

Attention Providers: Effective April 1, 2015 MUE updates will only be available at the link below

<http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>

Medically Unlikely Edit (MUE) Updates – Effective 1/1/2015

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|-----------------------------------|---------------------|
| 10120 | Remove foreign body | 3 |
| 10121 | Remove foreign body | 2 |
| 10140 | Drainage of hematoma/fluid | 2 |
| 10160 | Puncture drainage of lesion | 3 |
| 10180 | Complex drainage wound | 2 |
| 11001 | Debride infected skin add-on | 2 |
| 11101 | Biopsy skin add-on | 6 |
| 11400 | Exc tr-ext b9+marg 0.5 cm< | 3 |
| 11401 | Exc tr-ext b9+marg 0.6-1 cm | 3 |
| 11402 | Exc tr-ext b9+marg 1.1-2 cm | 3 |
| 11403 | Exc tr-ext b9+marg 2.1-3cm/< | 2 |
| 11404 | Exc tr-ext b9+marg 3.1-4 cm | 2 |
| 11406 | Exc tr-ext b9+marg >4.0 cm | 2 |
| 11422 | Exc h-f-nk-sp b9+marg 1.1-2 | 3 |
| 11423 | Exc h-f-nk-sp b9+marg 2.1-3 | 2 |
| 11424 | Exc h-f-nk-sp b9+marg 3.1-4 | 2 |
| 11426 | Exc h-f-nk-sp b9+marg >4 cm | 2 |
| 11440 | Exc face-mm b9+marg 0.5 cm/< | 4 |
| 11441 | Exc face-mm b9+marg 0.6-1 cm | 3 |
| 11442 | Exc face-mm b9+marg 1.1-2 cm | 3 |
| 11443 | Exc face-mm b9+marg 2.1-3 cm | 2 |
| 11444 | Exc face-mm b9+marg 3.1-4 cm | 2 |
| 11600 | Exc tr-ext mal+marg 0.5 cm/< | 2 |
| 11601 | Exc tr-ext mal+marg 0.6-1 cm | 2 |
| 11602 | Exc tr-ext mal+marg 1.1-2 cm | 3 |
| 11603 | Exc tr-ext mal+marg 2.1-3 cm | 2 |
| 11604 | Exc tr-ext mal+marg 3.1-4 cm | 2 |
| 11606 | Exc tr-ext mal+marg >4 cm | 2 |
| 11620 | Exc h-f-nk-sp mal+marg 0.5/< | 2 |
| 11621 | Exc s/n/h/f/g mal+mrg 0.6-1 | 2 |
| 11622 | Exc s/n/h/f/g mal+mrg 1.1-2 | 2 |
| 11623 | Exc s/n/h/f/g mal+mrg 2.1-3 | 2 |
| 11624 | Exc s/n/h/f/g mal+mrg 3.1-4 | 2 |
| 11626 | Exc s/n/h/f/g mal+mrg >4 cm | 2 |
| 11640 | Exc f/e/e/n/l mal+mrg 0.5cm< | 2 |
| 11641 | Exc f/e/e/n/l mal+mrg 0.6-1 | 2 |
| 11642 | Exc f/e/e/n/l mal+mrg 1.1-2 | 3 |
| 11643 | Exc f/e/e/n/l mal+mrg 2.1-3 | 2 |
| 11644 | Exc f/e/e/n/l mal+mrg 3.1-4 | 2 |
| 11646 | Exc f/e/e/n/l mal+mrg >4 cm | 2 |
| 11740 | Drain blood from under nail | 3 |
| 11750 | Removal of nail bed | 6 |
| 11752 | Remove nail bed/tip | 3 |
| 11760 | Repair of nail bed | 4 |
| 11762 | Reconstruction of nail bed | 2 |
| 11960 | Insert tissue expander(s) | 2 |

