

President's Perspective: February 22, 2016

Establishing Reimbursement Amounts for Procedures, It's in Your Hands! Do You Understand the Process?

The Centers for Medicare and Medicaid Services (CMS) is continually evaluating the amount of reimbursement for procedures. Significant changes in practice patterns alert them to a need to re-evaluate codes as "mis-valued services." We are all aware of the decreases to urodynamic testing reimbursement in 2011 and that represented the outcome of this process. Codes that require re-evaluation are vetted at the RUC (Relative Value Scale Update Committee), a committee of independent volunteers formed by the American Medical Association (AMA) in 1992.

The RUC is made up of 31 members. They make recommendations to CMS regarding the appropriate Relative Value Unit (RVU) reimbursement for services we provide. AUGS is not one of the specialties represented on the RUC, but both OB/GYN and Urology are members. For FPRMS, once a code is identified as being misvalued, Members of the RUC Advisory Committee, including ACOG or AUA will indicate their level of interest in developing a relative value recommendation. AMA staff distributes survey instruments for the specialty societies to then evaluate the work involved in the code that is being reviewed. RVU recommendations, which determine reimbursement is determined by the survey responses. The AMA has put out a slide set that we should all be familiar with regarding the instructions for filling out these surveys. These slides explain the process and the crucial role we play. If we do not accurately fill out the questions in the survey when it is sent to us, we have no one to blame but ourselves. [You can view the AMA slide deck here.](#)

The purpose of the RUC survey is to obtain the time and complexity required to perform the procedure being surveyed for the typical patient described by the vignette in the survey. Using the vignette and the description of service periods, the survey asks you to estimate how much time it takes you when you perform the procedure. All too often, physicians do not take the time in completing the survey to accurately assess each of the questions regarding time. Please familiarize yourself with this process and give complete responses. When recommendations are made by the RUC and then sent to CMS, who has the final say over Medicare reimbursement, it is based on the data physicians give them in a RUC survey.

If you are interested in learning more about the RUC process and overall coding, the AUGS Coding Committee has a recent Coding Webinar, *The Ins and Outs of RVU's*, available on YouTube at <https://youtu.be/Pt92ydeHFgY>.

If you have any questions, please call AUGS headquarters at 301-273-0570 or email info@aug.org.

Sincerely,
Douglass Hale, MD
AUGS President