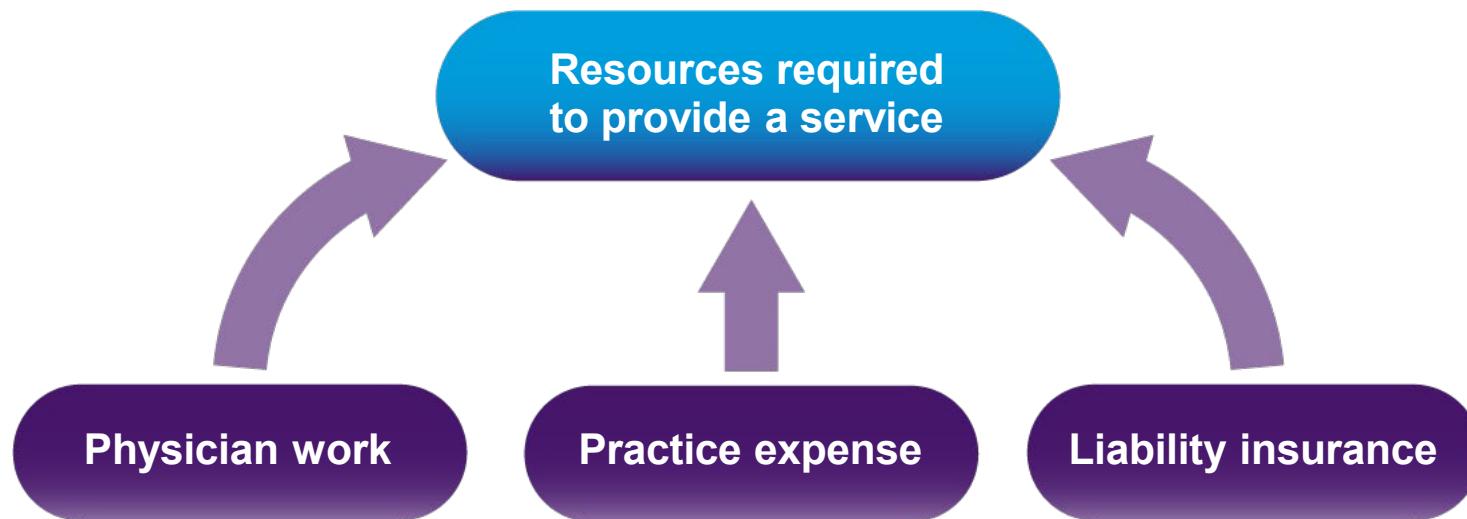




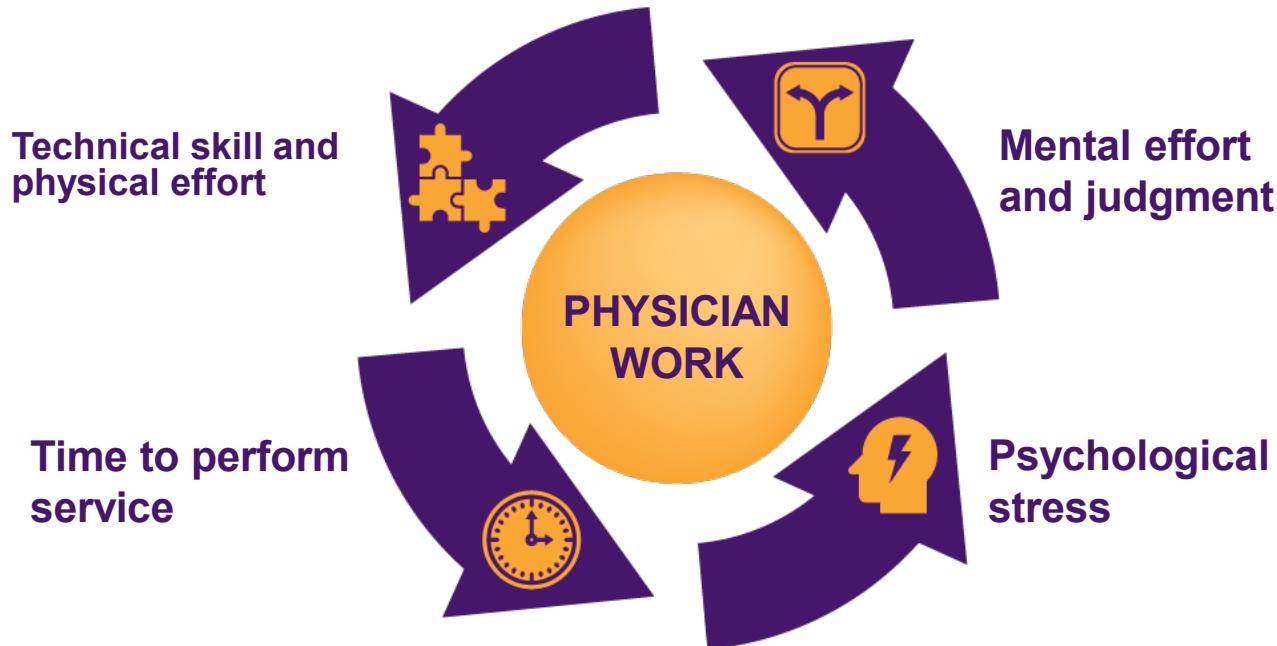
# Resource-Based Relative Value Scale (RBRVS) and AMA/Specialty Society RVS Update Committee (RUC) Process

