

The Basics: AMA / Specialty Society RVS Update Committee (RUC) Survey

Katina Nicolacakis, MD
ATS RUC Advisor
November 2013



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Topics for Today

- Frequently Asked Questions: Answered
- Survey Basics
 - the purpose of the survey
- Breaking down the survey into important concepts and steps
- Still have questions?
- What happens next?



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

FAQs: Answered

- Why are the surveys being conducted?
- Will my name and responses be kept confidential or shared?
- Why do I have to complete the financial disclosure section?
- Can I save my work and come back to it later to complete?
- When are the responses due?



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Purpose of the Survey

- To obtain estimates of the time and complexity required in performing the surveyed procedure/service (aka CPT code)
- Further, to obtain your estimate of a recommended work relative value unit (RVU) as the procedure/service relates to established values



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

How the survey works

- The survey asks you to **compare** the time, complexity and work to perform the surveyed procedure/service to an existing procedure/service (*existing survey has already been valued and validated, with RUC and CMS*)
- A list of possible reference procedures is provided for comparison purposes- this is referred to as Reference Service List (RSL)



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Breaking down the Concepts

1. Review code descriptor and vignette (*a short description of the typical patient*)
2. Pick your reference service code (*from the list provided*) for comparison with the survey code
3. Estimate your time
4. Compare the survey procedure/service to a reference procedure
5. Estimate work RVU (relative value unit)



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Review Code Descriptor & Vignette

- The vignette describes a TYPICAL clinical scenario for the procedure
- You may have performed the procedure on a patient different than the 'typical' one described in the vignette – that's okay.
- Complete the survey instrument using the typical patient described in the survey.
 - The survey instrument allows for you to inform them that you do not believe the typical patient as defined is typical.



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Identify a Reference Code

- List of reference codes (RSL) – the survey includes a list of procedures that have been selected for use as comparison for this survey because their relative values are sufficiently accurate and stable to compare with other services. Select a procedure from the list that is most similar in time and work to the new/revised CPT code descriptor and typical patient/service described.
- Reference procedure does not have to be equal in work in your judgment to the surveyed procedure but it should be similar in work



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Estimate your time

- Using the vignette and the description of service periods, this section of the survey asks you to estimate how much time it takes you when you perform the procedure/service. These estimates should be based on *your* personal experience and the typical patient identified in the survey.



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Pre-service period defined

- The pre-service period includes physician services provided from the day before the procedure or service until the time of the procedure or service.



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Intra-service period defined

- The intra-service period includes all “skin to skin” work that is a necessary part of the procedure



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Post-service period defined

- Post service period includes physician services provided on the day of the procedure after the procedure has been performed



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Add-On Codes

Add-on Codes

Some of the listed procedures are commonly carried out in addition to the primary procedure performed. These additional or supplemental procedures are designated as add-on codes with the + symbol and they are listed in **Appendix D** of the CPT codebook. Add-on codes in *CPT 2013* can be readily identified by specific descriptor nomenclature that includes phrases such as “each additional” or “(List separately in addition to primary procedure).”

The add-on code concept in *CPT 2013* applies only to add-on procedures or services performed by the same physician. Add-on codes describe additional intra-service work associated with the primary procedure, eg, additional digit(s), lesion(s), neurorrhaphy(s), vertebral segment(s), tendon(s), joint(s).

Add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code. All add-on codes found in the CPT codebook are exempt from the multiple procedure concept (see the modifier 51 definition in **Appendix A**).



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Compare the procedure to a reference procedure –

- In this step you will be asked to compare the complexity and intensity of the procedure being surveyed with the reference procedure
- In evaluating the work of a service, it is helpful to identify and think about each of the components of a particular service. Focus only on the work that you perform during each of the identified components.



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Definition Physician Work

- Physician work includes the following elements:
 - **The time** it takes you to perform the service
 - **The mental effort and judgment** necessary with respect to the amount of clinical data that needs to be considered, the fund of knowledge required, the range of possible decisions, the number of factors considered in making a decision and the degree of complexity of the interaction of these factors
 - **The technical skill** required with respect to knowledge, training and actual experience necessary to perform the service



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

What is not physician work

- Physician work does ***not*** include services provided by support staff who are employed by your practice and cannot bill separately including:
 - Registered Nurses,
 - Licensed Practical Nurses,
 - Medical Secretaries,
 - Receptionists and
 - Technicians



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Estimate work RVU

VERY IMPORTANT

- In this final step you will be asked to estimate the work relative value unit (RVU)
- You are asked to consider the value assigned to the reference procedure in developing your estimate
- The survey methodology attempts to set the work RVU of the procedure “relative” to the work RVU of the comparable and established reference procedure



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP

Questions:

Contact Society Staff or Consultants



We help the world breathe
PULMONARY • CRITICAL CARE • SLEEP