

## **Fraud and Abuse**

- **Medically Unbelievable/Unlikely Edits.** Last year, CMS started a new initiative under its Comprehensive Error Rate Testing (CERT) program, which it originally titled the Medically Unbelievable Edit program (MUE). CMS staff said the program would establish a set of edits for coding situations which should never legitimately be billed.

**ACTION TAKEN: On January 8, 2007, the AANS and CNS sent comments to the Medicare National Correct Coding Initiative contractor in response to the second group of MUE edits, expressing our concerns about several proposals, including a proposed edit to limit the billing of 61793 to one time per patient per day; clearly not an unbelievable or unlikely scenario.**

On February 7, 2007, Niles Rosen, MD, the CMS contractor facilitating the MUE program, sent a response informing AANS and CNS that most of the changes proposed would be accepted, including changing the edit for 61793 from one time per day to five times per day.

- **Medicare Recovery Audit Contractors (RACs).** On November 22, 2006, CMS issued a report on the status of the use of Recovery Audit Contractors (RACs) program. The three-year, three-state pilot program uses private auditing firms to examine physician, hospital, nursing home and other claims to find overpayments. Since it launched in the spring of 2005, the program has identified about \$290 million in overpayments. Only about \$18 million was related to physician services. Medicare already has recouped more than \$60 million overall and has initiated steps to collect the rest. The Tax Relief and Health Care Act of 2006, PL 109-432 made the RAC program permanent and nationwide by no later than 2010. The report is available at: <http://www.cms.hhs.gov/RAC/Downloads/RACStatusDocument--FY2006.pdf>