# Medicare RBRVS

The resources required to provide a service is divided into three components:



# Components of physician work



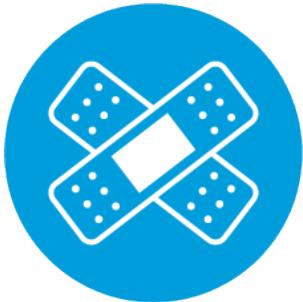
Data is collected by national medical specialty societies using a standardized survey process.

# Components of practice expense



## Clinical staff

(nurse, X-ray technician, etc)



## Medical supplies

(gloves, syringes, etc)



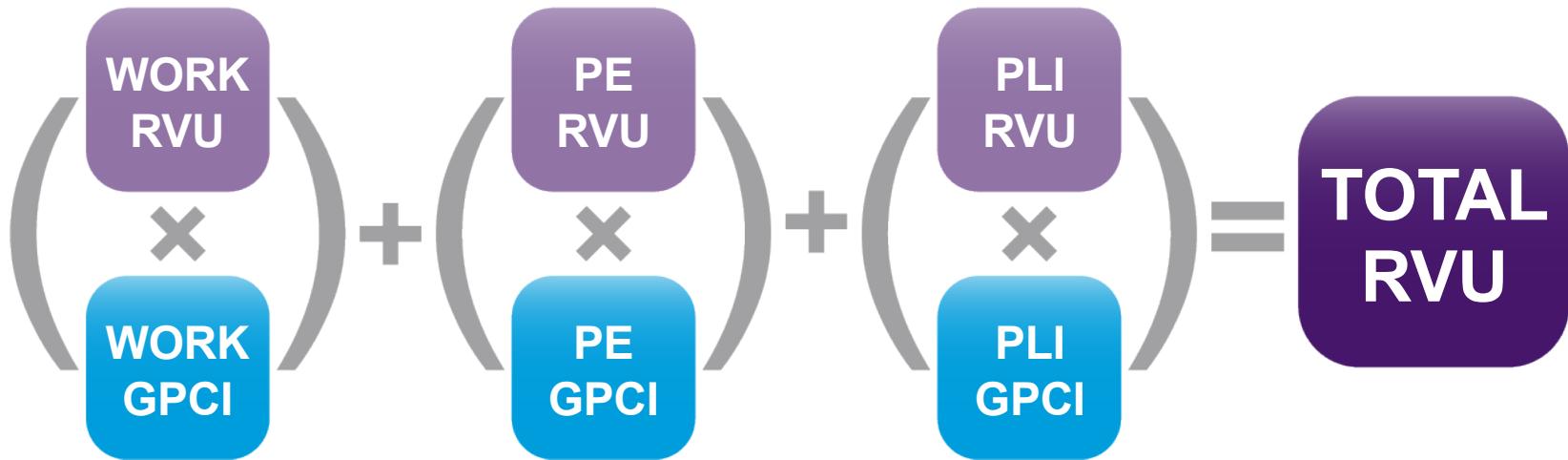
## Medical equipment

(exam table, CT scanner, etc)

# Professional liability

- Costs are driven by the professional liability insurance premiums of the specialties that perform a service and the risk of the service.
- When determining PLI RVUs, the physician work RVU is the primary factor to determine the risk associated with the service.

