

# interChange Provider Important Message

**Attention: Physicians, Advanced Practice Registered Nurses (APRN), Certified Nurse Midwives (CNM), Physician Assistants (PA), Rehabilitation Clinics, Family Planning Clinics, Optometrists, Psychologists, Podiatrists, Independent Laboratories, Independent Therapists, Independent Radiology Providers, Medical Equipment Devices and Supplies (MEDS) Providers, Ambulatory Surgery Centers, Naturopaths, Chiropractors, Outpatient Hospitals and Chronic Disease Hospitals**

## **National Correct Coding Initiative (NCCI) – Medically Unlikely Edits (MUE) Review Process**

The Department of Social Services (DSS) has received claims to review for services that exceed the National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE) limit, but have not received any additional information that will support an approval by DSS that the service for which payment denied is medically necessary.

Providers can request The Department of Social Services (DSS) review of claims with denied details due to exceeding an MUE with Explanation of Benefits (EOB) Code 770 "MUE Units Exceeded" per Provider Bulletin 2017-69 "National Correct Coding Initiative (NCCI) - Medically Unlikely Edits Review Process".

If a service denies solely due to exceeding the NCCI MUE limit, providers may submit a request to have the service reviewed. The detail that exceeded the allowed MUE must be broken out into two separate details. The first detail line should be submitted with the allowed MUE units and the remaining units must be submitted on a separate detail with modifier GD "Unit of Service > MUE Value". The claim should be submitted as an electronic claim and it will be suspended for review with Explanation of Benefit (EOB) code 772 "Unit of Service > MUE and Claim Paid/Denied after policy review". If the original claim was partially paid it should be voided and the claim should be re-submitted electronically.

The electronic claim must be submitted following the guidelines set forth in Provider Bulletin 2017-49, "Electronic Claim Submission with Paper Attachment Process" for an MUE review.

# interChange Provider Important Message

The additional information can be faxed to 1-860-986-7995 or mailed to DXC Technology, PO Box 2971 Hartford, CT 06104 following the instructions for submitting paper attachments in Provider Bulletin 2017-49.

Electronic claims submitted for review will remain in a suspended status for up to 30 calendar days, if additional information is not received by 30 calendar days the service will be denied.

\* Please use blue or black ink when filling out the Attachment Control Number (ACN) Electronic Claim Cover Sheet.