Understanding the RUC Survey Instrument

February 2012
Understanding the RUC Survey

- Survey basics
- Purpose of the survey
- Who does what?
- Breaking down the survey into 7 easy steps
- Still have questions?
- What happens next?
Why are the surveys being conducted?

• Your societies need your help to **assure relative values will be accurately and fairly presented** to the Centers for Medicare and Medicaid Services (CMS).

• This is important to you and other physicians/professionals because these **values** determine the rate at which Medicare and other payers **reimburse for services**.
When are responses due?

• Please submit your response by the date provided in the e-mail you receive.

• The timeliness of your response is critical because data will need to be analyzed before it can be submitted to the RUC.
Purpose of the survey

- To obtain estimates of the time and complexity required in performing a service/procedure

- To obtain estimate of a recommended professional work value
How the survey works

• The survey asks you to compare the time, complexity, and work to perform the surveyed procedures to an existing service/procedure

• A list of possible reference procedures is provided for comparison purposes
  • Reference Service List (RSL)
Who does what?

AMA/Specialty Society RVS Update Committee (RUC)

• Oversees survey process of codes
• Recommends physician/professional work & practice expense values to Centers for Medicare & Medicaid Services (CMS)

Societies/Associations

• Coordinate process for respective professions distribute work surveys to members to obtain work & practice expense data
• Submit summary survey results to AMA RUC
Who does what?

- Specialty societies submit recommendations to the RUC for physician/professional work, practice expense inputs and professional liability insurance crosswalks

- Recommendations are presented at the RUC meetings, which occur three times a year
Who does what?

- The RUC sends its recommendations for work values, practice expense inputs and PLI crosswalks to CMS in May which are confidential until the CMS publication of the *Final Rule* in November.

- Values go into effect in January of the following year.
Partitioning the survey into steps

- **STEP 1** – Review code descriptor and vignette (a short description of the patient)
- **STEP 2** – Review introduction & complete contact information
- **STEP 3** – Identify a reference service/procedure
- **STEP 4** – Estimate your time
- **STEP 5** – Compare the survey service or procedure to a reference procedure
- **STEP 6** – Moderate Sedation
- **STEP 7** – Estimate professional work RVU (relative value unit)
STEP 1
Review code descriptor & vignette

• The vignette describes a TYPICAL clinical scenario for the procedure

• You may have performed the service/procedure on a patient different than the ‘typical’ one described in the vignette – that’s okay.
STEP 1 Continued

• Complete the survey instrument using the typical patient described by your society.

The survey instrument allows for you to inform them that you do not believe the typical patient as defined is typical.
STEP 2
Review introduction & complete contact information

• Although contact and basic practice information is collected, your name is **never** forwarded to the AMA or used for tracking purposes.

• If you have any questions, a specialty society’s contact information will be provided
STEP 3
Identify a reference procedure/service

- List of reference codes – 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 survey CPT code descriptor and typical patient/service described.

- Reference procedure/service does not have to be equal in work in your judgment to the surveyed procedure but it should be similar in work
Example: RSL portion of survey:

- **Background for Question 1**

Attached is a list of reference services that have been selected for use as comparison services for this survey because their relative values are sufficiently accurate and stable to compare with other services. The “Work RVU” column presents **current** Medicare RBRVS work RVUs (relative value units). Select **one code** that is most similar to the surveyed CPT code descriptor and typical patient/service described in the questionnaire.

- **It is very important to consider the global period when you are comparing the surveyed code to the reference code.**

  XXX A global period does not apply to the code and evaluation and management and other diagnostic tests or minor services performed, may be reported separately on the same day

  ZZZ Code related to another service and is always included in the global period for the other service (Note: Physician/professional work is associated with intra-services time and in some instances the pre- and post- service time)

- **Question 1**

  Which of the reference services on the attached list is most similar to the surveyed CPT code descriptor and typical patient/service described on the cover of this questionnaire?

