

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

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November 2013



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Welcome to “The Basics: the AMA Specialty Society RVS Update Committee (RUC) Survey. I am Katina Nicolacakis and I am one of the ATS RUC Advisors. If you are listening to this presentation, you have probably received an email, from the ATS to participate and to complete a RUC survey. This presentation is going to take you through the process and assist you in completion of the survey in case you have not done this before.

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?



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We will review the following topics to assist you in this survey process. We will begin with some frequently asked questions. Then we will review the purpose of the survey as well as the specific steps involved in completion of the survey.

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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?



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So, here are some common questions that we get about the survey process. Let me answer each of these questions for you. The ATS needs your help to assure relative values will be accurately and fairly presented to the Centers for Medicare and Medicaid Services (CMS) during this valuation process.

Yes, your name and your specific responses are kept confidential and are only shared as part of summary data and specific inputs are not distinguishable. The specialty society maintains control and follows standard survey rules to protect your privacy.

It is necessary to ensure data integrity for any participants who might have a financial interest. Of note, performing the study does not constitute a financial interest.

Yes, if you are interrupted or need to ask questions before completing the survey you may save your work and return. Alternatively if you make a mistake you can contact the administrator of the survey and request to start over again.

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 summarized for recommendations to the RUC and ultimately to CMS. Timelines are very short typically in the two to no more than three week time periods.

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



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The purpose and point of the survey is essentially two-fold. You are asked to estimate the amount of time that is needed to perform the surveyed procedure or service, as well as to estimate the complexity of the work involved. More on this later. The second purpose of the survey, is to obtain an estimate of the relative value units or RVU for the given procedure or service. That is done by comparing it to procedures and services that are already valued and have established RVUs.

How the survey works

- The survey asks you to ***compare*** the time, complexity and work to perform the surveyed procedures/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)



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So how does the survey work? It is basically a comparison between the survey code, which may be a new code, a revised code or an existing code and a comparison code that you will select. You are asked to compare the survey code to an existing code that has already been through the RUC process and has been validated. This comparison code is one that you will select from a list of potential reference codes. This is the reference service list or RSL. We will come back to this RSL again as this is an important part of the survey process. So, remember that the basic principle of the RUC survey, is that it is a comparison.

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)



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So, to simplify the process, we have broken the survey down into these 5 separate steps. These general steps are the same no matter what the code which is being surveyed. We will review these steps in more detail in the following slides. You may want to pay particular attention to steps 2 and 5 as these are probably the most important of the steps.

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.



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The first step is to review the code descriptor and the vignette. So, what is a vignette? A vignette is a clinical scenario for the procedure. For example a vignette might be: a “59 yo female who presents with chest pain”. The first question that you will be asked is if this vignette and the description is “typical”? So what is “typical”? And what you need to know is that in “RUC terms”, “typical” is something that happens at least 51% of the time. So, the vignette is developed to describe a patient that would be seen the highest percentage of the time for a given service. We also want you to complete the survey with this “typical” patient in mind. And, Also, if you think that the patient in the vignette, is not your typical, you will have an opportunity to tell us this and also tell us an

example of your typical patient.

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



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This step is very likely the most important step in the process of completing the survey. We ask you to look at the reference service list or the RSL and select a code for a procedure from this list that is most similar to the survey code in physician work and time. So, based on your experience, select the one that is closest to the survey code. We understand that they do not need to be equal or exactly the same, but select one that you can compare the work to the survey code, one that you may be able to compare in terms of a little more or a little less work, or stress or some other things that we will get to in a few more slides. A common question that we are asked regarding the RSL is: Did I have to perform the reference service I select in the last year? The answer is: While we

prefer you to pick a procedure you perform often, this does not preclude you from selecting a procedure that you are familiar with and may not perform routinely.

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.



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Next, we are going to ask you to estimate your time. The time is also broken out into the pre-service, intra-service and post-service time. Remember this is how much time it takes you to perform the services. Also this should be based on your experience and remember again to relate it to the typical patient as noted in the vignette. The survey will have descriptions of the time and please take the time to read all the added instructions especially if you are new to the survey process.

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.



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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

Intra-service period defined

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



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The intra-service time if you are a surgeon would be referred to as skin to skin time, and if you are an internist you would think of this a “face to face” time. The actual time to perform the procedure from start to finish. We would also recommend that if you have questions about time, you refer to the beginning of the CPT book where there are detailed explanations and descriptions about procedure times.

Post-service period defined

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



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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

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), neuroorrhaphy(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**).



