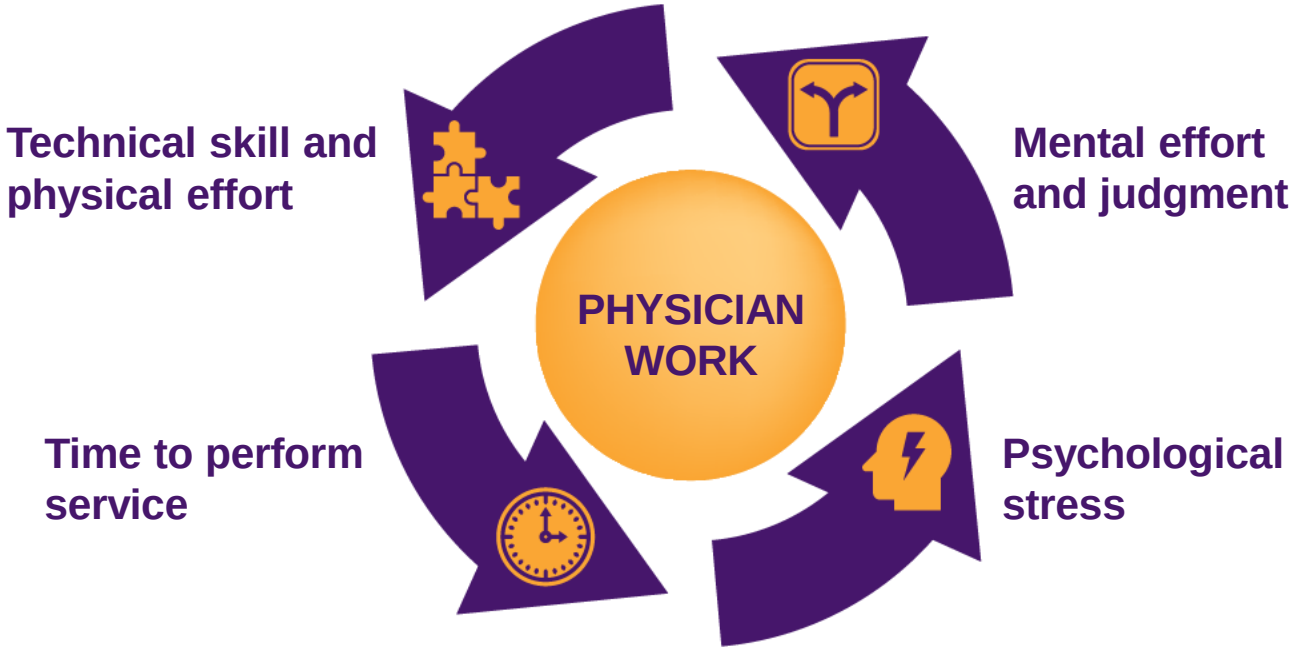
Resource-Based Relative Value Scale (RBRVS) and AMA/Specialty Society RVS Update Committee (RUC) Process

Medicare RBRVS

The resources required to provide a services is divided into three components:

Components of physician work



Data is collected by national medical specialty societies using a standardized survey process.

Components of practice expense

Clinical staff

(nurse, X-ray technician, etc)

Medical supplies

(gloves, syringes, etc)