| | | |
|-------|------------------------------|----|
| 13102 | Cmplx rpr trunk addl 5cm/< | 9 |
| 13122 | Cmplx rpr s/a/l addl 5 cm/> | 9 |
| 13133 | Cmplx rpr f/c/c/m/n/ax/g/h/f | 7 |
| 13153 | Cmplx rpr e/n/e/l addl 5cm/< | 2 |
| 14350 | Filleted finger/toe flap | 2 |
| 15101 | Skin splt grft t/a/l add-on | 40 |
| 15121 | Skn splt a-grft f/n/hf/g add | 8 |
| 15201 | Skin full graft trunk add-on | 9 |
| 15221 | Skin full graft add-on | 9 |
| 15241 | Skin full graft add-on | 9 |
| 15261 | Skin full graft add-on | 6 |
| 15732 | Muscle-skin graft head/neck | 3 |
| 15783 | Dermabrasion suprfl any site | 1 |
| 15787 | Abrasion lesions add-on | 2 |
| 17250 | Chemical cautery tissue | 4 |
| 17260 | Destruction of skin lesions | 7 |
| 17261 | Destruction of skin lesions | 7 |
| 17262 | Destruction of skin lesions | 6 |
| 17263 | Destruction of skin lesions | 5 |
| 17270 | Destruction of skin lesions | 6 |
| 20600 | Drain/inj joint/bursa w/o us | 4 |
| 20604 | Drain/inj joint/bursa w/us | 4 |
| 20605 | Drain/inj joint/bursa w/o us | 4 |
| 20606 | Drain/inj joint/bursa w/us | 4 |
| 20610 | Drain/inj joint/bursa w/o us | 4 |
| 20611 | Drain/inj joint/bursa w/us | 4 |
| 64486 | Tap block unil by injection | 1 |
| 64487 | Tap block uni by infusion | 1 |
| 64488 | Tap block bi injection | 1 |
| 64489 | Tap block bi by infusion | 1 |
| 77331 | Special radiation dosimetry | 3 |
| 88365 | Insitu hybridization (fish) | 2 |
| 88367 | Insitu hybridization auto | 2 |
| 90785 | Psytx complex interactive | 1 |

Medically Unlikely Edit (MUE) Updates - Effective 10/1/2014

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|-----------------------------------|---------------------|
| 61105 | Twist drill hole | 1 |
| 63035 | Spinal disk surgery add-on | 4 |
| 63048 | Remove spinal lamina add-on | 5 |
| 63057 | Decompress spine cord add-on | 3 |
| 63066 | Decompress spine cord add-on | 1 |
| 63076 | Neck spine disk surgery | 3 |
| 63078 | Spine disk surgery thorax | 3 |
| 63086 | Remove vertebral body add-on | 2 |
| 63088 | Remove vertebral body add-on | 4 |
| 63091 | Remove vertebral body add-on | 3 |
| 63308 | Remove vertebral body add-on | 3 |
| 64640 | Injection treatment of nerve | 5 |

| | | |
|-------|------------------------------|---|
| 64727 | Internal nerve revision | 2 |
| 64778 | Digit nerve surgery add-on | 1 |
| 64832 | Repair nerve add-on | 3 |
| 64837 | Repair nerve add-on | 2 |
| 64902 | Nerve graft add-on | 1 |
| 67331 | Eye surgery follow-up add-on | 1 |
| 67332 | Rerevise eye muscles add-on | 1 |
| 67334 | Revise eye muscle w/suture | 1 |
| 67335 | Eye suture during surgery | 1 |
| 67830 | Revise eyelashes | 1 |

