Ophthalmologists are now accustomed to the new environment of coding and reporting limits imposed by various payers. One of the less-recognized, but nonetheless important, programs that moves Medicare further in that direction is the “Medically Unlikely Edits” ("MUE") initiative.

The Medically Unlikely Edits program began in 2007, but many providers are still unfamiliar with the intent and mechanism of this project. The stated intent of the Medically Unlikely Edits program is to reduce the rate of erroneously reported Medicare claims.

These edits are generated by the same contractor responsible for National Correct Coding Initiative (NCCI) edits. Many providers know the NCCI edits as the “bundling” edits. Your local Medicare contractor enforces the edits.

The CMS (Medicare) website that addresses this program is located here:


At this site, the program is described and a link to Medically Unlikely Edit values for practitioners is provided.
The basic concept behind this program is that the edits place maximums on the number of units of service per code that can be reported by a provider for the same beneficiary on the same date of service. Any claim line where the “claim line MUE” value is exceeded will be denied.

The edits are established based on various factors such as anatomic considerations and customary medical practice. These edits have not been generated for all CPT codes, however.

The medically unlikely edit value for total splenectomy (CPT 38100) is “1,” because we have only one spleen.

A substantial majority of ophthalmic procedure codes carry an MUE value of “1.” There are some exceptions, such as some strabismus and oculoplastics codes.

The MUE program is a prepayment program. This means the service will be denied before payment is generated. The program applies to all Part B services, including ASC and hospital outpatient claims. Patients may not be balance billed following a denial based upon an MUE.

Bilateral procedures should be reported with the -50 modifier to Medicare. Therefore, bilateral trabeculoplasty on a given date of service would be
reported on one claim line as CPT 65855-50 with one unit of service. This would pass the edit screen, because the MUE value for 65855 is “1.”

CMS has chosen not to publish all the MUE values against which it adjudicates claims. The stated intent of this policy is to prevent fraud. Their apparent concern is that publication of high MUE values might encourage unscrupulous providers to report services at high volume, knowing that the edit will not be surpassed.

There are two varieties of Medically Unlikely Edits. The first is known as a “claim line” or “unit of service” edit. With a claim line edit, each line of a claim is compared to the MUE value. Claim lines for which the reported units of service are no greater than the MUE value will pass the edit.

As of April 2013, a new type of MUE known as a “date of service” edit was created. With this type of Medically Unlikely Edit, the total number of units for a given code reported for a single date is compared to the edit value. Passing the edit requires that the total units for the given date does not exceed the listed value, regardless of the number of claim lines used to report the service.
The list of codes that are subject to date of service edits, as opposed to claim line edits, is not released by CMS.

In situations where it is medically appropriate to report services in excess of a claim line edit, the edit may be bypassed with the use of particular modifiers. For example, a patient undergoing anterior chamber paracentesis of the right eye that needs a repeat paracentesis that day could be reported as 65800-76.

There is a mechanism by which these edits may be changed. However, the recommended first step is to contact a major organization such as the American Academy of Ophthalmology as they may be able to provide insight as to the rationale for the edit value. Edit values are revised quarterly by CMS.

It will be well worthwhile to follow developments in this program, in addition to others that potentially limit your reimbursement for your services.

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