbursement.

### Maximum Units (MUE) Edits policy

The Maximum Units of Service per day Medical Payment Policy is designed to identify coding errors and prevent excessive billing of a given Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code for a given date of service. The policy is applied using a member-based methodology which counts the number of units of service for a single date of service regardless of the provider (same or different provider and specialty).

According to the American Medical Association (AMA), CPT and the HCPCS Level II Manuals; the code descriptors for certain procedures indicate that the procedure may account for either one or multiples at the same site or for the same condition. It's inappropriate for providers to bill these procedures more than once per day or with units of service greater than one. Use of distinct services modifiers should not cause additional services to be allowed. Therefore, if the units of service billed are greater than one either on a single line with inappropriate units or on separate lines using bypassing modifiers, all inappropriately billed units or lines will be denied.

The Maximum Units of Service per day policy is derived from several sources, The Centers for Medicaid and Medicare Services (CMS), AMA, knowledge of anatomy, the standards of medical practice, Federal Drug Administration (FDA) and other nationally recognized drug references, and claims data from provider billing patterns.

CMS publishes these identified services as "Medically Unlikely Edits" (MUE) with an indicator of 1 with an MUE Adjudication Indicator (MAI) 2.

These are listed as "absolute" per day denials.

#### Examples of inappropriate billing:

- CPT code 11055 is defined as paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus), single lesion.
- Code 11056 is defined as 2 to 4 lesions.
- Code 11057 is defined as more than 4 lesions.

Also, CPT 47600 (Cholecystectomy) would not be appropriately reported with multiple units, based on human anatomy.

Please refer to BlueCross Provider Administration Manuals for correct reporting for bilateral procedures.

Providers may submit corrected claims. Follow the reconsideration/appeals process or contact customer service for claim denial questions or concerns.