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## **Medical Group Coalition Urges CMS to Rethink “Medically Unbelievable Edits” Approach**

(Washington, D.C.) – Fifteen medical groups, organized by the American Clinical Laboratory Association, today asked the Centers for Medicare and Medicaid Services to reconsider the scope of and process taken in CMS’s “Medically Unbelievable Edits” initiative. The groups, made up of medical specialties and clinical laboratory organizations, submitted the request in a jointly signed letter to CMS.

Late last year, CMS proposed more than 10,000 MUEs that would place strict caps on medical services. For example, a cap of two biopsies would apply even if more than two polyps were found during a colonoscopy.

“ACLA believes the CMS MUE initiative is much more than responding to numbers,” ACLA President Alan Mertz said upon releasing the joint letter. “It requires well reasoned and thoughtful considerations prior to implementation. Otherwise, Medicare beneficiaries could inappropriately be denied critical health care services.”

The MUE program is intended to identify “obvious” billing errors and to prevent “obviously erroneous” Medicare billing claims. But affected industry groups believe the proposal goes far beyond the stated intention.

As proposed, the MUE program would apply to every medical specialty billing code. It would effectively hold medical practitioner entities responsible for enforcing a de facto policy change, while keeping those entities in the dark about the government’s underlying policy objective. Furthermore, the MUE initiative has pursued an informal, unusual process to implement the changes it proposes.

“We ask that CMS completely rethink the MUE program, fully explain the policy basis for the program and allow stakeholders to fully understand, review and comment upon the methodology and data used to derive MUEs and ultimately provide a select, targeted number of MUEs for stakeholder review,” the letter stated in part.

ACLA met with high-level CMS officials in late February to raise serious concerns, following up its January letter to CMS Administrator Mark McClellan. ACLA, along with other medical specialty and health provider groups, has been troubled by how the MUEs were developed and proposed for implementation.

In March, CMS announced a delay in implementation and allowed time for additional input. But later CMS communications showed the agency isn’t budging on the sweeping scope of its proposal and the shoe-horned process it is following.

ACLA said it hopes to work with CMS and its contractor, Correct Coding Solutions, LLC, to ensure that the MUE requirements match current medical practice and are used only as intended – to prevent the payment of obviously erroneous Medicare claims submissions – rather than to establish medical policy.

ACLA represents local, regional and national clinical laboratories throughout the United States.

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