  Reference CPT code: ____________
STEP 3
Identify a reference procedure/service

• It is very important to consider the global period when you are comparing the new/revised code to the reference code

• A service paid on a global basis includes:
  • Visits and other physician services provided within 24 hours prior to the service
  • Provision of the service
  • Visits and other physician services for a specified number of days after the service is provided (000 day global = 0 days of post care included in the work RVU, 090 day global = 90 days of post care included in the work RVU)
STEP 4
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 personal experience.
The pre-service period may include the following:

- Hospital Admission Work-Up
- Pre-Operative Evaluation
- Dressing, Scrubbing, Waiting and Positioning the Patient

The pre-service period does **not** include:

- Consultation or evaluation at which the decision to provide the procedure was made
- Distinct evaluation and management services provided in addition to the procedure
- Mandated services
Example: Evaluating Professional Time

• **Pre-service period**

  The pre-service period includes physician/professional work provided before the onset of the procedure and may include review of records and any discussions with other physicians or the clinical staff.

• **Question 2**

  How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? Indicate your time for the surveyed code at the beginning of the survey. *(Refer to definitions.)*

  • Pre-service time _____ minutes
  
  • Intra-service time _____ minutes
  
  • Post-service time _____ minutes
The intra-service period includes all “skin-to-skin” work that is a necessary part of the procedure/service.

- See definitions of time located in the introduction section of CPT.
Example: Evaluating Professional Time

- **Intra-service period (XXX example imaging & diagnostic)**

  The intra-service period begins at the onset of the examination and ends after the examination is interpreted. Activities in the intra-service period may include performing the procedure; communications with the clinical staff performing the examination; review of preliminary images or data and/or processing of images and data; and interpretation and report of the examination. Only the physician’s time spent during the procedure should be considered. Time spent by the technologist and other clinical staff is NOT included.

- **Question 2**

  How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? Indicate your time for the new/revised code on the front cover. *(Refer to definitions.)*

  - Pre-service time _____ minutes
  - Intra-service time _____ minutes
  - Post-service time _____ minutes
Example: Evaluating Professional Time

- **Intra-service period (XXX example E&M services office)**
- The intra-service period includes the services provided while you are with the patient and/or family. This includes the time in which the physician/professional obtains the history, performs an evaluation and counsels the patient.
  
  - *Please review the varying definitions, E&M office, E&M hospital & E&M emergency medicine provided in background if you are new to participating in a RUC survey.*

- **Question 2**
  How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? Indicate your time for the new/revised code on the front cover. *(Refer to definitions.)*

  - Pre-service time _____ minutes
  - Intra-service time_____ minutes
  - Post-service time_____ minutes
Post-Service Period - Defined

- Post service period includes physician/professional services provided on the day of the procedure after the procedure or service has been performed.
Post-Service Period - Defined

- The post-service period may include:
  - Post-operative care on day of procedure
  - Non skin-to-skin work in the OR
  - Patient stabilization in the recovery room or special unit
  - Communicating with the patient and other professionals
  - Patient visits on the day of the operative procedure

- The post-service period does **not** include:
  - Unrelated evaluation and management services provided during the post-operative period
  - Return to the operating room for a related procedure during the post-operative period
  - Unrelated procedure or service performed by the same physician during the post-operative period
Example: Evaluating Professional Time

Post-service period (XXX example imaging & diagnostic)

- Activities in the post-service period may include signing off on the report for the medical record, and discussions with the patient and referring physician if performed.

- **Question 2**
  How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? Indicate your time for the new/revised code on the front cover. *(Refer to definitions.)*

- Pre-service time _____ minutes
- Intra-service time_____ minutes
- Post-service time_____ minutes
Example: Evaluating Professional Time

**Post-service period (XXX example E&M services office)**

- The post-services period includes services provided after the service and may include arranging for further services, reviewing results of studies, and communicating further with the patient, family and other professionals which includes written and telephone reports.
- *Please review the varying definitions, E&M office, E&M hospital & E&M emergency medicine provided in background if you are new to participating in a RUC survey.*

**Question 2**

How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? Indicate your time for the new/revised code on the front cover. *(Refer to definitions.)*

- Pre-service time _____ minutes
- Intra-service time_____ minutes
- Post-service time_____ minutes
STEP 5

Compare the procedure to a reference procedure – intensity/complexity

• 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.
Definitions

- Professional 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
Definitions continued..

