



The American Medical
Association/Specialty Society
RVS Update Committee

**Physician work
RVS Update Survey**

New/Revised CPT Code: _____

Global Period: 000

CPT Code Descriptor: _____

Typical Patient/Service: _____

START HERE

TYPICAL PATIENT

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

Yes No

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

INTRODUCTION

Why should I complete this survey?

The AMA/Specialty Society RVS Update Committee (RUC) and the _____ need your help to assure relative values will be accurately and fairly presented to CMS during this revision process. This is important to you and other physicians because these values determine the rate at which Medicare and other payers reimburse for procedures.

What if I have a question?

Contact: Name: _____
Phone: _____
email: _____

How is this survey organized?

Each new/revised code must be surveyed (i.e., **there is one questionnaire per code**), so you may have several questionnaires to complete. Each questionnaire is organized the same and is comprised of questions relating to physician work.

The following information must be provided by the physician responsible for completing the questionnaire.

Physician name: _____
Business name: _____
Business phone: _____
E-mail address: _____
Physician specialty: _____
Primary geographic practice setting: Rural Suburban Urban

Primary type of practice: Solo practice
 Single specialty group
 Multispecialty group
 Medical school faculty practice plan

PHYSICIAN WORK

“Physician work” includes the following elements:

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

All of these elements will be explained in greater detail as you complete this survey.

“Physician work” does not include the services provided by support staff who are employed by your practice and cannot bill separately, including registered nurses, licensed practical nurses, medical secretaries, receptionists, and technicians; these services are included in the practice cost relative values, a different component of the RBRVS.

Background for Question 1

Attached is a list of reference services that have been selected for use as comparison services for this survey because their relative values are sufficiently accurate and stable to compare with other services. The “2007 Work RVU” column presents current Medicare RBRVS work RVUs (relative value units). Select one code that is most similar to the new/revised CPT code descriptor and typical patient/service described on the cover of this questionnaire.

It is very important to consider the global period when you are comparing the new/revised code to the reference services. 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; and
- Visits and other physician services **for a specified number of days after** the service is provided.

The global period listed on the cover of the survey refer to the number of **post-service** days of care that are included in the payment for the service as determined by the Centers for Medicare & Medicaid Services (CMS) for Medicare payment purposes.

000 0 days of post-service care are included in the work RVU

Question 1

Which of the reference services on the attached list is most similar to the new/revised CPT code descriptor and typical patient/service described on the cover of this questionnaire?

Reference CPT code:

Background for Questions 2 and 3: Surgery (000 global period)

Pre-service period

The pre-service period includes physician services provided from the day before the operative procedure until the time of the operative procedure and may include the following:

- Hospital admission work-up.
- The pre-operative evaluation may include the procedural work-up, review of records, communicating with other professionals, patient and family, and obtaining consent.
- Other pre-operative work may include dressing, scrubbing, and waiting before the operative procedure, preparing patient and needed equipment for the operative procedure, positioning the patient and other “non-skin-to-skin” work in the OR.

The following services are **not included**:

- Consultation or evaluation at which the decision to provide the procedure was made (reported with modifier -57).
- Distinct evaluation and management services provided in addition to the procedure (reported with modifier -25).
- Mandated services (reported with modifier -32).

Intra-service period

The intra-service period includes all “skin-to-skin” work that is a necessary part of the procedure.

Post-service period

The post-service period includes services provided on the day of the procedure and may include the following:

- Day of procedure: Post-operative care on day of the procedure, includes “non-skin-to-skin” 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.

The following services are not included:

- Unrelated evaluation and management service provided during the postoperative period (reported with modifier -24)
- Return to the operating room for a related procedure during the postoperative period (reported with modifier -78)
- Unrelated procedure or service performed by the same physician during the postoperative period (reported with modifier -79)

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 on the front cover. (Refer to definitions.)

a) Day preceding procedure

New/revised Code

Pre-service evaluation time: _____ minutes

b) Day of procedure

Pre-service evaluation: _____ minutes

Pre-service positioning time: _____ minutes

Pre-service scrub, dress, wait time: _____ minutes

Intra-service time: _____ minutes

Post-service time* _____ minutes

*Post-operative care on day of the procedure, includes “non-skin-to-skin” work in the OR, patient stabilization in the recovery room or special unit and communicating with the patient and other professionals (including written and telephone reports and orders), and patient visits on the day of the operative procedure.

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

	New/revised CPT Code:	Reference service CPT Code:
Pre-service	1 2 3 4 5	1 2 3 4 5
Intra-service	1 2 3 4 5	1 2 3 4 5
Post-service	1 2 3 4 5	1 2 3 4 5

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.

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

New/revised CPT Code: _____ Reference service CPT Code: _____

Mental effort and judgment

The range of possible diagnoses and/or management options that must be considered 1 2 3 4 5 1 2 3 4 5

The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed 1 2 3 4 5 1 2 3 4 5

Urgency of medical decision making 1 2 3 4 5 1 2 3 4 5

Technical skill/physical effort

Technical skill required 1 2 3 4 5 1 2 3 4 5

Physical effort required 1 2 3 4 5 1 2 3 4 5

Psychological stress

The risk of significant complications, morbidity and/or mortality 1 2 3 4 5 1 2 3 4 5

Outcome depends on skill and judgment of physician 1 2 3 4 5 1 2 3 4 5

Estimated risk of malpractice suit with poor outcome 1 2 3 4 5 1 2 3 4 5

Question 5

How many times have you personally performed these procedures in the past year?

New/Revised Code _____

Reference Code _____

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				
Reference Code				

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:

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 reference service list when providing your estimate.