An Introduction to the RUC

RUC 101
The Relative Value Scale Update Committee (RUC) is an expert panel of physicians which makes recommendations to the government on the resources required to provide a medical service. The expert panel’s assessment takes into account physicians’ time, nurses’ time, supplies and equipment involved in patient care. The RUC is comprised of a volunteer group of 31 physicians and 300 medical advisors that represent each sector of medicine, including primary care physicians and specialists.

The RUC regularly reviews medical services to determine whether they are appropriate, undervalued, or overvalued, and volunteers its recommendations to the federal government through the Centers for Medicare and Medicaid Services (CMS) for the agency’s consideration. CMS makes all final decisions about what payments should be for each service, under the Medicare program.

Why the RUC is Important
While the RUC is not required to submit recommendations and CMS is not obliged to accept them, it is crucial for the federal government to consider input from the doctors and front-line medical health professionals about the medical services they perform in the course of caring for patients every day. The input of RUC doctors also helps ensure that the government adopt policies that reflect updated medical practices.

The result of this process is a balanced system in which doctors volunteer their highly technical, unique and hands-on expertise regarding complex medical procedures and the government retains oversight and final decision-making authority.

RUC Composition
The RUC is comprised of a volunteer group of 31 physicians and 300 medical advisors that represent each sector of medicine, including primary care physicians and specialists.

Primary care physicians play a crucial – and expanding – role in the RUC’s highly technical work. In April 2012, the Committee added another seat for Geriatrics and another rotating primary care seat. The RUC has also made new recommendations to establish values for a broad range of patient-centered services that primary care physicians formerly provided free of charge.

Tasked with evaluating thousands of individual services across the medical spectrum, the RUC also relies on the crucial expertise of 100 specialty societies and health care professional organizations, ranging from anesthesiology to pediatric surgery to neurology.

The Committee's relative value recommendations to CMS reflect the continued importance of services that all doctors, including primary care physicians, perform.
**Ongoing Efforts to Improve the RUC Process:**

The RUC recently announced refinements of its process to improve accuracy, efficiency and transparency.

To make the RUC process more accessible and transparent to stakeholders and the public, the RUC now publishes meeting dates, meeting minutes, and vote totals for each service evaluated on the AMA’s website.

The RUC is raising the bar on its methodology standards to ensure that it is collecting the most reliable, extant data. At its most recent meeting, the RUC increased the minimum number of respondents required for each survey of commonly performed codes:

- 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.

To further strengthen physician survey methodology, the RUC also announced that specialty societies will move to a centralized online survey process, which will be coordinated by the AMA and utilize external expertise to ensure the RUC obtains accurate, independent survey and reporting data.

These improvements are designed to strengthen the RUC’s primary mission of providing the most accurate physician recommendations on medical services to the Centers for Medicare and Medicaid Services, the federal agency responsible for determining the fee schedule for medical services under the Medicare program.