• **The physical effort** required to perform the procedure.

Physical effort can be compared by dividing services into tasks and making direct comparisons of tasks. In making the comparison, it is necessary to show that the differences in physical effort are not just reflected accurately by differences in the time involved; if they are considerations of physical effort amount to double counting of physician work in the service.
Definitions continued

• Your psychological stress

Two kinds of psychological stress are usually associated with professional work. The first is the pressure involved when the outcome is heavily dependent upon skill and judgment and an adverse outcome has serious consequences. The second is related to unpleasant conditions connected with the work that are not affected by skill or judgment. These circumstances would include situations with high rates of mortality or morbidity regardless of the physician’s skill or judgment, difficult patients or families, or physician physical discomfort. **The first type is the only form of stress accepted as an aspect of work.**
Example: Evaluating Work

For the new/revised CPT code and for the reference service you chose, rate the intensity for each component listed on a scale of 1 to 5. (underline one: 1= low; 3 = medium; 5 = high).

<table>
<thead>
<tr>
<th>Surveyed CPT Code:</th>
<th>Your Reference Service CPT Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental effort and judgment</strong></td>
<td><strong>Mental effort and judgment</strong></td>
</tr>
<tr>
<td>The range of possible diagnoses and/or management options that must be considered</td>
<td>The range of possible diagnoses and/or management options that must be considered</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed</td>
<td>The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Urgency of medical decision making</td>
<td>Urgency of medical decision making</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>Technical skill/physical effort</strong></td>
<td><strong>Technical skill/physical effort</strong></td>
</tr>
<tr>
<td>Technical skill required</td>
<td>Technical skill required</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Physical effort required</td>
<td>Physical effort required</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>Psychological stress</strong></td>
<td><strong>Psychological stress</strong></td>
</tr>
<tr>
<td>The risk of significant complications, morbidity and/or mortality</td>
<td>The risk of significant complications, morbidity and/or mortality</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Outcome depends on skill and judgment of physician</td>
<td>Outcome depends on skill and judgment of physician</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Definitions

- Physician/professional 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
STEP 6
Moderate Sedation

• Moderate sedation is a service provided by the operating physician or under the direct supervision of the physician performing the procedure to allow for sedation of the patient with or without analgesia through administration of medications via the intravenous, intramuscular, inhalational, oral, rectal or intranasal routes. For purposes in the RUC survey, sedation and analgesia delivered separately by an anesthesiologist not performing the primary procedure is not considered moderate sedation.

• Is moderate sedation provided in the surveyed and/or reference code and in what setting (Facility/Non-Facility)?
STEP 7
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
by john chase

How relative value units are determined.
Still have questions?

• Contact Society Staff:
  Denise A. Merlino, MBA, CPC, CNMT
  Coding Advisor
  SNM - *advancing molecular imaging & therapy*
  Direct Office Phone: 978-283-0940
  Fax: 888-606-4223
  dmerlino@snm.org
  OR
  Jesse Schoolnik
  Government Affairs Manager
  SNM - *advancing molecular imaging & therapy*
  1850 Samuel Morse Drive
  Reston, VA 20190
  Office Phone: 703.326.1187
  Fax: 703.708.9777
  Jschoolnik@snm.org
Further Questions?

• If you have additional questions about the materials discussed today please contact: Denise Merlino
  
• E-mail: merlinohccc@gmail.com
• Phone: 1-888-606-4222
The American Medical Association/Specialty Society RVS Update Committee

Physician work
RVS Update Survey

New/Revised CPT Code: _______________________

Global Period: XXX Imaging and Diagnostic

CPT Code Descriptor: _______________________

Typical Patient/Service: ____________________
TYPICAL PATIENT

Is your typical patient for this procedure similar to the typical patient described on the cover?

Yes ☐ No ☐

If no, please describe your typical patient for this procedure:

INTRODUCTION

Why should I complete this survey?
The AMA/Specialty Society RVS Update Committee (RUC) and the __________________ need your help to assure relative values will be accurately and fairly presented to CMS during this revision process. This is important to you and other physicians because these values determine the rate at which Medicare and other payers reimburse for procedures.

