



Advocacy: Coding and Reimbursement Committee experiences lead to greater sense of awareness

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BY JEFFREY SIRACUSE, MD

As a member of the Society for Vascular Surgery's Coding and Reimbursement Committee (two years), I have been able to attend both CPT and RUC meetings in conjunction with the American Medical Association (AMA).

When I began, I had known CPT stood for Current Procedural Terminology, relating to defining the codes that exist for patient encounters, but I had not heard of RUC. A simple Google search revealed that the R stands not for a word but rather another acronym; RUC is the RVS Update Committee or the "relative value scale" Update Committee. This scale relates to the relative value units (RVUs) that value every operation and professional encounter we perform.

Like many physicians, I had no formal training in the coding or reimbursement process. Everything I knew was second-hand, through informal meetings, trial and error, and by being inquisitive of those who seemed to be "in the know." As surgeons, we like to be in control and understand how things fundamentally work. However, even as a trainee, I realized that I, plus likely many of my colleagues, had little knowledge of this whole process. I did know it was something I both wanted and needed to know more about. It wasn't necessarily to get "paid more money." Rather, it was clear to me that these metrics are often used as a gauge of your value to your department and institution. These often seem to correlate to resource distribution, and overall support to the surgeon, the practice and the patients.

RUC meetings are important tri-annual gatherings of all the medical specialty societies. The RUC evaluates new codes created at CPT meetings and re-evaluates older codes to determine the appropriate work and direct practice expense for procedures. Each society sends its representatives to the AMA RUC panel to present their data, often consisting of surveys from members and details of the service in question. Factors as small as how many alcohol wipes or pairs of gloves are needed are considered.

While many of us are territorial about our expertise and specialty, the RUC is a great example of collaboration between overlapping fields. Vascular surgery often partners with general surgery, cardiology and interventional radiology. It is clear societies all benefit more from working together here. These panel recommendations are forwarded to the Centers for Medicare and Medicaid Services and can affect the value of a code for years to come.

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It is important SVS members and all physicians understand what happens at these meetings, for greater understanding and improved participation. It becomes clear why it is important to fill out those long and sometimes tedious RUC code surveys we all receive—RVU assignment is often anchored on these survey results. Completing them requires a thoughtful response about how long it really takes to accomplish the task in question—including preparation time, planning and all aspects of relevant post-evaluation/ intervention care. Accurate comparisons to other procedures we are familiar with is essential. It's also important to be thoughtful about what codes are to be re-evaluated. Re-evaluating an old code may increase reimbursement, especially if there have been changes in practice. However, this reassessment may be detrimental as not only the code in question may lose value but so might other associated codes if they are determined to be potentially misvalued.

Overall, my experience on the committee has allowed me to be more aware, helping me appreciate the larger issues at stake in medicine and being able to get involved at a higher level. Though many see these issues as nuisances, they influence our daily lives. Small decreases in information asymmetry can exponentially increase one's understanding of the process.

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