



HELP THE AUA HELP YOU! COMPLETE THE RUC SURVEY

What is the RUC survey and why are they conducted?

The American Urological Association (AUA) needs your valuable input for appropriate valuation of Current Procedural Terminology (CPT) codes by completing the AMA/ Specialty Society Relative Value Scale Update Committee (RUC) Survey. When new CPT codes are developed and approved by the American Medical Association (AMA) CPT Editorial Panel for new procedures or services, the next step is the valuation of the new code for physician reimbursement.

The valuation of physician work also occurs when current CPT codes have been identified by the Centers for Medicare & Medicaid Services (CMS) and/or the AMA RUC in one of the established screens, such as high volume codes, codes commonly billed together or site of service anomalies that identify urologic CPT codes for continuous evaluation. There is a need to determine whether the time it takes to perform the procedure has changed since the CPT code was initially developed.

The RUC survey is an important tool to collect objective data that is used to assign a specific relative value unit for the CPT code in question.

The RUC survey is an online assessment tool completed by urologists who perform this procedure. **This is important to you and other physicians. The RUC survey helps determine relative value units (RVU) for physician work involved in performing the procedure. This RVU is multiplied by the conversion factor that determines the rate at which Medicare and other payers reimburse for the procedure.**

The RUC defines physician work as:

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

How survey respondents are identified and when are the responses due?

The AUA identifies urologists either through a random sampling of our membership and/or from a random sample of urologist members identified through a specific subspecialty society. The procedures identified by the newly approved CPT code(s) or identified by the AMA RUC or CMS as requiring revaluation are surveyed. Please submit your response by the date provided in the email you received. The timeliness of your response is critical because the

AUA will need to review the data before it can be submitted to the AMA RUC.

How is the RUC Survey completed?

You will receive an email from the Chair of the AUA Public Policy Council, asking if you performed the procedure being surveyed during the last 12 months and if you will volunteer to complete the online survey. PLEASE ANSWER AFFIRMATIVELY THAT YOU WILL PARTICIPATE IN THE RUC SURVEY PROCESS. Once you agree to complete the survey, an email with the link and log on information for the survey will be forwarded to you. The survey form can be completed on-line at your convenience. You will be able to stop at any time and return to the site to continue the survey and begin where you stopped. The survey should take about 15-20 minutes to complete.

It is important to read the survey instructions carefully. Here are the 6 steps necessary to complete the survey instrument in the most accurate and appropriate manner:

Step 1 – Review Code Descriptor and Vignette

- The vignette describes the **TYPICAL** clinical scenario for the procedure
- You may have performed the procedure on a patient different than the 'typical' one described in the vignette – that's OK – you can use your experience to guide your responses
- If you **HAVE** performed this procedure within the last year, complete the survey
- If you **HAVE NOT** performed this procedure within the last year, **DO NOT** complete the survey

Step 2 – Review Intro and Complete Contact Information

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

Step 3 – Identify a Reference Service

- List of reference codes – the survey includes list of procedures. Select a procedure (code) from list for comparison to surveyed procedure
- In essence, you are asked to compare time, complexity, & overall work of performing surveyed procedure with reference procedure
- Reference procedure **DOES NOT** have to be equal in work in your judgment for surveyed procedure. The procedure merely needs to provide you with basis for comparison

- The reference list may include some CPT codes for some services performed by other specialties. Do your best in selecting a reference procedure you are familiar with to compare to the procedure being surveyed

Step 4 – Estimate Your Time

- Using the vignette, this section of the survey asks you to estimate how much time it takes you to perform the procedure. These estimates should be based on personal experience. This needs to be an honest and thoughtful consideration of the time it takes to perform the procedure
- **Physician Time Includes:**
 - **Pre-Service:** physician services provided from the day before the procedure until the time of the procedure
 - **Intra-Service:** all “skin to skin” work that is a necessary part of the procedure
 - **Post-Service:** services provided on the day of the procedure after the intra-service period is completed
- **Physician Time DOES NOT include:**
 - Services provided by clinical staff
 - Other services provided on the same day that can be coded separately

Step 5 – Compare New Code to Reference Code

- Compare the complexity and intensity of the new code with the reference service

Step 6 – Estimate Work RVU

- **VERY IMPORTANT:** In this final step, estimate the work relative value unit (RVU)
- 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

What happens next?

The AUA develops physician work and practice expense recommendations based on survey data and the recommendations are presented at next scheduled AMA RUC Meeting. The AMA RUC approves a value and submits the confidential physician work and practice expense recommendations to CMS. CMS makes final decisions and publishes CMS approved values in the Physician Fee Schedule Rule through the Federal Register of the current year. The final CMS approved values will go into effect the following January.



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