What if I have a question?
Contact:
Name: __________________________________________
Phone: ____________________________________________
email: ____________________________________________

How is this survey organized?
Each new/revised code must be surveyed (i.e., there is one questionnaire per code), so you may have several questionnaires to complete. Each questionnaire is organized the same and is comprised of questions relating to physician work.

The following information must be provided by the physician responsible for completing the questionnaire.

Physician name: ________________________________________
Business name: ________________________________________
Business phone: ________________________________________
E-mail address: _________________________________________
Physician specialty: ______________________________________
Primary geographic practice setting: ☐ Rural ☐ Suburban ☐ Urban
Primary type of practice: ☐ Solo practice
☐ Single specialty group
☐ Multispecialty group
☐ Medical school faculty practice plan

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Financial Disclosure:
Please answer the following questions by checking yes or no.

Do you or a family member* have a direct financial interest in this procedure, other than providing these services in the course of patient care? For purposes of this Survey “direct financial interest” means:

- A financial ownership interest in an organization** of 5% or more: Yes □ / No □

- A financial ownership interest in an organization** which contributes materially*** to your income: Yes □ / No □

- Ownership of stock options in an organization**: Yes □ / No □

- A position as proprietor, director, managing partner, or key employee in an organization**: Yes □ / No □

- Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization**, where payment contributes materially*** to your income: Yes □ / No □

*Family member means spouse, domestic partner, parent, child brother or sister. Disclosure of family member’s interest applies to the extent known by the survey respondent.

** Organization means any entity that makes or distributes the product that is utilized in performing the service, and not the physician group or facility in which you work or perform the service.

***Materially means $10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.

If you have answered yes to any of the above questions, you do not have to complete this survey.

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PHYSICIAN WORK

“Physician work” includes the following elements:

• Physician time it takes to perform the service

• Physician mental effort and judgment

• Physician technical skill and physical effort, and

• Physician psychological stress that occurs when an adverse outcome has serious consequences

All of these elements will be explained in greater detail as you complete this survey.

“Physician work” does not include the 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; these services are included in the practice cost relative values, a different component of the RBRVS.
Background for Question 1

Attached is a list of reference services that have been selected for use as comparison services for this survey because their relative values are sufficiently accurate and stable to compare with other services. The “2012 Work RVU” column presents current Medicare RBRVS work RVUs (relative value units). Select one code that is most similar to the new/revised CPT code descriptor and typical patient/service described on the cover of this questionnaire.

It is very important to consider the global period when you are comparing the new/revised code to the reference services.

XXX A global period does not apply to the code and evaluation and management and other diagnostic tests or minor services performed, may be reported separately on the same day.

Question 1

Which of the reference services on the attached list is most similar to the new/revised CPT code descriptor and typical patient/service described on the cover of this questionnaire?

Reference CPT code: 

Imaging and diagnostic services:

Pre-service period
The pre-service period includes physician work provided before the onset of the procedure and may include review of records and any discussions with other physicians or the clinical staff.

Intra-service period
The intra-service period begins at the onset of the examination and ends after the examination is interpreted. Activities in the intra-service period may include performing the procedure; communications with the clinical staff performing the examination; review of preliminary images or data and/or processing of images and data; and interpretation and report of the examination. Only the physician’s time spent during the procedure should be considered. Time spent by the technologist and other clinical staff is NOT included.

Post-service period
Activities in the post-service period may include signing off on the report for the medical record, and discussions with the patient and referring physician if performed.
Survey Instrument for April 2012 Meeting

**Question 2**
How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? Indicate your time for the new/revised code on the front cover. *(Refer to definitions.)*

- Pre-service time _____ minutes
- Intra-service time _____ minutes
- Post-service time _____ minutes

**Question 3**
For the new/revised CPT code and for the reference service you chose, rate the AVERAGE pre-, intra- and post- service complexity/intensity on a scale of 1 to 5 (underline or check one: 1 = low; 3 = medium; 5 = high). Please base your rankings on the universe of codes your specialty performs.

