Medically Unlikely Edits (MUEs) for Medicare Part B Drugs

What You Need to Know

- Medicare Part B drugs with a dedicated Healthcare Common Procedure Coding System (HCPCS) code may be assigned a Medically Unlikely Edit (MUE) limit
- An MUE is a product-specific quantity limit that defines the maximum typical utilization for a single patient on a single date of service
- If a Medicare Part B (eg, fee-for-service) claim is submitted for an amount in excess of the MUE limit, it will initially be denied automatically by the Medicare Administrative Contractor (MAC)

How Newly Approved Dosing Can Affect Your Claim for a Part B Drug

- If a Part B drug received US Food and Drug Administration (FDA) approval for a new dosing regimen, the maximum dose of the medication delivered may exceed its current MUE limit
- It may take several months for Medicare's system to be updated with the new dosing regimen
- Until Medicare's system is updated, any claim for traditional Medicare patients based on the new dosing regimen that exceeds the current MUE limit will be denied, but you may appeal this denial

The Steps You May Consider if Appealing a Claim Denial

- Respond to an MUE denial by submitting your claim with appropriate documentation for an appeal within 120 days of denial notification[1]
- Updated MUE limits can be found at **www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE**. Information is updated quarterly. Please note, not all MUE values are released by the Centers for Medicare & Medicaid Services (CMS)
- Appeals support resources are available at **www.merckaccessprogram.com**

Reference: 1. Centers for Medicare & Medicaid Services. First level of appeal: redetermination by a Medicare contractor. Revised November 15, 2019. https://www.cms.gov/Medicare/Appeals-and-Grievances/OrgMedFFSAppeals/RedeterminationbyaMedicareContractor. Accessed 18 December 2019.

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