

Medically Unlikely Edits (MUEs) PuraPly™ and PuraPly™ AM

- CMS created Medically Unlikely Edits (MUEs) to reduce the paid claims error rate for Medicare claims due to clerical entries
- There is a MUE on Q4172 PuraPly™ and PuraPly™ AM
 - maximum unit limit per line is 128 in the outpatient hospital setting.
 - maximum unit limit per line is 54 in the physician office setting.
- For larger wounds customers will need to split the claim and may need to submit medical documentation supporting the size of the wound and product used
- The appropriate use of modifiers to report the same code on separate lines of a claim will enable a provider/supplier to report medically reasonable and necessary units of service in excess of an MUE value. CPT modifier such as -76 (repeat procedure by same physician) will accomplish this purpose

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPP CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
636	PuraPly AM	Q4172	04012017	128	XXX.XX		
636	PuraPly AM	Q4172	04012017	4	XXX.XX		
360	Application, first 100 sq cm	15273	04012017	1	XXX.XX		
360	Application, each additional 100 sq cm	15274	04012017	1	XXX.XX		

Enter appropriate revenue codes for all services provided. Revenue code 636 should be used when billing for PuraPly AM.

15273 and 15274 should be used based on the size of the wound. For example, a LEG wound measuring 132 sq cm, would be billed using 15273 (first 100 sq cm or less) and 15274 (each additional 100 sq cm or part thereof).

PuraPly AM is supplied in 128 sq cm and is for single use. This example is for a 132 sq cm wound, 1 piece of PuraPly AM 128 sq cm and 1 piece of PuraPly AM 4 sq cm was needed to cover the wound.

There is a MUE on Q4172 maximum unit limit per line of 128.

The CMS Medically Unlikely Edit (MUE) program was developed to reduce the paid claims error rate for Medicare claims due to clerical entries.

The appropriate use of HCPCS/Current Procedural Terminology (CPT) modifiers to report the same code on separate lines of a claim will enable a provider/supplier to report medically reasonable and necessary units of service in excess of an MUE value. CPT modifier such as -76 (repeat procedure by same physician) will accomplish this purpose

Source: <https://questions.cms.gov/faq.php?id=5005&rtopic=1867&rsubtopic=7005>

*The payments specified in this document are national unadjusted averages. All codes provided herein are for information purposes only and shall not be construed as a statement, promise or guarantee that these codes are accurate or reimbursement will be received. Coding practice will vary by site of care, patient condition, range of services provided, local MAC instructions, and other factors. Coding requirements are subject to change at any time, therefore check with your local payer regularly.
Source: <https://questions.cms.gov/faq.php?id=5005&rtopic=1867&rsubtopic=7005>