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# CMS Manual System

## Pub. 100-08 Medicare Program Integrity

Transmittal 106

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Date: MARCH 4, 2005

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CHANGE REQUEST 3721

**SUBJECT:** Inclusion of Interventional Pain Management Specialists on Carrier Advisory Committee (CAC) Membership

**I. SUMMARY OF CHANGES:** Updates exhibit 3 of the Program Integrity Manual to include interventional pain management specialists on the list of clinical specialties to be included in carrier advisory committees.

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*:** February 1, 2005  
**IMPLEMENTATION DATE:** April 4, 2005

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:**  
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Exhibit 3/3.1/Physicians

**III. FUNDING:** Medicare contractors shall implement these instructions within their current operating budgets.

**IV. ATTACHMENTS:**

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

\*Unless otherwise specified, the effective date is the date of service.

# Attachment - Business Requirements

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**SUBJECT: Inclusion of Interventional Pain Management Specialists on Carrier Advisory Committee (CAC) Membership**

## I. GENERAL INFORMATION

**A. Background:** Carriers are required to maintain CACs. The CAC is intended to provide a formal mechanism for physicians in the State to be informed of and participate development of an LCD in an advisory capacity; to discuss and improve administrative policies that are within discretion; and to facilitate information exchange between carriers and physicians.

**B. Policy:** Carriers must include representatives of certain specialties on the CAC. Among others, these specialties must include interventional pain management specialists.

**C. Provider Education:** None.

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers				Other
						I	M	V	C	
		H	r	r	E	S	S	M	W	
3721.1	Contractors shall include one physician representative from the clinical specialty of interventional pain management on their carrier advisory committee.			X						

## III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

**A. Other Instructions:** N/A

X-Ref Requirement #	Instructions

**B. Design Considerations:** N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

**IV. SCHEDULE, CONTACTS, AND FUNDING**

<p><b>Effective Date*:</b> February 1, 2005  <b>Implementation Date:</b> April 4, 2005</p> <p><b>Pre-Implementation Contact(s):</b> John Warren  (410) 786-3633</p> <p><b>Post-Implementation Contact(s):</b> John Warren  (410) 786-3633</p>	<p><b>Medicare contractors shall implement these instructions within their current operating budgets.</b></p>
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### **3.1 - Physicians**

*(Rev.106, Issued: 03-04-05, Effective: 02-01-05, Implementation: 04-04-05)*

Medicare defines physicians as:

- Doctors of medicine;
- Doctors of osteopathy;
- Doctors of dental surgery or dental medicine;
- Chiropractors;
- Doctors of podiatry or surgical chiropody; and
- Doctors of optometry.

Do not include other practitioners on this committee.

Carriers select committee representatives from names recommended by State medical societies and specialty societies. If the CMD is concerned because of identified utilization/MR problems with an individual who has been recommended as a committee representative, the CMD should discuss the recommendation with the nominating body. They must maintain confidentiality of the specifics of the situation in any discussion.

If there is no organized specialty society for a particular specialty, the CMD should work with the State medical society to determine how the specialty is to be represented. Encourage each State medical society and specialty society to nominate representatives to the CAC.

If there are multiple specialty societies representing a specialty, select only one representative. Encourage specialty societies to work together to determine how a representative is selected and how that representative communicates with each society.

The CMDs who become committee members or are appointed or elected as officers in any state or national medical society or other professional organization must provide written notice of membership, election, or appointment to CO and RO, as well as to the CAC within 3 months of the membership, election, or appointment effective date. This notice can be provided as part of the CAC minutes if the CMD chooses to give CAC notice via the CAC meeting forum, provided that the CAC meeting is held within the 3-month notice period.

Attempt to include, as members of your CAC, physician representatives from each of the following groups:

- State medical and osteopathic societies (president or designee);

- National Medical Association (representative of either the local or State chapter or its equivalent, if one exists); and
- Medicare managed care organizations. In order to enhance the consistency of decision making between Medicare managed care plans and traditional fee-for-service, Medicare managed care organizations shall also have representation on the CAC. The number of managed care representatives on the CAC should be based on the Medicare penetration (enrollment) rates for that State; one representative for those States with penetration rates of less than 5 percent and two representatives for those States with penetration rates of 5 percent or higher. The State HMO association should periodically submit nominees for membership on the CAC.
- Physician representatives for each of the following: 1) Chiropractic; 2) Maxillofacial/Oral surgery; 3) Optometry; and 4) Podiatry.

Include one physician representative of each of the following clinical specialties and sub-specialties:

- Allergy;
- Anesthesia;
- Cardiology;
- Cardiovascular/Thoracic Surgery;
- Dermatology;
- Emergency Medicine;
- Family Practice;
- Gastroenterology;
- Gerontology
- General Surgery;
- Hematology;
- Internal Medicine;
- Infectious Disease;
- *Interventional Pain Management;*
- Medical Oncology;
- Nephrology;
- Neurology;
- Neurosurgery;
- Nuclear Medicine;
- Obstetrics/Gynecology;
- Ophthalmology;
- Orthopedic Surgery;
- Otolaryngology;
- Pathology;
- Pediatrics;
- Peripheral Vascular Surgery;
- Physical Medicine and Rehabilitation;
- Plastic and Reconstructive Surgery;

- Psychiatry;
- Pulmonary Medicine;
- Radiation Oncology;
- Radiology;
- Rheumatology; and
- Urology

The CMD must work with the societies to ensure that committee members are representative of the entire service area and represent a variety of practice settings.