AMA/Specialty Society RVS Update Committee
RVS Process Improvements

Composition

Established in 1991, the AMA/Specialty Society RVS Update Committee (RUC) is comprised of 32 individuals, 29 of these individuals are voting members. Notably, 21 of the 29 voting members on the RUC are from specialties that receive a majority of their Medicare payment from E/M services.

The RUC has actively engaged to ensure that primary care services, including transitional care management and care coordination services are recognized and paid by Medicare. To increase the expertise required to review such services, the RUC added additional members:

- Addition of seat for Geriatrics Medicine (April 2012)
- Addition of a Primary Care Rotating Seat (April 2012)

The RUC maintains 4 rotating seats (two Internal Medicine subspecialty; one "Other"; and one Primary Care). The RUC and RUC process continuously evolve. The RUC's Administrative Subcommittee periodically studies RUC composition. These reviews over the past two decades resulted in additional seats for neurology, geriatrics, physical medicine and rehabilitation and primary care.

Transparency

The RUC is a transparent process. More than 300 individuals attend each RUC meeting. The attendees are physicians, specialty society staff, and representatives from non-MD/DO health care professions, Centers for Medicare & Medicaid Services (CMS) representatives, other government representatives, researchers, foreign delegations and other interested parties. Any individual requesting to register for a RUC meeting has been afforded this opportunity. Several members of the media have been invited to attend. In addition, all RUC meeting minutes, votes and recommendations are available on the AMA website *and have been published in a publicly available database product, the RBRVS Data Manager, since 2007. In order to make every effort to be open, the RUC has implemented a number of additional transparency measures and additional information has been added to the RUC website (www.ama-assn.org/go/rbrvs).*

- The vote total for each individual CPT code will be published on web (November 2013)
- Minutes of each RUC meeting will be published on web (November 2013)

- RUC meeting dates and locations will be published with greater visibility (October 2013)
- The RUC adopted a Lobbying Policy to prohibit unsolicited communications of any kind made at any time for the purpose of attempting to improperly influence voting by members of the RUC on valuation of CPT® codes or any other item that comes before the RUC, one of its workgroups or one of its subcommittees. (April 2013)

Methodology

The RUC relies on the methodology originally established by the Harvard Researchers and refined by the CMS. The methods and rules have all been articulated within CMS rulemaking and open for public comment. Since the establishment of the RUC in 1991, the RUC has continuously evolved its processes to ensure that the data obtained within these methods is improved. Although the RUC process utilizes the survey methodology, as established by Harvard and CMS, the Committee is committed to utilizing extant data if reliable and consistently available.

- The minimum number of respondents required for each survey of commonly performed codes increased. For services performed more than 1 million times per year in the Medicare population, at least 75 physicians must complete the survey. For services performed more than 100,000 annually, at least 50 physicians will be required. (October 2013)
- The specialty societies will move to a centralized online survey process. The AMA will coordinate this effort, utilizing external expertise to ensure survey and reporting improvements. (October 2013)

The survey methodology is under constant review, including the Research Subcommittee review of customized surveys, such as for E/M office visits, to capture essential information. At each RUC meeting, RUC members, Advisors and other attendees are welcome to introduce new business items which typically relate to process improvements and are studied by the RUC Subcommittees.

The RUC has developed numerous standards within its review to ensure consistency and relativity using the national specialty society surveys and clinical expertise. Standards are used for physician pre-time evaluation, positioning and scrub, dress and wait times and for post-time on the date of surgery. Numerous time standards are used for the tasks performed by clinical staff. These standards were developed with significant input by the national medical specialty societies, reviewed by the RUC, and ultimately published for public comment and review via CMS rulemaking. These standards, along with the national medical specialty society data, and the peer review by the RUC, lead to fair and consistent relative value recommendations to CMS.