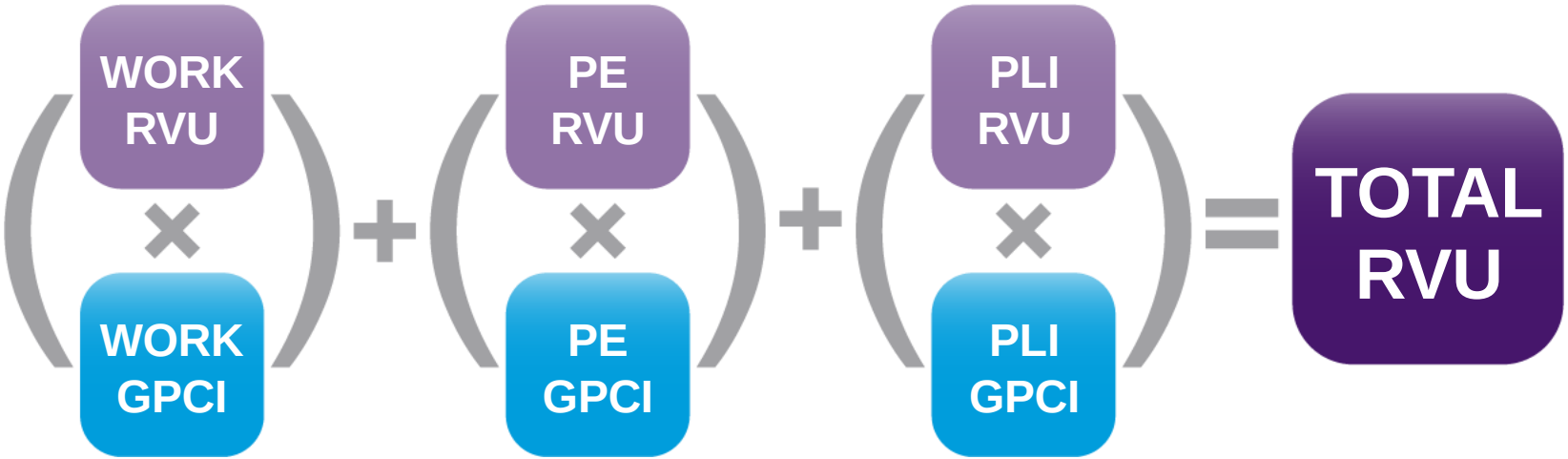
Medical equipment

(exam table, CT scanner, etc)

Professional liability

- Costs are driven by the professional liability insurance premiums of the specialties that perform a service and the risk of the service.
- The risk of the service proxy to determine PLI RVUs is the physician work RVU.

Calculating payment: Step 1



Calculating payment: Step 2

Conversion factor (CF) is a monetary payment determined by Medicare each year.
The CF for 2022 = $34.6062

RUC overview

- The RUC is an independent group of volunteer physicians exercising its First Amendment Right to petition the federal government.
- The RUC is comprised of 32 members, 29 voting members (18 of these 29 voting members are from specialties whose Medicare allowed charges are primarily derived from the provision of E/M services).
- The RUC is an expert panel. Individuals exercise their independent judgment and are not advocates for their specialty.

RUC methodology

- RUC's cycle for developing recommendations is closely coordinated with both the schedule for annual CPT code revisions and CMS's schedule for annual updates in the Medicare payment schedule.
- CPT® Editorial Panel meets three times a year to consider coding changes for the next year's edition. CMS publishes the annual update to the Medicare RVS in the Federal Register every year.
- The median number of survey respondents for a RUC survey is 70. Surveys for high volume services have more than 100 physician respondents. The RUC uses extant data (STS and NSQIP).

RUC composition

RUC Chair*

American Medical Association

CPT Editorial Panel*

Practice Expense Subcommittee*

Health Care Professionals Advisory Committee

Anesthesiology

Cardiology

Cardiothoracic Surgery

Dermatology

Emergency Medicine

Family Medicine

General Surgery

Geriatric Medicine

Internal Medicine

Neurology

Neurosurgery

Obstetrics/Gynecology

Ophthalmology

Orthopaedic Surgery

Osteopathic Medicine

Otolaryngology

Pathology

Pediatrics

Physical Medicine & Rehabilitation

Plastic Surgery

Psychiatry

Radiology

Urology

Any Other Rotating Seat

Internal Medicine Rotating Seats (2)

Primary Care Rotating Seat

*Indicates a non-voting seat

RUC subcommittees and workgroups

Administrative Subcommittee
Primarily charged with the maintenance of the RUC's procedural issues

Relativity Assessment Workgroup
Oversees the process of identification of potentially misvalued services

Multi-Specialty Points of Comparison (MPC) Workgroup
Charged with maintaining the list of codes used to compare relativity of codes under review to existing relative values

RUC subcommittees and workgroups

Practice Expense Subcommittee

Reviews direct practice expenses (clinical staff, medical supplies, medical equipment) for individual services and examines the many broad and methodological issues relating to the development of practice expense relative values

Professional Liability Insurance (PLI) Workgroup

Reviews and suggests refinements to Medicare's PLI relative value methodology

Research Subcommittee

Primarily charged with development and refinement of RUC methodology

RUC Advisory Committee

- One physician representative is appointed from over 120 specialty societies seated in the AMA House of Delegates.
- Advisory Committee members assist in the development of RVUs and present their specialties' recommendations to the RUC.
- Each member comments on recommendations made by other specialties.
- Advisory Committee members are supported by an internal specialty RVS committee.

