

Working together on accurate valuation of GI services

In the Medicare Physician Fee Schedule for calendar year 2012, CMS asked for many physician services to be reviewed by the American Medical Association's (AMA) RVS Update Committee (RUC). This systematic evaluation has the potential to have a significant effect on reimbursement for all who perform endoscopic services. Over the next few years, the GI physician community is facing a comprehensive review of the Medicare valuation of physician work and practice expense for more than 100 endoscopy procedures. Input from those who perform endoscopic procedures is necessary for accurate valuation.

We need your help in participating in the survey process. If you are able to assist, please RSVP to surveys@asge.org ASAP and include your name, email address and practice location.

It is only with your input that we can obtain accurate data so that gastroenterology services can be fairly valued by Medicare and those who base their fee schedules on Medicare's rates. The GI societies need to expand the database of physicians in active practice — community and academic, private and hospital-based — who are able to complete the RUC surveys of the physician work for procedures. Endoscopists who perform routine exams, such as EGD and colonoscopy, and more complex procedures, such as ERCP, EUS and stents, are needed. We realize that physicians are faced with ever increasing demands for their time, but this is an important opportunity for all practicing gastroenterologists to have an impact on the future of our profession.

You can help by participating in a survey to measure the physician work involved in performing various GI procedures. Your participation will help the societies make an accurate recommendation to CMS regarding the valuation of the services you provide. The surveys are electronic, not very burdensome and can be completed in a reasonable amount of time — no more than one or two hours. The surveys can only be completed by an MD/DO — they cannot be completed by your office manager, nurse, fellows, nurse practitioners or physician assistants.

How can you help?

We urge you to consider this request to be added to the roster of individuals to be contacted to complete the RUC surveys of physician work for endoscopic procedures. **Please RSVP to surveys@asge.org ASAP and include your name, email address and practice location to participate. Surveys will be sent the week of June 25-29 and will only be open for four weeks.**

ASGE and AGA will hold an educational webinar for those interested in participating in the surveys on June 26 at 7:00 PM Eastern. The archived webinar will be available by June 29 at <http://www.gastro.org/practice/coding/the-ruc-process>.

How Medicare Sets Physician Payment Rates

In 1992, Medicare implemented a cost-based physician fee schedule. For each of the greater than 7,000 services on the fee schedule, a relative value unit (RVU) is assigned based on the time and intensity of physician work, practice expense and cost of professional liability insurance necessary to provide the

service. To determine the Medicare fee, a service's RVUs are multiplied by a dollar conversion factor that is updated annually. A geographic adjustment is also made.

When Medicare transitioned to a physician payment system based on the Resource-Based Relative Value Scale (RBRVS), the AMA anticipated the effects of this change and formulated a multi-specialty committee. This committee, known as the AMA RVS Update Committee (RUC), has made numerous recommendations to CMS that have significantly affected the Medicare physician payment schedule by giving physicians a voice in shaping Medicare relative values. The RUC, in conjunction with the Current Procedural Terminology (CPT) Editorial Panel, has created a process through which specialty societies can develop relative value recommendations for new and revised codes. The RUC carefully reviews survey data presented by specialty societies and develops recommendations for consideration by CMS. ASGE and AGA are active participants in the RUC.

The Basics of the RUC Survey Process

When new codes are established or existing codes are revised, a survey of physicians providing that service is conducted by the relevant medical specialty society. The purpose of the survey is to measure physician work involved in performing the procedure to determine an accurate relative value recommendation for the service. ASGE and AGA conduct surveys for gastroenterology services, analyze the results and present recommendations to the RUC.

The AMA defines physician work as:

- Physician time it takes to perform a service.
- Physician mental effort and judgment.
- Physician technical skill and physical effort.
- Physician psychological stress that occurs when an adverse outcome has serious consequences.

In May of every year, the RUC submits its recommendations to CMS. In the summer, through the federal regulations process, CMS publishes proposed work values. After the public comment process, the new values are finalized and implemented on Jan. 1 of the following year. Historically, CMS has accepted almost 90 percent of the RUC's recommendations.

[Read more](#) about the RUC.