

National Correct Coding Initiative

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June 22, 2017

Ms. Jenna W. Minton, Esq.
Minton Healthcare Strategies
**On behalf of Association for Behavior Analysis International,
Association of Professional Behavior Analysts,
Autism Speaks, Behavior Analyst Certification Board**
6069 Skyline Drive
East Lansing, MI 48823

Dear Ms. Minton:

I thank you for your letter dated May 11, 2017 in which you request a reconsideration of the Medically Unlikely Edit (MUE) values for three CPT codes. We discussed your correspondence with the Centers for Medicare & Medicaid Services (CMS) which owns MUE and determines its contents.

CMS appreciates you providing the data included with your letter. CMS has made the following decisions:

- (1) **CPT code 0365T** (Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)) – CMS will increase the MUE value from 7 to 15, a total of eight hours including the base code.
- (2) **CPT code 0369T** (Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)) - CMS will increase the MUE value from 7 to 11, a total of six hours including the base code. CMS does not think your data supports a higher value.
- (3) **CPT code 0374T** (Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)) – CMS will increase the MUE value from 6 to 10, a total of six hours including the base code.

The MUE changes will be implemented in the October 1, 2017 version of MUE. These edits will be date of service MUEs for Medicare. However, for Medicaid the MUEs will continue to be claim line edits since Medicaid has not yet implemented date of service MUEs.

For a Medicare date of service MUE, all units of service (UOS) for the code for the same date of service for the same provider for the same beneficiary are summed and compared to the MUE value.



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For claim line MUEs, the UOS on each claim line are compared to the MUE value for the code reported on that claim line.

If billed units of service (UOS) for a HCPCS/CPT code are denied based on an MUE value, the provider may appeal the denial. Medicare Administrative Contractors (MACs) and state Medicaid programs may pay UOS in excess of the MUE value if documentation supports medically reasonable and necessary UOS in excess of the MUE value.

A provider must not utilize an Advanced Beneficiary Notice (ABN) to seek payment from a Medicare beneficiary for services denied based on an MUE. An MUE denial of services is a provider liability.

CMS and we appreciate your comments and hope that the information that we have provided is helpful.

Sincerely,

Signed electronically by Niles R. Rosen, M.D.

Niles R. Rosen, M.D.
Medical Director
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