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You should be aware of what the global period is of the survey code. Is it a 90 or 0 day global or is it a ZZZ Add –on code. Also you should be aware what the global period is of the codes on the reference service list as well. Generally they should have the same global period as the survey code so that it is easier to compare procedures. If it is a ZZZ or add on code, this means that the procedure or service is always related to another primary procedure. In fact in the CPT book, it is clear under the description of the add on code, that this code would say “use this code with the following codes”. On a standard ZZZ Add-on survey, you will only be asked to estimate your intra-service time. So we want you to remember if the survey codes is a ZZZ add on code, that you separate out the primary procedure and only refer to the survey procedure when you are estimating the work involved and filling out the survey. We do not want to have overlap between the codes.

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.



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This next step is the step where we ask you to compare the survey code to the reference code from the RSL in complexity and intensity. The survey asks very specific questions about this comparison. This is where you will have the opportunity to say it is a little higher or a little lower in work as compared to the reference code. Please focus on the work done during each part of the procedure as you answer these questions.

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



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This slide explains in more detail what are the components of the physician work. These definitions are also included as part of the survey, so remember you will be able to reference these definitions during the survey itself. Physician work includes elements of the time, the mental effort and judgment needed as well the technical skill that is necessary to perform the procedure. Other elements of physician work that are included and are defined in the survey instrument are physical effort as well as psychological stress. Again these will be well defined in the survey itself. These are all important elements that go into your estimate of work RVU which we will discuss in the next several slides.

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



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Remember that physician work does not include all the services that are done by the support staff in the office such as the RNs, LPNs, secretaries and assistants as well as other technicians.

Estimate work RVU

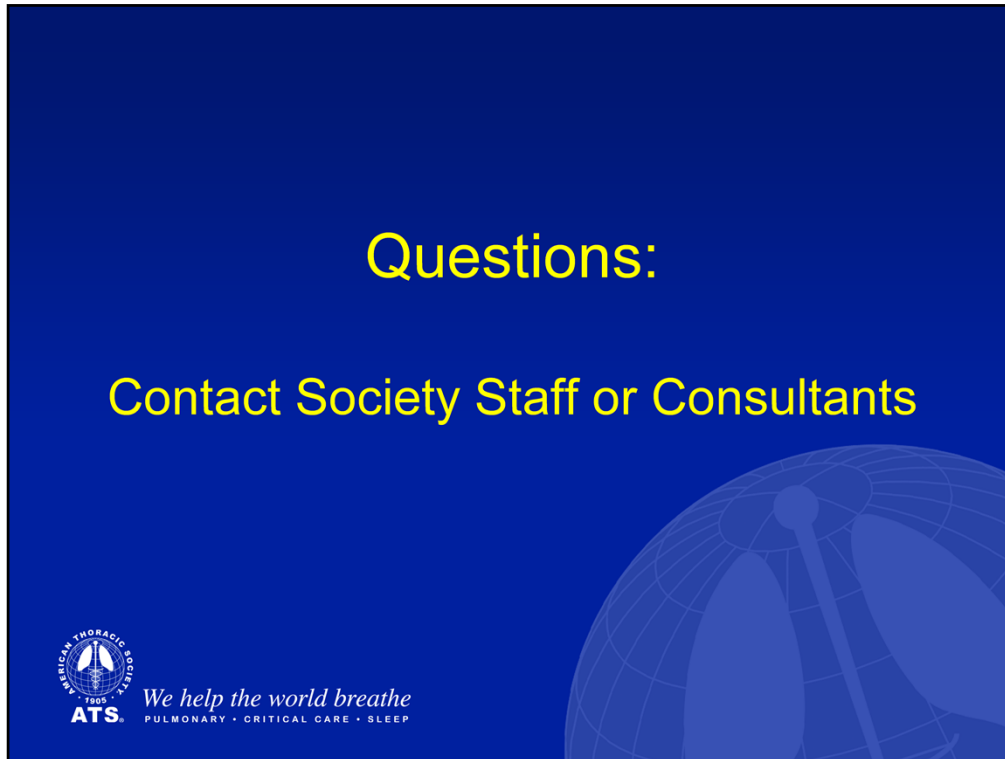
VERY IMPORTANT

- 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



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Now we are down to the last step which is the most important step in the survey. This is where you estimate the work relative value unit or RVU for the survey codes. Think about the reference code and the RVU that has been assigned and how you compared the survey code to that reference code. Remember to take into account the intensity, the complexity as well as your time as you estimate the work RVU for the survey code. Please do complete this very important question and part of the survey.



So with that, if you have any questions about the survey tool in general or a particular survey, please contact our society staff or consultant. That specific contact information will be in the email provided and in the survey itself. We do encourage you to call with any questions so that you are not completing surveys without an adequate understanding of the process. We do also thank you for your willingness to participate in this very important process for all the members of the society. Thank you.