Medically Unlikely Edit (MUE) Updates - Effective 7/1/2014

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|--|---------------------|
| 11732 | REMOVE NAIL PLATE ADD-ON | 9 |
| 17264 | DESTRUCTION, MALIGNANT LESION (EG, LASER | 3 |
| 17266 | DESTRUCTION, MALIGNANT LESION (EG, LASER | 2 |
| 17276 | DESTRUCTION, MALIGNANT LESION (EG, LASER | 3 |
| 17286 | DESTRUCTION, MALIGNANT LESION (EG, LASER | 3 |
| 28124 | PARTIAL EXCISION (CRATERIZATION, SAUCERI | 4 |
| 44121 | ENTERECTOMY, RESECTION OF SMALL INTESTIN | 4 |
| 56606 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PR | 6 |
| 82088 | ALDOSTERONE | 2 |
| 83003 | ASSAY GROWTH HORMONE (HGH) | 5 |
| 83876 | ASSAY MYELOPEROXIDASE | 1 |
| 84443 | THYROID STIMULATING HORMONE (TSH) | 4 |
| 85291 | CLOT FACTOR XIII FIBRIN SCRIN | 1 |
| 85292 | CLOT FACTOR FLETCHER FACT | 1 |
| 85293 | CLOT FACTOR WGHT KININOGEN | 1 |
| 85301 | ANTITHROMBIN III ANTIGEN | 1 |
| 85302 | CLOT INHIBIT PROT C ANTIGEN | 1 |
| 85345 | COAGULATION TIME LEE & WHITE | 1 |
| 86821 | LYMPHOCYTE CULTURE MIXED | 1 |
| J0178 | AFLIBERCEPT INJECTION | 4 |
| J3465 | INJECTION, VORICONAZOLE, 10 MG | 40 |
| J7196 | OTHER HEMOPHILIA CLOTTING FACTORS, (E.G. | 175 |

Medically Unlikely Edit (MUE) Updates - Effective 4/1/2014

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|--|---------------------|
| 19110 | NIPPLE EXPLORATION, WITH OR WITHOUT EXCI | 1 |
| 20612 | ASPIRATION AND/OR INJECTION OF GANGLION | 2 |
| 21936 | Resect back tum 5 cm/> | 1 |
| 23078 | Resect shoulder tumor 5 cm/> | 1 |
| 23140 | EXCISION OR CURETTAGE OF BONE CYST OR BE | 1 |
| 25645 | OPEN TREATMENT OF CARPAL BONE FRACTURE (| 1 |
| 26200 | EXCISION OR CURETTAGE OF BONE CYST OR BE | 2 |
| 26205 | EXCISION OR CURETTAGE OF BONE CYST OR BE | 1 |
| 26210 | EXCISION OR CURETTAGE OF BONE CYST OR BE | 2 |
| 26230 | PARTIAL EXCISION (CRATERIZATION, SAUCERI | 2 |
| 28104 | EXCISION OR CURETTAGE OF BONE CYST OR BE | 2 |
| 28106 | EXCISION OR CURETTAGE OF BONE CYST OR BE | 1 |
| 28630 | CLOSED TREATMENT OF METATARSOPHALANGEAL | 2 |
| 28635 | CLOSED TREATMENT OF METATARSOPHALANGEAL | 2 |
| A9570 | INDIUM IN-111 AUTO WBC | 1 |
| L3201 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR O | 2 |
| L3202 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR O | 2 |
| L3203 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR O | 2 |
| L3204 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR | 2 |
| L3206 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR | 2 |
| L3207 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR | 2 |
| L3265 | PLASTAZOTE SANDAL, EACH | 2 |

Medically Unlikely Edit (MUE) Updates Effective 10/1/2013

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|--|---------------------|
| 11001 | DEBRIDE INFECTED SKIN ADD-ON | 2 |
| 20816 | REPLANTATION DIGIT COMPLETE | 3 |
| 21282 | LATERAL CANTHOPEXY | 1 |
| 22315 | CLOSED TX VERT FX W/MANJ | 1 |
| 23040 | ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFE | 1 |
| 23125 | CLAVICULECTOMY; TOTAL | 1 |
| 23406 | TENOMYOTOMY, SHOULDER AREA; MULTIPLE THR | 1 |
| 23410 | REPAIR ROTATOR CUFF ACUTE | 1 |
| 23420 | RECONSTRUCTION OF COMPLETE SHOULDER (ROT | 1 |
| 23430 | TENODESIS OF LONG TENDON OF BICEPS | 1 |
| 23440 | RESECTION OR TRANSPLANTATION OF LONG TEN | 1 |
| 23455 | CAPSULORRHAPHY, ANTERIOR; BANKART TYPE O | 1 |
| 23460 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH | 1 |
| 23465 | CAPSULORRHAPHY FOR RECURRENT DISLOCATION | 1 |
| 23480 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INT | 1 |
| 23500 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; | 1 |
| 23515 | TREAT CLAVICLE FRACTURE | 1 |
| 23520 | CLOSED TREATMENT OF STERNOCLAVICULAR DIS | 1 |
| 23525 | CLOSED TREATMENT OF STERNOCLAVICULAR DIS | 1 |
| 23530 | OPEN TREATMENT OF STERNOCLAVICULAR DISLO | 1 |
| 23540 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DI | 1 |
| 23545 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DI | 1 |
| 23550 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISL | 1 |
| 23570 | CLOSED TREATMENT OF SCAPULAR FRACTURE; W | 1 |
| 23585 | TREAT SCAPULA FRACTURE | 1 |
| 23605 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SU | 1 |