Health Care Professionals Advisory Committee (HCPAC) overview

- The HCPAC allows for the participation of limited license practitioners and allied health professionals in the RUC process.
- The professionals represented on the HCPAC use CPT to report the services they provide independently to Medicare patients, and they are paid for these services based on the RBRVS physician payment schedule.
- The HCPAC recommendations are sent directly to CMS.

HCPAC composition

- Audiologists
- Chiropractors
- Dieticians
- Nurses
- Occupational Therapists
- Optometrists
- Physical Therapists
- Physician Assistants
- Podiatrists
- Psychologists
- Social Workers
- Speech Pathologists

Why RUC is important: A balanced system

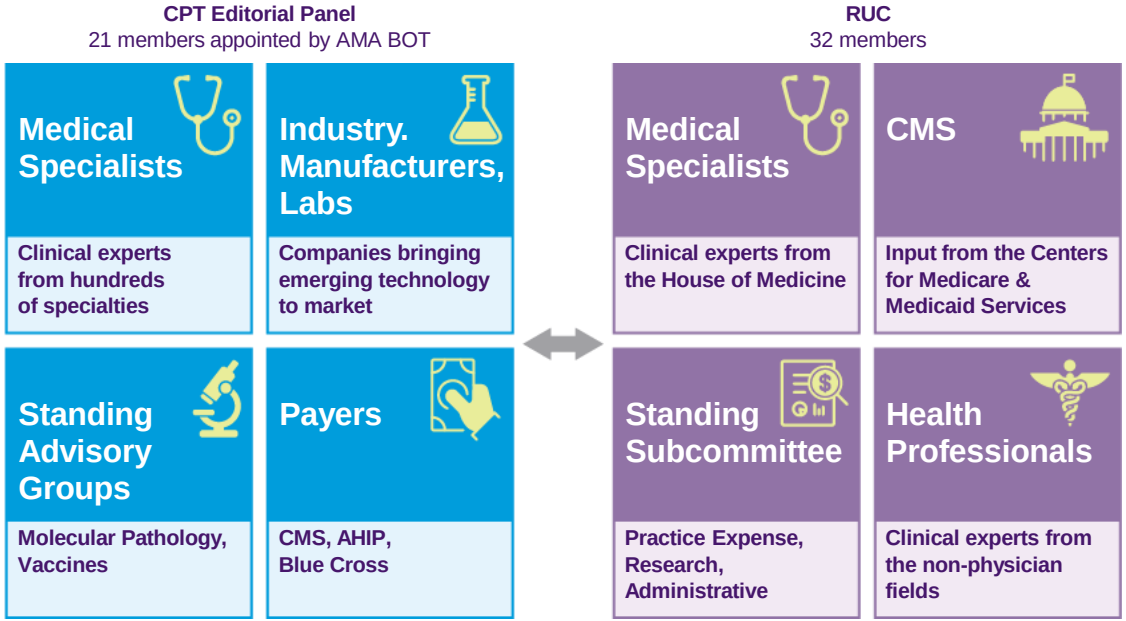
Government retains oversight and final decision-making authority

Volunteer physicians provide invaluable expertise on complex medical procedures

RUC process

The RUC multi-stakeholder and transparent processes are difficult to replicate.

- Evidence-based
- Deliberation-driven
- Well-defined criteria
- Clinical expertise
- 3 meeting per year
- Thousands of volunteers
- Hundreds of participants at each meeting
- Content represents input from the full House of Medicine



RUC is a transparent process

RUC meetings are open to anyone who registers to attend.

