

# **RUC Survey Overview**

Advancing Neuromuscular, Musculoskeletal, & Electrodiagnostic Medicine

# Why are RUC Surveys Done?

- To obtain estimates of the time and complexity required in performing a procedure
- To obtain an estimate of a recommended professional work value



# How do I Participate?

- You will receive an email requesting your participation in the survey
- You will need to respond indicating your willingness to complete the survey
- You will be sent the survey with a timeline necessary for completion
- There are 7 steps to complete the survey



- Review the code descriptor and vignette
  - The vignette describes a <u>typical</u> clinical scenario for the procedure
    - You may have performed the procedure on a patient that is different than the "typical" one described in the vignette—that's OK!
- Complete the survey instrument using the typical patient described in the vignette

#### PHYSICIAN WORK RESPONSE Return to My Survey List

Surveyed CPT Code: 9590X1 Global Period: XXX **CPT Code Descriptor:** Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study: each limb, includes F-wave study when performed, with interpretation and report (Report 9590X1 only once per limb studied) (Do not report 9590X1 in conjunction with 95900-95904, 95934-95936) **Typical Patient/Service:** A 42-year-old female data entry clerk reported that, although she had had no injuries and during the day she was okay, she had been awakened in the middle of each night for the past two weeks with a numb, aching, burning feeling in her right hand that was relieved by holding her hand down and shaking it, rubbing it and running cold water over it. Physical examination reveals weakness of right thumb abduction, wasting of the right thenar eminence, numbness of the palmar aspects of the right thumb, index finger and middle finger, and a Tinel's sign over the right median nerve at the carpal tunnel. (History and exam reported separately as E/M). Nerve conduction testing using preconfigured arrays for both upper extremities is performed.

1. Introduction | 2. Physician Time and Visits | 3. Service Complexity | 4. Component Complexity | 5. Other Questions | 6. Submit

1. Introduction

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#### **START HERE**

#### TYPICAL PATIENT

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

🔵 Yes 🔵 No

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

- Review introduction and complete your 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

- Identify a reference procedure
  - 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
  - The reference procedure does not have to be equal in work in your judgment to the surveyed procedure, but it should be similar.

# Step 3 (cont.)

- 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, XXX = the global period concept does not apply to the code)

- 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
  - These estimates should be based on personal experience

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#### □ 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.

#### 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 listed at the top of this screen. (*Refer to definitions.*)



- 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

3. Service Complexity

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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 (select one: 1 = low; 3 = medium; 5 = high). Please base your rankings on the universe of codes your specialty performs.

	New/revised CPT Code: (9590X1)	Reference service CPT Code: (none provided)	
Pre-service time	01 02 03 04 05	01 02 03 04 05	
Intra-service time	01 02 03 04 05	01 02 03 04 05	
Post-service time	01 02 03 04 05	01 02 03 04 05	

# <u>Physician work</u> 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;
  - 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
- The **physical effort** involved
- The **psychological stress** involved

#### 4. Component Complexity

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#### << PREV NEXT >>

#### 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.

**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. (select one: 1= low; 3 = medium; 5 = high). Please base your rankings on the universe of codes your specialty performs.

	New/revised CPT Code: (9590X1)	Reference service CPT Code: (none provided)		
Mental effort and judgment				
The range of possible diagnoses and/or management options that must be considered	01 02 03 04 05	01 02 03 04 05		
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	01 02 03 04 05	01 02 03 04 05		
Urgency of medical decision making	01 02 03 04 05	01 02 03 04 05		
Technical skill/physical effort				
Technical skill required	01 02 03 04 05	01 02 03 04 05		
Physical effort required	01 02 03 04 05	01 02 03 04 05		
Psychological stress				
The risk of significant complications, morbidity and/or mortality	01 02 03 04 05	01 02 03 04 05		
Outcome depends on skill and judgment of physician	01 02 03 04 05	01 02 03 04 05		
Estimated risk of malpractice suit with poor outcome	01 02 03 04 05	01 02 03 04 05		

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## 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
  - Technicians

5. Other Questions

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QUESTION 5: How many times have you personally performed these procedures in the past year? Enter valid numbers without commas.

I performed the New/revised Code (9590X1) procedure	times in the past year
I performed the Reference Code (none provided) procedure	times in the past year

#### □ 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 setting or in the Office Setting?

	Hospital/ASC Setting		Office Setting	
	Yes	No	Yes	No
New/Revised Code	$\bigcirc$	$\bigcirc$	0	$\bigcirc$
Reference Code	0	$\bigcirc$	0	$\bigcirc$

- Estimate the work relative value unit (RVU)
  - You will be 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

#### **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:

#### (enter a valid number without commas)

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 <u>Reference Service List</u> when providing your estimate.

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# What happens after the survey?

- AANEM will submit recommendations to the RUC for physician work, practice expense inputs and professional liability insurance crosswalks
- Recommendations are presented at the RUC meetings which occur three times a year
- The RUC sends its recommendations to CMS
- CMS releases it's decision in the Federal Register

### Questions?

# Please contact the AANEM Health Policy Department: (507)288-0100

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