Medically Unlikely Edit (MUE) Updates - Effective 10/1/2013 (cont.)

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|--|---------------------|
| 23615 | TREAT HUMERUS FRACTURE | 1 |
| 23650 | CLOSED TREATMENT OF SHOULDER DISLOCATION | 1 |
| 23655 | CLOSED TREATMENT OF SHOULDER DISLOCATION | 1 |
| 23660 | OPEN TREATMENT OF ACUTE SHOULDER DISLOCA | 1 |
| 23670 | TREAT DISLOCATION/FRACTURE | 1 |
| 23700 | MANIPULATION UNDER ANESTHESIA, SHOULDER | 1 |
| 26123 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE | 1 |
| 26498 | TENDON TRANSFER TO RESTORE INTRINSIC FUN | 1 |
| 27818 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE F | 1 |
| 65760 | KERATOMILEUSIS | 1 |
| 65765 | KERATOPHAKIA | 1 |
| 65767 | EPIKERATOPLASTY | 1 |
| 65771 | RADIAL KERATOTOMY | 1 |
| 67971 | RECONSTRUCTION OF EYELID, FULL THICKNESS | 1 |
| 67973 | RECONSTRUCTION OF EYELID, FULL THICKNESS | 1 |
| 67974 | RECONSTRUCTION OF EYELID, FULL THICKNESS | 1 |
| 67975 | RECONSTRUCTION OF EYELID, FULL THICKNESS | 1 |
| 68700 | PLASTIC REPAIR OF CANALICULI | 1 |
| 68720 | DACRYOCYSTORHINOSTOMY (FISTULIZATION OF | 1 |
| 68745 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF | 1 |
| 68750 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF | 1 |
| 68770 | CLOSURE OF LACRIMAL FISTULA (SEPARATE PR | 1 |
| 68810 | PROBING OF NASOLACRIMAL DUCT, WITH OR WI | 1 |
| 68811 | PROBING OF NASOLACRIMAL DUCT, WITH OR WI | 1 |
| 68815 | PROBING OF NASOLACRIMAL DUCT, WITH OR WI | 1 |
| 80055 | OBSTETRIC PANEL | 1 |
| 99241 | OFFICE CONSULTATION | 1 |
| 99242 | OFFICE CONSULTATION | 1 |
| 99243 | OFFICE CONSULTATION | 1 |
| 99244 | OFFICE CONSULTATION | 1 |
| 99245 | OFFICE CONSULTATION | 1 |
| S2083 | ADJUSTMENT GASTRIC DIAMETER | 1 |
| V5014 | REPAIR/MODIFICATION OF A HEARING AID | 1 |

Medically Unlikely Edit (MUE) Updates Effective 7/1/2013

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|--|---------------------|
| 15820 | BLEPHAROPLASTY, LOWER EYELID; | 1 |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE | 1 |
| 15822 | BLEPHAROPLASTY, UPPER EYELID; | 1 |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE | 1 |
| 15840 | NERVE PALSY FASCIAL GRAFT | 1 |
| 19318 | REDUCTION MAMMAPLASTY | 1 |
| 19324 | MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTH | 1 |
| 19325 | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC | 1 |
| 19328 | REMOVAL OF INTACT MAMMARY IMPLANT | 1 |
| 19342 | DELAYED INSERTION OF BREAST PROSTHESIS | 1 |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION | 1 |
| 19357 | BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED | 1 |
| 19366 | BREAST RECONSTRUCTION WITH OTHER TECHNIQE | 1 |
| 19367 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS | 1 |
| 19368 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS | 1 |

Medically Unlikely Edit (MUE) Updates - Effective 7/1/2013 (cont.)