- More than 300 individuals attend each RUC meeting including:
  - Physicians
  - Specialty society staff
  - Representatives from non-MD/DO health care professions
  - CMS representatives and other government representatives
  - Researchers
  - International delegations
  - Other interested parties

- Published on the web for greater visibility:
  - RUC meeting dates and locations
  - The vote total for each individual CPT® code
  - Minutes of each meeting

www.ama-assn.org/go/rbrvs

2024 cycle for CPT® code set and RUC recommendations

CPT code set

CPT code application submission deadline	CPT public agenda	CPT meeting
Nov. 3, 2021	Dec. 3, 2021	Feb. 3–5, 2022
Feb. 11, 2022	Mar. 11, 2022	May 12–14 2022
Jun. 15, 2022	Jul. 15, 2022	Sep. 15–17, 2022

RUC

Surveys available to specialty societies	RUC agenda available	RUC meeting
Feb. 21, 2022	Apr. 6, 2022	Apr. 27–30, 2022
May 30, 2022	Aug. 24, 2022	Sep. 21–24, 2022
Oct. 3, 2022	Dec. 14, 2022	Jan. 11–14, 2023

CPT codes and RUC recommendations for 2024 are made public in the CMS Medicare Payment Schedule Proposed Rule July 2023

CPT® and RUC collaboration to ensure appropriate coding

- RUC's ongoing review of claims data helps to ensure that codes are described clearly:
  - **Utilization of services:** Examine unexpected increases in volume
  - **Specialties performing:** Review codes when unexpected specialties are reporting
  - **Site-of-service:** Review codes where unexpected site-of-service is in claims
  - **Billed Together Data:** How often CPT codes are reported with other services on the same date
  - **Medicare Provider utilization and payment data:** Physician and Other Supplier
- The RUC will work with the CPT® Editorial Panel to revise:
  - CPT guidelines
  - CPT code descriptors
  - CPT parentheticals, or
  - Develop CPT® Assistant articles for clarification on correct reporting

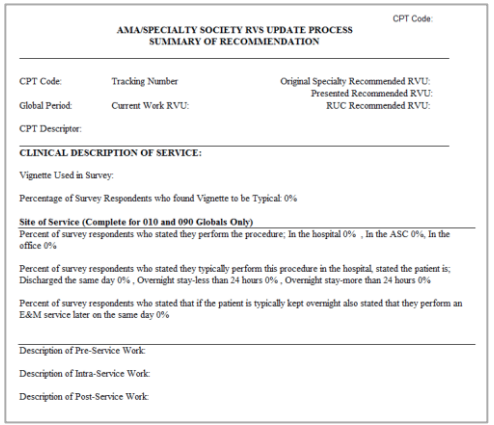
CPT 1993–2022 RUC recommendations

- CMS releases a Proposed Rule in July and conducts a 60-day comment period
- CMS publishes a Final Rule in November
- CMS's acceptance rate is typically more than 90% annually

RUC practice expense spreadsheet

RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT		RECOMMENDED	
					CPT Code #		CPT Code #		CPT Code #	
Clinical Activity Code	Meeting Date: Revision Date (if applicable): Tab: Specialty:	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR	
	LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
	GLOBAL PERIOD									
	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ -	$ -	$ -	$ -	$ -
	TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	0.0	0.0
	TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ -	$ -	$ -	$ -	$ -	$ -
	PRE-SERVICE PERIOD									
	Start: Following visit when decision for surgery/procedure made									
CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.413						
CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.413						
CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.413						
CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.413						
CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.413						
CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.413						
CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.413						
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.413						
		L037D	RN/LPN/MTA	0.413						
	Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.413						
	End: When patient enters office/facility for surgery/procedure									
	SERVICE PERIOD									
	Start: When patient enters office/facility for surgery/procedure:									
	Pre-Service (of service period)									
CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.413						
CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.413						
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.413						
CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.413						
CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.413						
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.413						

Summary of recommendations (SOR) form



CPT Code:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: Tracking Number Original Specialty Recommended RVU:
Presented Recommended RVU:
Global Period: Current Work RVU: RUC Recommended RVU:

CPT Descriptor:

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:

Percentage of Survey Respondents who found Vignette to be Typical: 0%

Site of Service (Complete for 010 and 090 Globals Only)
Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

