Understanding the RUC Survey Process
Thank You for Participating

• Your participation is essential to establishing fair professional work values and accurate time and complexity estimates for the surveyed procedures.

• It is very important to carefully review **EVERY** slide in this presentation to ensure correct responses and correct valuation of each procedure.
Understanding The RUC Survey

• What is the RUC?
• What is a RUC survey and what does it measure?
• Why are the surveys being conducted?
• Who/what will be surveyed?
• How are the surveys being conducted?
• How the survey works
• What about the survey results?
What is the RUC?

The AMA/Specialty Society Relative Value Scale Update Committee (RUC) recommends relative value units (RVUs) for new & existing codes to the Centers for Medicare and Medicaid Services (CMS).

CMS considers the RUC’s recommendations on physician work, practice expense inputs and professional liability insurance crosswalks when establishing physician payment.

Payment = RVU x Geographic Adjustment x Conversion Factor
What is it? Surveys are conducted by specialty societies to obtain estimates of the value of a service (RVU) compared (relative) to other services.

What does it measure? Your estimates of the time and complexity required to perform the procedure and the professional work value, or relative value unit (RVU), for the procedure
## Why Are Surveys Being Conducted?

The AGA and ASGE are conducting the following RUC surveys. Based on data from the surveys, the societies will recommend a work value (RVU) to the RUC.

<table>
<thead>
<tr>
<th>Existing Codes</th>
<th>New Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophagoscopy 43200 - 43232</td>
<td>4320X1; esophagoscopy, with optical endomicroscopy</td>
</tr>
<tr>
<td>Esophageal dilation 43450 - 43453</td>
<td>4320X2; trans-nasal esophagoscopy</td>
</tr>
<tr>
<td></td>
<td>4320X3; trans-nasal esophagoscopy, with biopsy</td>
</tr>
</tbody>
</table>
Who/What Will Be Surveyed?

• A representative sample of GI physicians familiar with performing these procedures

• **Physician** time, intensity and estimated work value are the measures included in the survey.

• No knowledge of coding or reimbursement is necessary.
Mini Survey

For some surveys, you may be asked to evaluate only the work of the intra-service period of the procedure

DEFINITIONS:

• **Pre-service period** = **Physician** services provided from the day before the procedure until the time the procedure begins

• **Intra-service period** = All **physician** “first scope-in to last scope-out” work that is a necessary part of the procedure

• **Post-service period** = **Physician** services provided on the day of the procedure after the procedure has been performed
Intra-service Period For Endoscopy Includes:

<table>
<thead>
<tr>
<th>“First scope-in to last scope-out” services and the time until the patient is safe to go to the recovery unit.</th>
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<tbody>
<tr>
<td>If the level of sedation of the patient is reassessed during the procedure and additional moderate sedation is personally administered / supervised by the endoscopist, as needed.</td>
</tr>
<tr>
<td>When appropriate, includes work that is intrinsic to the procedure which follows withdrawal of the last endoscope, such as bougie dilation.</td>
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</table>
How the Survey Works

Eight Easy 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 procedure
• STEP 4 – Estimate your time
• STEP 5 – Compare the survey procedure to a reference procedure (intensity/complexity)
• STEP 6 – Your procedure frequency
• STEP 7 – Answer a question about moderate sedation
• STEP 8 – Estimate work RVU (relative value unit)
Step 1
Review Code Descriptor & Vignette

• The vignette is intended to describe a **TYPICAL** patient and clinical scenario for the procedure/service

• Even if you have performed the procedure on a patient different than the “typical” one described in the vignette – that’s OK – you can still use your experience to guide your responses
Step 2
Complete Contact Information

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

• For any questions about the survey, please contact society staff:
  – Leslie Narramore (AGA)
  – Sam Reynolds (ASGE)
Step 3
Select One Reference Service From The Reference Service List

• You will be provided with a list of reference service codes

• Pick one code from the reference service list that will be compared to the surveyed service

• The reference service should be one that you have performed and is familiar to you

An effective reference code is one with comparable work effort to the surveyed service
Step 4
Estimate Time Spent

Using the vignette for the surveyed service, estimate how much time it takes you to perform the procedure for the typical patient

• While certain patients may require additional time and effort, the survey is intended to estimate the work for the typical patient

• Your estimate should be based on your personal experience
Step 4 (continued)

- **Pre-service period** = **Physician** services provided from the day before the procedure until the time of the procedure
Step 4 (continued)

Pre-service Period Includes:

Assessment of the patient’s status for indications, contraindications, and fitness to undergo the endoscopy procedure. May include procedural work-up, review of records, communicating with other professionals, patient and family, coordinating scheduling and preparation and obtaining consent.