# Calculating payment: Step 1



# Calculating payment: Step 2

- The conversion factor (CF) is a monetary payment determined by Medicare each year.
- The qualifying APM\* CF for 2026 = \$33.5675
- The non-qualifying APM CF for 2026 = \$33.4009



\*APM = Advanced Alternative Payment Model

# RUC overview

- The RUC is an independent group of volunteer physicians exercising its First Amendment Right to petition the federal government.
- The RUC is comprised of 32 members, 29 voting members (21 of these 29 voting members are from specialties whose Medicare allowed charges are primarily derived from the provision of E/M services).
- The RUC is an expert panel. Individuals exercise their independent judgment and are not advocates for their specialty.

# RUC methodology

- The RUC cycle for developing recommendations is closely coordinated with both the schedule for annual CPT code revisions and the CMS schedule for annual updates in the Medicare payment schedule.
- CPT® Editorial Panel meets three times a year to consider coding changes for the next year's edition. CMS publishes the annual update to the Medicare RVS in the Federal Register every year.
- The median number of survey respondents for a RUC survey is 70. Surveys for high volume services have more than 100 physician respondents. The RUC uses extant data (STS and NSQIP).

# RUC composition

<b>RUC Chair*</b>	Anesthesiology	Neurosurgery	Plastic Surgery
<b>American Medical Association</b>	Cardiology	Obstetrics/Gynecology	Psychiatry
<b>CPT Editorial Panel*</b>	Cardiothoracic Surgery	Ophthalmology	Radiology
<b>Practice Expense Subcommittee*</b>	Dermatology	Orthopaedic Surgery	Urology
<b>Health Care Professionals Advisory Committee</b>	Emergency Medicine	Osteopathic Medicine	Any Other Rotating Seat
	Family Medicine	Otolaryngology	Internal Medicine Rotating Seats (2)
	General Surgery	Pathology	Primary Care Rotating Seat
	Geriatric Medicine	Pediatric Medicine	
	Internal Medicine	Physical Medicine & Rehabilitation	
	Neurology		

\*Indicates a non-voting seat

# RUC subcommittees and workgroups

## **Administrative Subcommittee**

Primarily charged with the maintenance of the RUC's procedural issues

## **Relativity Assessment Workgroup**

Oversees the process of identification of potentially misvalued services

## **Multi-Specialty Points of Comparison (MPC) Workgroup**

Charged with maintaining the list of codes used to compare relativity of codes under review to existing relative values

# RUC subcommittees and workgroups

## **Practice Expense Subcommittee**

Reviews direct practice expenses (clinical staff, medical supplies, medical equipment) for individual services and examines the many broad and methodological issues relating to the development of practice expense relative values

## **Professional Liability Insurance (PLI) Workgroup**

Reviews and suggests refinements to Medicare's PLI relative value methodology

## **Research Subcommittee**

Primarily charged with development and refinement of RUC methodology

# RUC Advisory Committee

- One physician representative is appointed from over 120 specialty societies seated in the AMA House of Delegates.
- Advisory Committee members assist in the development of RVUs and present their specialties' recommendations to the RUC.
- Each member comments on recommendations made by other specialties.
- Advisory Committee members are supported by an internal specialty RVS committee.

# Health Care Professionals Advisory Committee (HCPAC) overview

- The HCPAC allows for the participation of limited license practitioners and allied health professionals in the RUC process.
- The professionals represented on the HCPAC use CPT to report the services they provide independently to Medicare patients, and they are paid for these services based on the RBRVS physician payment schedule.
- The HCPAC recommendations are sent directly to CMS.

