



FAQs: RUC SURVEY PROCESS

Q. What is the RUC?

A. The AMA Relative Value Scale Update Committee (RUC), comprising representatives from many specialty health care societies, determines the values for the CPT codes that Medicare and other payers use under the Resource-Based Relative Value Scale (RBRVS) system.

Q. What is the RUC HCPAC?

A. The RUC Health Care Professionals Advisory Review Board consists of 12 organizations that represent physician assistants, chiropractors, nurses, occupational therapists, optometrists, physical therapists, podiatrists, psychologists, audiologists, speech pathologists, social workers and registered dietitians, and three physician members. The HCPAC Review Board is responsible for developing relative value recommendations to CMS for new and revised codes that are reported principally by non-MD/DO professionals.

Q. What is the purpose of a RUC survey?

A. The survey is designed to obtain estimates of the amount of work and time required by a qualified health professional, such as a physical therapist, to provide a service that will be identified by a proposed new CPT code. Your responses will help us obtain an estimate of the recommended work relative value units (RVU) for the service.

Q. What questions are included in this survey?

A. You will be asked to review several codes. You will complete the series of survey questions for each code.

Q. Will my responses be anonymous?

A. Yes. Although the survey instrument asks for your contact information, the information is only used if we need additional information about a particular survey response or if we receive an incomplete submission. Your personal information is never forwarded to AMA or used for tracking purposes.

Q. The survey refers to a “qualified health care professional” throughout. Can you clarify who that would be in my practice?

A. For purposes of this survey, the “qualified health care professional” would be a physical therapist.

Q. Can my physical therapist assistant or other health care professionals within my setting complete the survey?

A. No. The survey must be completed by the physical therapist.

Q. Can my office manager complete the survey?

A. No. The survey must be completed by the physical therapist.

Q. Can I work with my colleagues to complete the survey?

A. The survey should be completed independently, without coaching or assistance, except when seeking clarification from APTA staff. If you are inappropriately contacted regarding this survey, please notify APTA staff immediately.

Q. How long does it take to complete the survey?

A. Set aside at least **45-60 minutes** for the survey.

Q. I have started the survey, but can't complete it at this time. What do I do?

A. You can save the survey and return to it at a later time to complete. Please be sure to save your responses so far and complete the survey before the deadline.

Q. When is the survey deadline?

A. The survey deadline is October 28. You will not be able to submit responses after that time, so please be sure to complete the entire survey and submit it by the deadline.

Q. What are the steps involved in completion of the survey?

The survey can be divided into the following steps:

Step 1: Review the proposed code descriptor and a clinical vignette. The clinical vignette is a “typical patient.” The patient may or may not be typical of the patients you see, and that’s OK. You may perform the described service on a patient different from this, however, it is important that you complete the survey with the vignette’s description of “typical” patient in mind.

Step 2: Review the introduction, and complete the contact and practice information. Your name and contact information will not be shared with AMA or CMS, but it is required to complete the survey. This section also includes questions about financial ownership and interest. Please note that if you or your office simply deliver the services described by the code and are reimbursed for these services, you do not have a conflict of interest.

Step 3: Question 1 on the survey asks you to identify a reference service. A list of reference codes is included as part of the survey. Select from the list the procedure you believe is most similar in time and work to the code being surveyed. The selected reference code does not have to be exactly the same work and time as the surveyed code, but should be, in your judgment, the most similar of the codes that are listed on the reference list. The reference code does not need to be a procedure that you perform regularly.

Step 4: Question 2 on the survey asks you to examine the survey code and estimate the amount of time it takes you to perform the service. The amount of time is divided into pre-service time, intra-service time and post-service time, which are defined for you. Review the vignette and the description of service from the first page and base these time estimates on your personal experience.

Step 5: Question 3 on the survey is a comparison of the reference code you selected with the code that is being surveyed. You are being asked to compare these 2 services in terms of complexity and intensity of each service. You will compare by rating the intensity of the 2 codes in 3 different categories: Mental Effort and Judgment, Technical Skill and Physical Effort, and Psychological Stress.

Step 6: Question 4 on the survey asks you to compare the overall intensity/complexity of all physical therapist work you perform for the survey code with the reference code you selected.

Step 7: Question 5 asks how many times you have performed the services described by the survey code and how many times you have delivered the services described by the reference code in the last 12 months.

Step 8: Question 6 asks you to provide an estimated work value for the new code based on the answers you have completed. For example, if you have rated the new survey code as being exactly the same as the reference code in terms of time, mental effort and judgement, technical skill and physical effort, and psychological stress, then the work value should be the same as the reference code value. If the survey code has less work than the reference code, then a lesser RVU would be appropriate; conversely, if the survey code describes a procedure that would be greater work than the reference code, then the RVU recommendation would be higher.

Q. Who can I speak with at APTA if I have questions about the survey?

A. Contact Carmen Elliott by email at carmenelliott@apta.org or by phone at 703/706-3171, or advocacy@apta.org or 703/706-8511.

Q. What is a reference code?

A. Every RUC survey includes services that have been selected for use as comparison codes. Most of the codes in the list have similar work or time involved.

Q. What is included in pre-service time for the PT procedure codes?

A. The pre-service period includes services provided before the service and may include preparing to see the patient, reviewing records, and communicating with other professionals.

Q. What is included in intra-service time for the PT procedure codes?

A. The intra-service time includes the services provided while you are with the patient and/or family. This includes the time in which the physical therapist obtains the history, performs an examination using standardized tests and measures, develops a plan of care, and counsel the patient.

Q. What is included in post-service time for the PT procedure codes?

A. The post-service period includes services provided after the service and may include arranging for further services, documentation of evaluation or reevaluation and plan of care, reviewing results of studies, and communicating further with the patient, family, and other professionals, including written and telephone reports.

Q. Do I count the time my staff spends providing instructions to the patient toward pre-service, intra-service, or post-service work?

A. This survey measures physical therapist work only. AMA defines the work as:

- Time it takes to perform a service
- Mental effort and judgment
- Technical skill and physical effort
- Psychological stress that occurs when an adverse outcome has serious consequences

Q. What is mental effort and judgment?

A. Mental effort and judgment involves the clinical data to be considered, the knowledge required, the range of possible clinical decisions, the number of factors considered in the decision, and the interaction of all these factors.

Q. What is technical skill and physical effort?

A. The technical skill involves the knowledge, training, and skill necessary to perform the service, while physical effort is best determined by comparing the tasks that are involved in delivering the service.

Q. What is psychological stress?

A. Psychological stress involves the pressure when the outcome is heavily dependent on skill and judgment of the provider and when an adverse outcome could have serious consequences.

[Contact: advocacy@apta.org | Last Updated: 10/5/16]