Dressing, scrubbing, and waiting before the operative procedure, preparing patient and needed equipment for the operative procedure, positioning the patient and other "non first scope-in to last scope-out" work in the OR.
Step 4 (continued)

<table>
<thead>
<tr>
<th>Pre-service Period Includes:</th>
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<tr>
<td>Assessment of the patient’s fitness for administration of moderate sedation, <strong>if</strong> personally administered/supervised by endoscopist.</td>
</tr>
<tr>
<td>All time for the administration of moderate sedation from the first dose administered until the endoscopic procedure begins (if necessary) <strong>if</strong> personally administered / supervised by the endoscopist, including management of sedation.</td>
</tr>
</tbody>
</table>
Step 4 (continued)

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

• Staff time (i.e., scheduling procedure or providing instructions, etc)
Step 4 (continued)

- **Intra-service period** = All **physician** “first scope-in to last scope-out” work that is a necessary part of the procedure
**Step 4 (continued)**

**Intra-service Period For Endoscopy Includes:**

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Step 4 (continued)

- Post-service period = Physician services provided on the day of the procedure after the procedure has been performed
**Step 4 (continued)**

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<td>“Non first scope-in to last scope-out&quot; work in the OR, patient stabilization in the recovery room or special unit, communicating with the patient and other professionals (including written and telephone reports and orders), and patient visits on the day of the operative procedure.</td>
</tr>
<tr>
<td>Assessment for fitness to discharge from the procedure area when performed by the physician.</td>
</tr>
<tr>
<td>Discharge instructions and counseling to patient and caregivers when performed by the physician.</td>
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Step 4 (continued)

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

• Calling the patient and communicating lab results
Step 5

Compare Complexity/Intensity Of The Surveyed Service To Reference Service

Compare the complexity/intensity of the surveyed service with the reference service you have selected in terms of four components

• Time
• Mental effort and judgment
• Technical skill/physical effort
• Psychological stress
Step 5

Compare Complexity/Intensity Of The Surveyed Service To Reference Service

• **Mental effort and judgment**
  
  • 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
Step 5

Compare Complexity/Intensity Of The Surveyed Service To Reference Service

- **The technical skill** required with respect to knowledge, training and actual experience necessary to perform the service

- **The physical effort** required to perform the procedure.
  - Physical effort can be compared by dividing services into tasks and making direct comparisons of tasks.
Step 5
Compare Complexity/Intensity Of The Surveyed Service To Reference Service

- **Your 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. This is accepted as an aspect of work.
  - The second is related to unpleasant conditions connected with the work that are not affected by skill or judgment.
Step 6
Procedure Frequency

- Indicate the number of times you have performed the surveyed service versus your selected reference service during the past 12 months
Step 7
Is Moderate Sedation Performed?

- Do you or does someone under your direct supervision typically administer moderate sedation for the surveyed and/or reference code and in what setting (Facility/Non-Facility)?
Step 7
Who Provides Sedation?

• Indicate whether you or someone under your direct supervision typically administers moderate sedation for the typical patient undergoing the surveyed and reference services in the Hospital/ASC and office settings.

• Indicate whether an anesthesia professional typically provides monitored anesthesia care (MAC) for the typical patient undergoing the surveyed and reference services in the Hospital/ASC and office settings.
Step 8
Estimate A Work RVU

• In this final step you will be asked to estimate the work relative value unit (RVU) for the surveyed service

• Consider the value assigned to the reference service in estimating the surveyed service work RVU
  - In doing so, compare the time and intensity of the reference service to the surveyed service

• The survey methodology attempts to set the work RVU of the surveyed service “relative” to the work RVU of the comparable and established reference service
How Are the Surveys Conducted?

• The surveys are being conducted online.
• Look for e-mail from ruc.staff@ama-assn.org
  – Don’t forget to check your spam folder!
• The link is specifically for you.
• If you would like a colleague to complete the survey, please e-mail their information to surveys@asge.org
Next Steps

• You will be sent an e-mail message from ruc.staff@ama-assn.org

• Embedded in the message will be links to online survey forms, one for each code

• By clicking on a given link, you will have immediate access to that survey

• Please complete **ALL** surveys you have been assigned (one for each code)!
Questions?

Contact society staff with any questions:

• AGA: Leslie Narramore
  Lnarramore@gastro.org
  410-349-7455

• ASGE: Samuel Reynolds
  sreynolds@asge.org
  630-570-5643