# HCPAC composition

- Audiologists
- Chiropractors
- Dieticians
- Marriage & Family Therapists
- Nurses
- Occupational Therapists
- Optometrists
- Physical Therapists
- Physician Assistants
- Podiatrists
- Psychologists
- Social Workers
- Speech Pathologists

# Why RUC is important: A balanced system

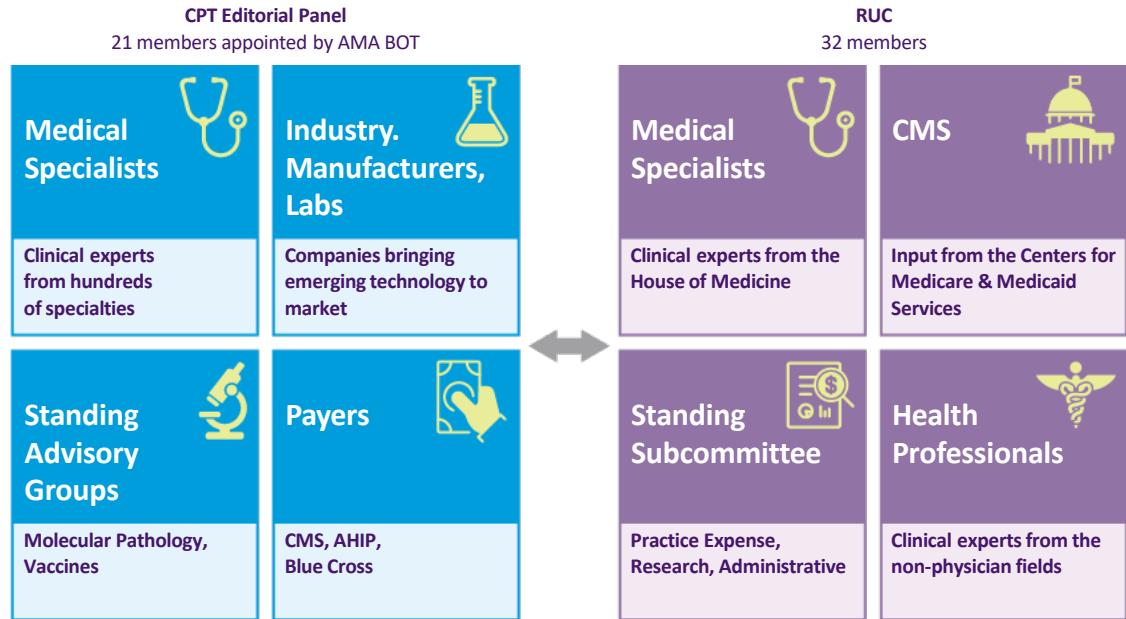
Government retains  
oversight and final  
decision-making authority



Volunteer physicians  
provide invaluable  
expertise on complex  
medical procedures

# The RUC multi-stakeholder and transparent processes are difficult to replicate

- Evidence-based
- Deliberation-driven
- Well-defined criteria
- Clinical expertise
- 3 meeting per year
- Thousands of volunteers
- Hundreds of participants at each meeting
- Content represents input from the full House of Medicine



