

## **AMA/Specialty Society RVS Update Committee Significant Process Improvements – 2012/2013**

### **Composition**

*The AMA/Specialty Society RVS Update Committee (RUC) is comprised of 31 individuals, 28 of these individuals are voting members. 16 of the 28 voting members are from specialties whose primary source of revenue is from office and hospital visits. The expertise required to review these primary care services is significant. The RUC has actively engaged to ensure that 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)

### **Transparency**

*More than 300 individuals attend each RUC meeting. The attendees are physicians, specialty society staff, and representatives from non-MD/DO health care professions, 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, the minutes of each meeting 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 in 2013. Additional information will be added to the RUC website ([www.ama-assn.org/go/rbrvs](http://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)

## **Methodology**

*The RUC relies on the methodology originally established by the Harvard Researchers and refined by the Centers for Medicare and Medicaid Services. 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. The most recent improvements were approved in October 2013. 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 has 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)