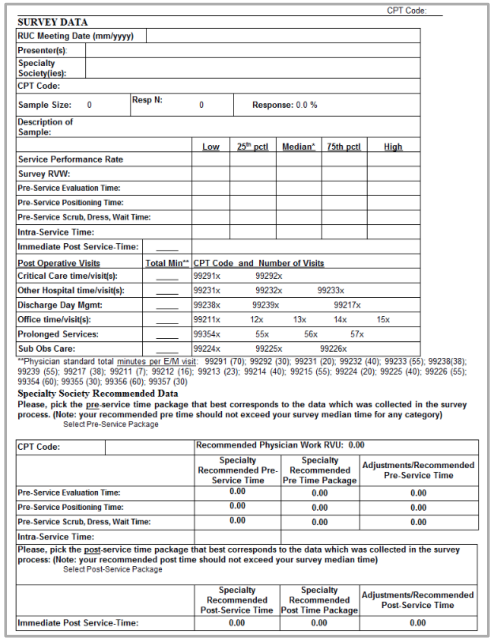
Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work:

Description of Post-Service Work:



CPT Code:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	
Presenter(s):	
Specialty Society(ies):	
CPT Code:	

Sample Size: 0 Resp N: 0 Response: 0.0 %

Description of Sample:

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:					
Pre-Service Positioning Time:					
Pre-Service Scrub, Dress, Wait Time:					
Intra-Service Time:					
Immediate Post Service-Time:	____				

Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	____	99291x	99292x			
Other Hospital time/visit(s):	____	99231x	99232x	99233x		
Discharge Day Mgmt:	____	99238x	99239x	99217x		
Office time/visit(s):	____	99211x	12x	13x	14x	15x
Prolonged Services:	____	99354x	55x	56x	57x	
Sub Obs Care:	____	99224x	99225x	99226x		

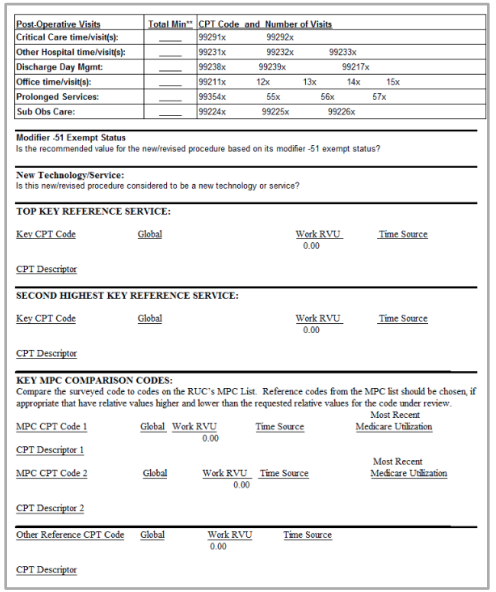
**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data
Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)
Select Pre-Service Package

CPT Code:		Recommended Physician Work RVU: 0.00		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:				

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
Select Post-Service Package

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	0.00	0.00	0.00



Post-Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	____	99291x	99292x			
Other Hospital time/visit(s):	____	99231x	99232x	99233x		
Discharge Day Mgmt:	____	99238x	99239x	99217x		
Office time/visit(s):	____	99211x	12x	13x	14x	15x
Prolonged Services:	____	99354x	55x	56x	57x	
Sub Obs Care:	____	99224x	99225x	99226x		

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service?

TOP KEY REFERENCE SERVICE:

Key CPT Code Global Work RVU 0.00 Time Source

CPT Descriptor

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code Global Work RVU 0.00 Time Source

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1 Global Work RVU 0.00 Time Source Most Recent Medicare Utilization

CPT Descriptor 1

MPC CPT Code 2 Global Work RVU 0.00 Time Source Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code Global Work RVU 0.00 Time Source