# RUC is a transparent process

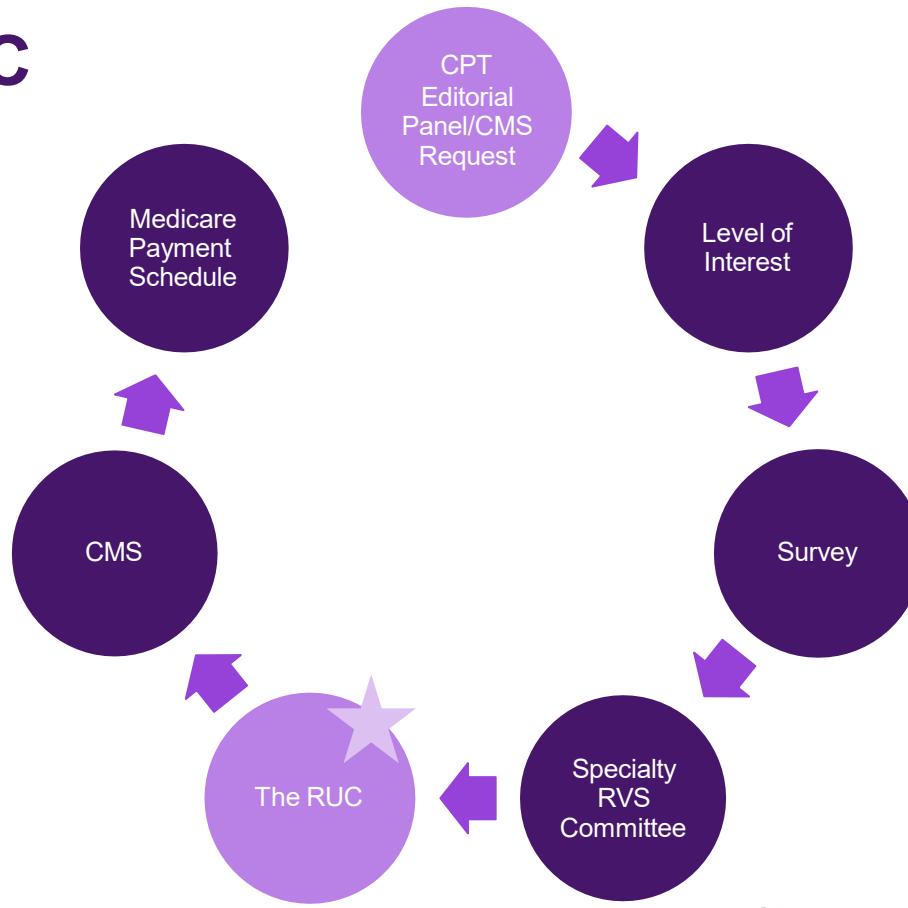
**RUC meetings are open to anyone who registers to attend.**

- More than 300 individuals attend each RUC meeting including:
  - Physicians
  - Specialty society staff
  - Representatives from non-MD/DO health care professions
  - CMS representatives and other government representatives
  - Researchers
  - International delegations
  - Other interested parties
- Published on the AMA website for greater visibility:
  - RUC meeting dates and locations
  - RUC recommendations
  - Minutes of each meeting
  - The vote total for each individual CPT® code

**RUC recommendations, minutes & voting**



# CPT & RUC



# 2028 Cycle for CPT® Code Set and RUC Recommendations

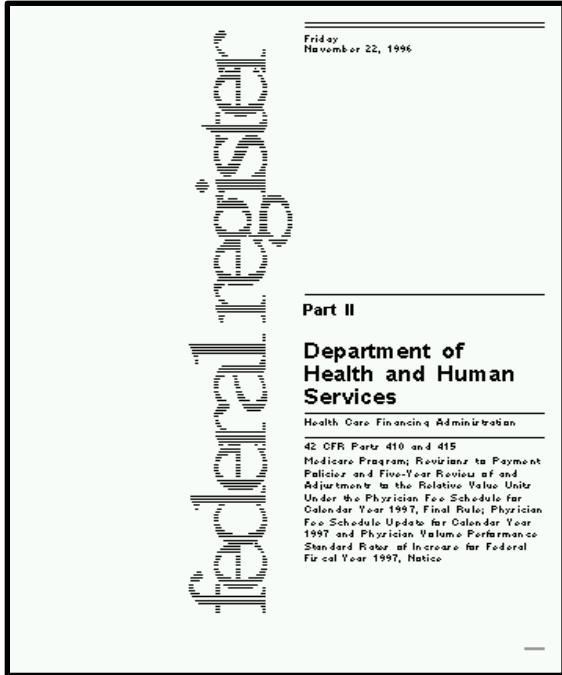
CPT code set			RUC		
CPT code application submission deadline	CPT public agenda	CPT meeting	Surveys available to specialty societies	RUC agenda available	RUC meeting
Nov. 3, 2025	Dec. 5, 2025	Feb. 5-7, 2026	Feb. 23, 2026	Apr. 1, 2026	Apr. 23–25, 2026
Feb. 9, 2026	Mar. 6, 2026	Apr. 30 - May 2, 2026	May 18, 2026	Aug. 26, 2026	Sep. 24-26, 2026
Jun. 10, 2026	Jul. 10, 2026	Sep. 17-19, 2026	Oct. 5, 2026	Dec. 16, 2026	Jan. 20-23, 2027

CPT codes and RUC recommendations for 2028 are made public in the CMS Medicare Payment Schedule Proposed Rule July 2027