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|--|---------------------|
| 19369 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS | 1 |
| 19370 | OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST | 1 |
| 19371 | PERIPROSTHETIC CAPSULECTOMY, BREAST | 1 |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT | 1 |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPORO | 1 |
| 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE) | 1 |
| 23000 | REMOVAL OF SUBDELTOID CALCAREOUS DEPOSIT | 1 |
| 27457 | OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR | 1 |
| 30115 | EXCISION, NASAL POLYP(S), EXTENSIVE | 1 |
| 32997 | TOTAL LUNG LAVAGE (UNILATERAL) | 1 |
| 49500 | RPR ING HERNIA INIT REDUCE | 1 |
| 49505 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS | 1 |
| 49650 | LAP ING HERNIA REPAIR INITIAL INGUINAL HERNIA | 1 |
| 50780 | URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE | 1 |
| 54640 | ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT | 1 |
| 68810 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT | 1 |
| 68811 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT | 1 |
| 68815 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT | 1 |
| 69300 | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT | 1 |
| 69436 | TYMPANOSTOMY (REQUIRING INSERTION OF VENT | 1 |
| 94781 | CAR SEAT/BED TEST + 30 MIN | 1 |
| 99241 | OFFICE CONSULTATION | 1 |
| 99242 | OFFICE CONSULTATION | 1 |
| 99243 | OFFICE CONSULTATION | 1 |
| 99244 | OFFICE CONSULTATION | 1 |
| 99245 | OFFICE CONSULTATION | 1 |
| L7902 | TENSION RING, VAC ERECT DEV | 1 |

Medically Unlikely Edit (MUE) Updates Effective 4/1/2013

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|--|---------------------|
| L3215 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD | 2 |
| L3216 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH | 2 |
| L3217 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP | 2 |
| L3219 | ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, | 2 |
| L3221 | ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH | 2 |
| L3222 | ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP | 2 |
| L3224 | ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD | 2 |
| L3225 | ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD | 2 |
| L3230 | ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH | 2 |
| L3250 | ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, | 2 |
| L3251 | FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE | 2 |
| L3252 | FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE | 2 |
| L3253 | FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) | 2 |
| 11450 | REMOVAL SWEAT GLAND LESION | 1 |
| 11451 | REMOVAL SWEAT GLAND LESION | 1 |
| 21355 | PERQ TX MALAR FRACTURE | 1 |
| 21360 | OPN TX DPRSD MALAR FRACTURE | 1 |
| 21365 | OPN TX COMPLX MALAR FX | 1 |
| 21385 | OPN TX ORBIT FX TRANSANTRAL | 1 |
| 21390 | OPN TX ORBIT PERIORBTL IMPLT | 1 |
| 21401 | CLOSED TX ORBIT W/ MANIPULJ | 1 |

Medically Unlikely Edit (MUE) Updates Effective 4/1/2013 (cont.)