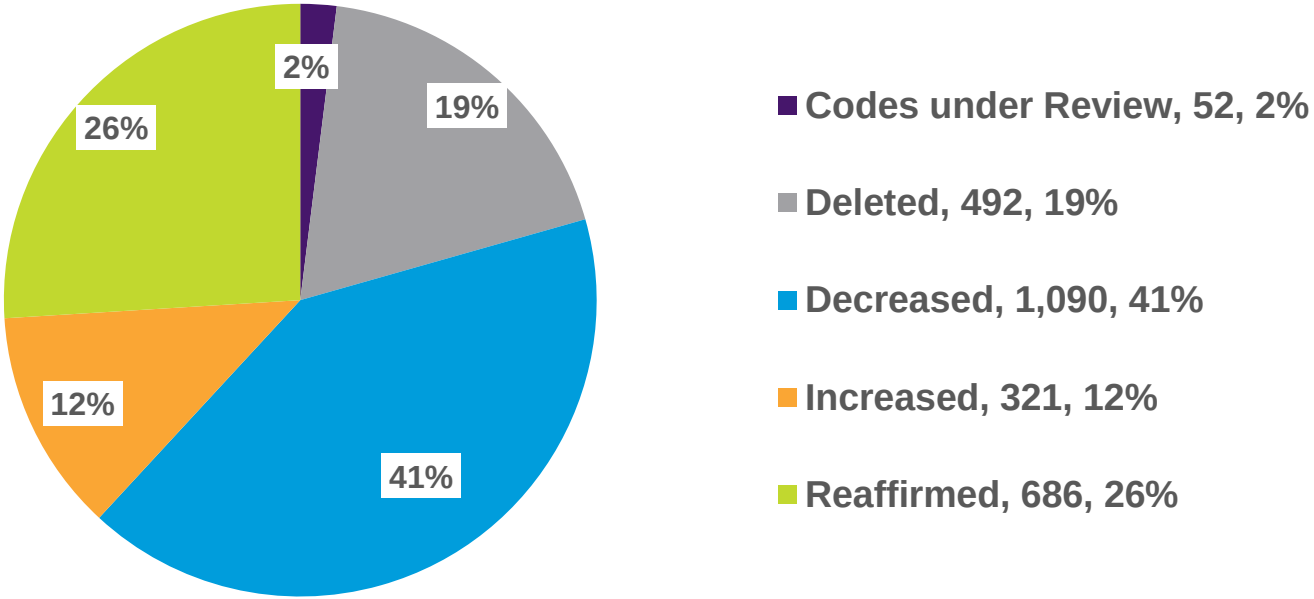
CPT Descriptor

AMA | Physicians' powerful ally in patient care

Potentially misvalued services project

- To provide Medicare with reliable data on how physician work has changed over time, RUC is examining over 2,600 potentially misvalued medical services, accounting for $45 billion in Medicare spending.
- To date, RUC has recommended reductions and code deletions to over 1,500 services, redistributing over $5 billion annually.
- To date, 98% of the Medicare physician payment schedule has been reviewed by the RUC.

Potentially misvalued services project



Update for evaluation & management (E/M)

- New coding and guidelines framework for evaluation and management office visits for 2021 and most other E/M families in 2023.
  - Decrease administrative burden of documentation and coding.
  - Decrease the need for audits, through the addition and expansion of key definitions and guidelines.
  - Decrease unnecessary documentation in the medical record that is not needed for patient care.

RUC review of valuation of office visits

- 51 national medical specialty societies and other health care professional organizations surveyed the revised codes to measure physician time, work, and direct practice costs (nursing staff time, supplies, equipment). 1,700 physicians responded to the survey.
- The surveying specialties analyzed the data and presented recommendations to the RUC meeting of April 24–27, 2019. RUC recommendations were submitted to CMS in May 2019.
- In the CY2020 Medicare Physician Fee Schedule proposed rule, CMS announced their decision to implement the new CPT® framework and RUC-recommended valuation on January 1, 2021.
- Detailed information is also available at **www.ama-assn.org/cpt-office-visits.**

Medicare payment for office visits in 2021

- Medicare payment for office visits increased, on average, by 13% in 2021
- CPT® Code 99213 increased from $75 in 2019 to $92 in 2021
- Medicare requires budget neutrality resulting in redistribution. For example, CMS announced that the changes resulted in a 12% increase to family medicine and an 8% decrease to radiology.

More information

Department of Physician Payment Policy & Systems

AMA Plaza
330 N. Wabash Street
Chicago, Illinois 60611

(312) 464-4736
RUC.Staff@ama-assn.org

www.ama-assn.org/go/rbrvs

Physicians' powerful ally in patient care