<table>
<thead>
<tr>
<th>New/revised CPT Code:</th>
<th>Reference service CPT Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-service time</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Intra-service time</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Post-service time</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**Background for Question 4**

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. The descriptions below are general in nature. Within the broad outlines presented, please think about the specific services that you provide.

**Physician work** includes the following:

- **Time** it takes to perform the service.
- **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.
- **Technical Skill** required with respect to knowledge, training and actual experience necessary to perform the service.

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Physical effort can be compared by dividing services into tasks and making the direct comparison of tasks. In making the comparison, it is necessary to show that the differences in physical effort are not reflected accurately by differences in the time involved; if they are, considerations of physical effort amount to double counting of physician work in the service.

Psychological stress – Two kinds of psychological stress are usually associated with physician work. The first is the pressure involved when the outcome is heavily dependent upon skill and judgment and an adverse outcome has serious consequences. The second is related to unpleasant conditions connected with the work that are not affected by skill or judgment. These circumstances would include situations with high rates of mortality or morbidity regardless of the physician’s skill or judgment, difficult patients or families, or physician physical discomfort. Of the two forms of stress, only the former is fully accepted as an aspect of work; many consider the latter to be a highly variable function of physician personality.

Question 4

For the new/revised CPT code and for the reference service you chose, rate the intensity for each component listed on a scale of 1 to 5. (underline one: 1 = low; 3 = medium; 5 = high). Please base your rankings on the universe of codes your specialty performs.

<table>
<thead>
<tr>
<th>New/revised CPT Code:</th>
<th>Reference service CPT Code:</th>
</tr>
</thead>
</table>

**Mental effort and judgment**

| The range of possible diagnoses and/or management options that must be considered | 1 2 3 4 5 | 1 2 3 4 5 |
| The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed | 1 2 3 4 5 | 1 2 3 4 5 |
| Urgency of medical decision making | 1 2 3 4 5 | 1 2 3 4 5 |

**Technical skill/physical effort**

| Technical skill required | 1 2 3 4 5 | 1 2 3 4 5 |
| Physical effort required | 1 2 3 4 5 | 1 2 3 4 5 |

**Psychological stress**

| The risk of significant complications, morbidity and/or mortality | 1 2 3 4 5 | 1 2 3 4 5 |
| Outcome depends on skill and judgment of physician | 1 2 3 4 5 | 1 2 3 4 5 |

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Estimated risk of malpractice suit with poor outcome

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

**Question 5** How many times have you personally performed these procedures in the past year?

New/Revised Code ___________ Reference Code ___________

**Background for Question 6**

Moderate sedation is a service provided by the operating physician or under the direct supervision of the physician performing the procedure to allow for sedation of the patient with or without analgesia through administration of medications via the intravenous, intramuscular, inhalational, oral, rectal or intranasal routes. For purposes of the following question, sedation and analgesia delivered separately by an anesthesiologist or other anesthesia provider not performing the primary procedure is not considered moderate sedation.

**Question 6** Do you or does someone under your direct supervision typically administer moderate sedation for these procedures when performed in the Hospital/ASC?

| In the Hospital/ASC |
|---|---|
| Yes | No | N/A, I do not perform this procedure in the Hospital/ASC |

New/Revised Code

Do you or does someone under your direct supervision typically administer moderate sedation for these procedures when performed in the Office?

| In the Office |
|---|---|
| Yes | No | N/A, I do not perform this procedure in the Office |

New/Revised Code
VERY IMPORTANT

Question 7

Based on your review of all previous questions, please provide your estimate work RVU (to the hundredth decimal point) for the new/revised CPT code:  

For example, if the new/revised code involves the same amount of physician work as the reference service you choose, you would assign the same work RVU. If the new or revised code involves less work than the reference service you would estimate a work RVU that is less than the work RVU of the reference service and vice versa. This methodology attempts to set the work RVU of the new or revised service “relative” to the work RVU of comparable and established reference services. Please keep in mind the range of work RVUs in the reference service list when providing your estimate.