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|---|---------------------|
| 21700 | DIVISION OF SCALENUS ANTICUS; WITHOUT RE | 1 |
| 21705 | DIVISION OF SCALENUS ANTICUS; WITH RESEC | 1 |
| 23120 | PARTIAL REMOVAL COLLAR BONE | 1 |
| 23473 | REVIS RECONST SHOULDER JOINT | 1 |
| 23474 | REVIS RECONST SHOULDER JOINT | 1 |
| 23920 | DISARTICULATION OF SHOULDER; | 1 |
| 24370 | REVISE RECONST ELBOW JOINT | 1 |
| 24371 | REVISE RECONST ELBOW JOINT | 1 |
| 26030 | DRAINAGE OF PALM BURSAS | 1 |
| 26517 | CAPSULODESIS FOR M-P JOINT STABILIZATION | 1 |
| 26518 | CAPSULODESIS FOR M-P JOINT STABILIZATION | 1 |
| 26645 | CLOSED TREATMENT OF CARPOMETACARPAL FRAC | 1 |
| 26665 | TREAT THUMB FRACTURE | 1 |
| 26820 | FUSION IN OPPOSITION, THUMB, WITH AUTOGE | 1 |
| 26841 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUM | 1 |
| 27295 | DISARTICULATION OF HIP | 1 |
| 27397 | TRANSPLANTS OF THIGH TENDONS | 1 |
| 27570 | MANIPULATION OF KNEE JOINT UNDER GENERAL | 1 |
| 27681 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LE | 1 |
| 27860 | MANIPULATION OF ANKLE UNDER GENERAL ANES | 1 |
| 28226 | TENOLYSIS, EXTENSOR, FOOT; MULTIPLE | 1 |
| 28230 | TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR | 1 |
| 28344 | RECONSTRUCTION, TOE(S); POLYDACTYLY | 1 |
| 28490 | CLOSED TREATMENT OF FRACTURE GREAT TOE | 1 |
| 28505 | TREAT BIG TOE FRACTURE | 1 |
| 28540 | CLOSED TREATMENT OF TARSAL BONE DISLOCAT | 1 |
| 28545 | CLOSED TREATMENT OF TARSAL BONE DISLOCAT | 1 |
| 28555 | REPAIR FOOT DISLOCATION | 1 |
| 28570 | CLOSED TREATMENT OF TALOTARSAL JOINT DIS | 1 |
| 28575 | CLOSED TREATMENT OF TALOTARSAL JOINT DIS | 1 |
| 28585 | REPAIR FOOT DISLOCATION | 1 |
| 28705 | ARTHRODESIS; PANTALAR/PANTALAR ARTHRODES | 1 |
| 28715 | ARTHRODESIS; TRIPLE/TRIPLE ARTHRODESIS | 1 |
| 28725 | ARTHRODESIS; SUBTALAR/SUBTALAR ARTHRODES | 1 |
| 28730 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSA | 1 |
| 31661 | BRONCH THERMOPLSTY 2/> LOBES | 1 |
| 50010 | RENAL EXPLORATION, NOT NECESSITATING OTH | 1 |
| 58820 | DRAIN OVARY ABSCESS OPEN | 1 |
| 58822 | DRAIN OVARY ABSCESS PERCUT | 1 |
| 69000 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATO | 1 |
| 69005 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATO | 1 |
| 69020 | DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS | 1 |
| 69110 | REMOVE EXTERNAL EAR PARTIAL | 1 |
| 69140 | EXCISION EXOSTOSIS(ES), EXTERNAL AUDITOR | 1 |
| 69145 | EXCISION SOFT TISSUE LESION, EXTERNAL AU | 1 |
| 69320 | RECONSTRUCTION EXTERNAL AUDITORY CANAL | 1 |
| 69400 | EUSTACHIAN TUBE INFLATION, TRANSNASAL; | 1 |
| 92929 | PRQ CARD STENT W/ANGIO ADDL | 2 |
| 92934 | PRQ CARD STENT/ATH/ANGIO | 2 |
| 92944 | PRQ CARD REVASC CHRONIC ADDL | 1 |

Medically Unlikely Edit (MUE) Updates Effective 1/1/2013

| Procedure Code | Procedure Code Description | CMS Quantity |
|-----------------------|---|---------------------|
| 81225 | CYP2C19 GENE COM VARIANTS | 1 |
| 81226 | CYP2D6 GENE COM VARIANTS | 1 |
| 81227 | CYP2C9 GENE COM VARIANTS | 1 |
| 81228 | CYTOGEN MICRARRAY COPY NMBR | 1 |
| 81229 | CYTOGEN M ARRAY COPY NO&SNP | 1 |
| 81261 | IGH GENE REARRANGE AMP METH | 1 |
| 81262 | IGH GENE REARRANG DIR PROBE | 1 |
| 81263 | IGH VARI REGIONAL MUTATION | 1 |
| 81264 | IGK REARRANGEABN CLONAL POP | 1 |
| 87267 | ENTEROVIRUS ANTIBODY DFA | 1 |
| 87503 | INFLUENZA DNA AMP PROB ADDL | 1 |
| 95851 | RANGE OF MOTION MEASUREMENTS AND REPORT | 3 |
| 97810 | ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT | 1 |