# CPT® and RUC collaboration to ensure appropriate coding

- RUC's ongoing review of claims data helps to ensure that codes are described clearly:
  - **Utilization of services:** Examine unexpected increases in volume
  - **Specialties performing:** Review codes when unexpected specialties are reporting
  - **Site-of-service:** Review codes where unexpected site-of-service is in claims
  - **Billed Together Data:** How often CPT codes are reported with other services on the same date
  - **Medicare Provider utilization and payment data:** Physician and Other Supplier
- The RUC will work with the CPT® Editorial Panel to revise:
  - CPT guidelines
  - CPT code descriptors
  - CPT parentheticals, or
  - Develop CPT® Assistant articles for clarification on correct reporting

# CPT 1993–2026 RUC recommendations



- CMS releases a Proposed Rule in July and conducts a 60-day comment period
- CMS publishes a Final Rule in November CMS's acceptance rate is typically 90% annually

# RUC meeting



# RUC practice expense spreadsheet

RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT		RECOMMENDED		
Clinical Activity Code	Meeting Date: Revision Date (if applicable): Tab: Specialty:	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		CPT CODE DESCRIPTOR		
					CPT Code #	CPT Code #	CPT Code #	CPT Code #	CPT Code #	CPT Code #	
<b>LOCATION</b>					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	
<b>GLOBAL PERIOD</b>											
<b>TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME</b>					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>TOTAL CLINICAL STAFF TIME</b>		L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	0.0	0.0	
<b>TOTAL PRE-SERVICE CLINICAL STAFF TIME</b>		L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	0.0	0.0	
<b>TOTAL SERVICE PERIOD CLINICAL STAFF TIME</b>		L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	0.0	0.0	
<b>TOTAL POST-SERVICE CLINICAL STAFF TIME</b>		L037D	RN/LPN/MTA	0.413	0.0	0.0	0.0	0.0	0.0	0.0	
<b>TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE</b>					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>PRE-SERVICE PERIOD</b>											
<b>Start: Following visit when decision for surgery/procedure made</b>											
CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.413							
CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.413							
CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.413							
CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.413							
CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.413							
CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.413							
CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.413							
CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.413							
<i>Other activity: please include short clinical description here and type</i>		L037D	RN/LPN/MTA	0.413							
<b>End: When patient enters office/facility for surgery/procedure</b>											
<b>SERVICE PERIOD</b>											
<b>Start: When patient enters office/facility for surgery/procedure:</b>											
<b>Pre-Service (of service period)</b>											
CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.413							
CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.413							
CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.413							
CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.413							
CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.413							
CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.413							

# Summary of recommendations (SOR) form

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION		
CPT Code:	Tracking Number	Original Specialty Recommended RVU: Presented Recommended RVU:
Global Period:	Current Work RVU:	RUC Recommended RVU:
CPT Descriptor:		
CLINICAL DESCRIPTION OF SERVICE:		
Vignette Used in Survey:		
Percentage of Survey Respondents who found Vignette to be Typical: 0%		
Site of Service (Complete for 010 and 090 Globals Only): Percent of survey respondents who stated they perform the procedure, In the hospital 0%, In the ASC 0%, In the office 0%		
Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is: Discharged the same day 0%, Overnight stay-less than 24 hours 0%, Overnight stay-more than 24 hours 0%		
Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%		
Description of Pre-Service Work:		
Description of Intra-Service Work:		
Description of Post-Service Work:		

