National Correct Coding Initiative (NCCI), Medically Unlikely Edits (MUE) for Practitioner and Ambulatory Surgical Center (ASC) Services

The Affordable Care Act requires that States incorporate National Correct Coding Initiative (NCCI) edits and methodologies for Medicaid claims processing. The NCCI Medically Unlikely Edits (MUE) will be implemented for practitioner and ASC services within the coming weeks in Medicaid fee for service claims processing.

MUEs are units of service (UOS) edits which define the maximum number of units that are likely to be reported when a service is submitted correctly for applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) codes.

MUEs are applied separately to each line of a claim, not to the total number of units for a procedure code/HCPCS on a single date of service. If the unit of service submitted exceeds the MUE value for the code on a claim line, the entire line will be denied. Practitioners and ASC providers may see new edit message, “809” that pertains specifically to NCCI MUE edits:

809 - ‘CCI: Units of service exceeds medically unlikely edit’

For some procedures (e.g. cholecystectomy), the MUE is an absolute limit. However, for other procedures, providers may occasionally report units of service in excess of the MUE value by reporting the same code on more than one line of the claim with an appropriate modifier when medically necessary and supported by clinical documentation.

With the implementation of MUE’s, providers could see denials on procedures that may have previously paid when billed in the same manner. For MUE edits, the decision on the value for applicable services is determined by the Centers of Medicare and Medicaid Services (CMS). CMS updates these edits quarterly.


Providers should monitor subsequent remittance advice messages and the Louisiana Medicaid website for the specific remit date of when NCCI MUE editing will be implemented.

Each Bayou Health plan is required to administer NCCI editing, but may have slightly different implementation schedules and/or billing policies related to the mandate. Please contact each plan for information specific to that plan.

For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

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