

**PRACTICING PHYSICIANS ADVISORY COUNCIL  
RECOMMENDATIONS – May 22, 2006 MEETING  
To Be Reported During August 28, 2006 Meeting**

**CMS Requests**

<b><u>Recommendations</u></b>	<b><u>Respondent</u></b>	<b><u>CMS Response</u></b>
<p><b><u>Agenda Item F: Medically Unbelievable Edits</u></b></p> <p><u>Medically Unbelievable Edits (MUE)</u>  56-F-1: PPAC recommends that CMS change the name of the MUE program to remove the term “unbelievable.” Some suggestions include replacing the word “unbelievable” with the word (s) “unlikely,” “unusual,” “unexpected associations,” or “inaccurate.”</p> <p>56-F-2: PPAC recommends that CMS allow modifiers for services that may be clinical outliers and develop an appeals process for claims denied under the MUE program.</p> <p>56-F-3: PPAC recommends that when CMS publishes the proposal for an MUE subset to be implemented in January 2007, CMS provide background information on the context and rationale for the MUE program and specific data on the estimated percentage of errors that CMS hopes to address. The information and data should be disseminated through educational vehicles of the American Medical Association (AMA) and national and state specialty societies, as well as the usual CMS communication channels.</p>	<p><b>Lisa Zone, Deputy Director, Program Integrity Group, Office of Financial Management</b></p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p><b><u>Agenda Item N: Testimony-American Medical Association</u></b></p> <p><u>AMA Testimony</u></p> <p>56-N-1: PPAC recommends that CMS continue to use its influence with Congress to encourage changes in physician reimbursement, particularly the sustainable growth rate, the outcome of which will enhance the Agency's ability to improve the quality of care for its beneficiaries.</p>	<p><b>Don Thompson</b>  <b>Senior</b>  <b>Technical</b>  <b>Advisor,</b>  <b>Hospital and</b>  <b>Ambulatory</b>  <b>Policy Group,</b>  <b>Center for</b>  <b>Medicare</b>  <b>Management</b></p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>56-N-2: PPAC commends CMS for using the input of the AMA's Physician Consortium for Performance Improvement in the quality measures for the Physician Voluntary Reporting Program. PPAC recommends that all physician measures used by CMS be developed by physician specialties through the Consortium, endorsed by the National Quality Forum, and implemented across public and private programs by working through the Ambulatory Care Quality Alliance.</p> <p><b><u>Agenda Item O: Wrap Up</u></b>  <b><u>Recommendations</u></b>  <u>Other Issues</u></p> <p>56-O-1: PPAC recommends that CMS continue to evaluate and correct disparities in payment to academic anesthesia programs to bring them in line with similar payment methodologies used by other teaching physicians.</p> <p>56-O-2: PPAC recommends that CMS resolve the issues related to electronic re-submission of denied claims as described in Transmittal 104 released by CMS on February 11, 2005, reflecting issues related to the ICD-9 code.</p>	<p><b>Tom Valuck, M.D., J.D., Medical Officer, Center for Medicare Management</b></p> <p><b>Don Thompson Senior Technical Advisor, Hospital and Ambulatory Policy Group, Center for Medicare Management</b></p> <p><b>John Stewart, Office of Financial Management</b></p>	<p>.</p>

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>