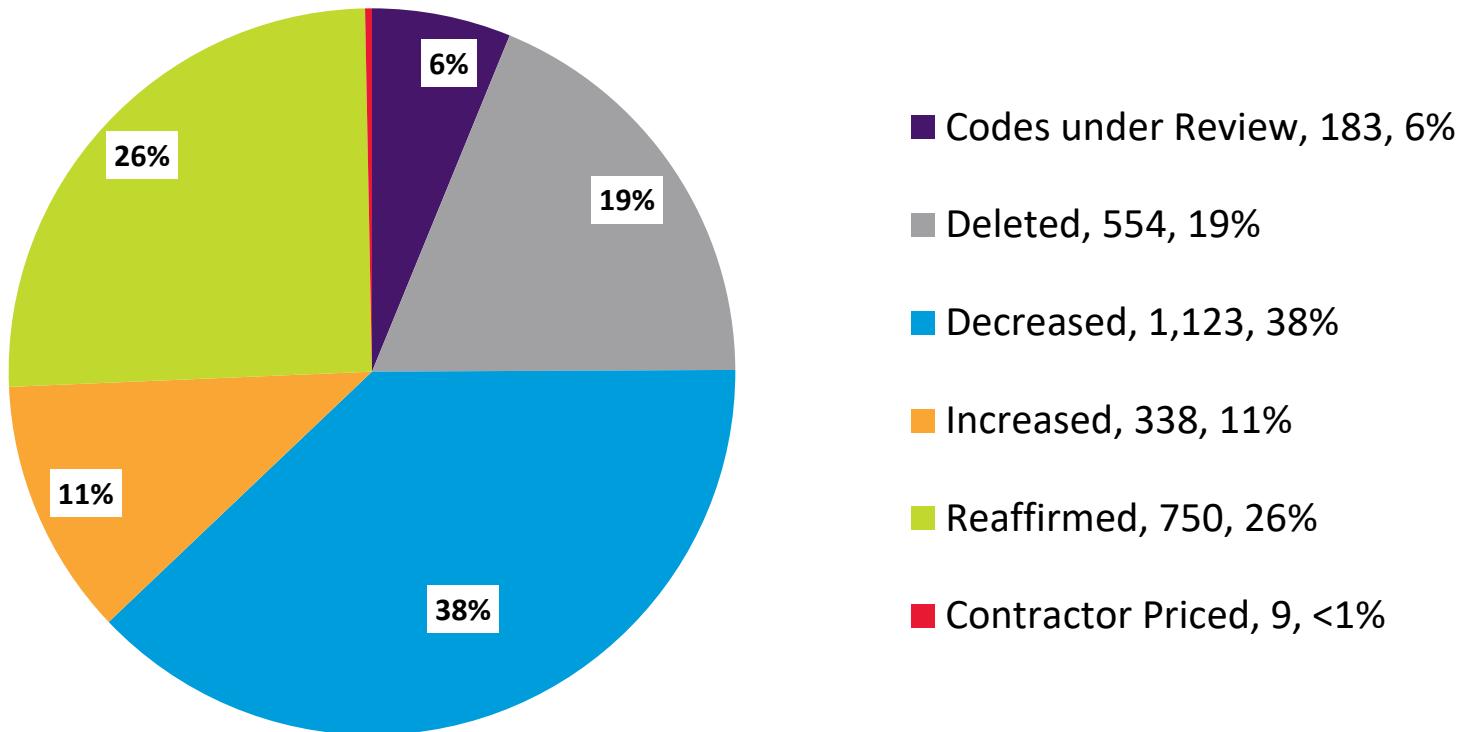
SURVEY DATA					
RUC Meeting Date (mm/yyyy)	CPT Code:				
Presenter(s)					
Specialty					
Society(ies)					
CPT Code:					
Sample Size: 0	Resp N: 0	Response: 0.0 %			
Description of Sample:					
	Low	25 <sup>th</sup> pctl	Median*	75 <sup>th</sup> pctl	High
Service Performance Rate					
Survey RVU:					
Pre-Service Evaluation Time:					
Pre-Service Positioning Time:					
Pre-Service Scrub, Dress, Wait Time:					
Intra-Service Time:					
Immediate Post Service Time:					
Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):		99291x	99292x		
Other Hospital time/visit(s):		99231x	99232x	99233x	
Discharge Day Mgmt:		99238x	99239x	99217x	
Office time/visit(s):		99211x	12x	13x	14x
Prolonged Services:		99354x	55x	56x	57x
Sub Obs Care:		99224x	99225x	99226x	
*Please use standard total minutes per E&M code: 99291 (70), 99292 (30), 99231 (20), 99232 (40), 99233 (55), 99238 (38), 99217 (38), 99211 (7), 99212 (15), 99213 (23), 99214 (40), 99215 (65), 99224 (20), 99225 (40), 99226 (55); 99354 (60), 99355 (30), 99356 (60), 99357 (30)					
Specialty Society Recommended Data					
Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)					
Select Post-Service Package					
CPT Code:	Recommended Physician Work RVU: 0.00	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	0.00	0.00	0.00		
Pre-Service Positioning Time:	0.00	0.00	0.00		
Pre-Service Scrub, Dress, Wait Time:	0.00	0.00	0.00		
Intra-Service Time:					
Please, pick the post-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended post time should not exceed your survey median time)					
Select Post-Service Package					
CPT Code:	Specialty Recommended Post-Service Time	Specialty Recommended Post Service Package	Adjustments/Recommended Post-Service Time		
Immediate Post Service Time:	0.00	0.00	0.00		

Post-Operative Visits	Total Min**	CPT Code and Number of Visits	
Critical Care time/visit(s):		99291x 99292x	
Other Hospital time/visit(s):		99231x 99232x 99233x	
Discharge Day Mgmt:		99238x 99239x 99217x	
Office time/visit(s):		99211x 12x 13x 14x 15x	
Prolonged Services:		99354x 55x 56x 57x	
Sub Obs Care:		99224x 99225x 99226x	
Modifier 51 Exempt Status			
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status?			
New Technology/Service:			
Is this new/revised procedure considered to be a new technology or service?			
TOP KEY REFERENCE SERVICE:			
Key CPT Code	Global	Work RVU 0.00	Time Source
CPT Descriptor			
SECOND HIGHEST KEY REFERENCE SERVICE:			
Key CPT Code	Global	Work RVU 0.00	Time Source
CPT Descriptor			
KEY MPC COMPARISON CODES:			
Compare the survey code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code in the review.			
MPC CPT Code 1	Global	Work RVU 0.00	Time Source
Most Recent Medicare Utilization			
CPT Descriptor 1			
MPC CPT Code 2	Global	Work RVU 0.00	Time Source
Most Recent Medicare Utilization			
CPT Descriptor 2			
Other Reference CPT Code	Global	Work RVU 0.00	Time Source
CPT Descriptor			

# Potentially misvalued services project

- To provide Medicare with reliable data on how physician work has changed over time, RUC has examined nearly 3,000 potentially misvalued medical services.
- To date, RUC has recommended reductions and code deletions to over 1,600 services, redistributing over \$5 billion annually.
- To date, 95% of the Medicare physician payment schedule has been reviewed by the RUC.

# Potentially misvalued services project



# Update for evaluation & management (E/M)

- Coding and guidelines framework for evaluation and management office visits were updated for 2021 and most other E/M families in 2023.
  - Decrease administrative burden of documentation and coding.
  - Decrease the need for audits, through the addition and expansion of key definitions and guidelines.
  - Decrease unnecessary documentation in the medical record that is not needed for patient care.

# RUC review of valuation of office visits

- 51 national medical specialty societies and other health care professional organizations surveyed the revised codes to measure physician time, work, and direct practice costs (nursing staff time, supplies, equipment). 1,700 physicians responded to the survey.
- The surveying specialties analyzed the data and presented recommendations to the RUC meeting of April 24–27, 2019. RUC recommendations were submitted to CMS in May 2019.
- In the CY2020 Medicare Physician Fee Schedule proposed rule, CMS announced their decision to implement the new CPT® framework and RUC-recommended valuation on January 1, 2021.
- Detailed information is also available at [www.ama-assn.org/cpt-office-visits](http://www.ama-assn.org/cpt-office-visits).

# RUC Overview

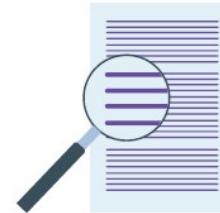


RUC meetings per year



100%

Of minutes and recommendations publicly available on the AMA website



3,000+

Potentially misvalued services reexamined to date



30+ years

Trusted by the government and health care community



\$5+ billion

Redistributed from review of misvalued services



\$0

Cost to taxpayers

# More information

## Department of Physician Payment Policy & Systems

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330 N. Wabash Street  
Chicago, Illinois 60611

(312) 464-4736

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[www.ama-assn.org/go/rbrvs](http://www.ama-assn.org/go/rbrvs)



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