Let's Get Ready to BUNNNDLLLE……

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Disclosures

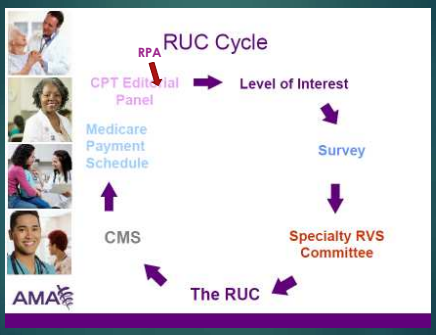
- Interventional Nephrologist
- RPA Board of Directors
- CPT Advisor
- Professor of Clinical Internal Medicine, NEOMED
- Executive Committee Network Strategies & Innovations
- Manage and operate independent dialysis units
- No Conflicts
- Opinions are my own

There are changes in the winds……..

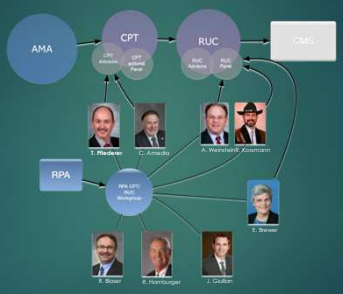
Bundling: Why Now?

- Elimination of Component Billing
  - Perceived "Gaming"
  - Practice Variation
  - "Over Valuation"
- Administrative Simplicity
  - Claims Adjudication
  - Auditing
- Value Based Purchasing
- CMS Pressure
- COST SAVINGS

CPT Code Development & Valuation



RPA's Role



Terms

- CPT = Current Procedural Terminology
- Resource Based Relative Value Scale
  - Medicare and 70% of other payers
  - (1992) based on true costs of providing a CPT service (resources used)
  - Replaced UCR

Components of RBRVS

Average Composition:

- 52 % = Physician work
- 44 % = Practice expense
- 4% = PLI

So, How Did We Get Into This Bundle Thing?

Recent History

- July 2011 – CMS identified 35475 & 35476 by High Expenditure Screening as likely for review (last – 2004)
- January 2012 – RUC recommended that the codes be reviewed at their April 2012 meeting for 2013 CPT
- 7 February 2012 – Interested Societies notified that the codes were to be reviewed
  - ACR & SIR identified for survey
  - ACS & SVS identified for comment
  - Nephrology identified as highest use for 35476 and second highest for 35475
- 23 February:
  - RPA submitted LOI to participate in the process and the survey
  - Vignettes written
- Survey was ultimately completed with reduced RVUs

More Recent History

- RUC identified 75978 as potentially misvalued and highly utilized and billed with 35476 99% of the time
  - Referred to CPT
  - Specialties agreed to bundle these
- Nov 2014 – RPA agreed to work with other Societies
  - RPA to focus on Dialysis Access
  - SVS, SIR, ACR to focus on Aorta and its major branches
- Jan 2015 – RPA bundle concept rejected by other societies
- May 2015 – Attempts at agreement failed

Current Timeline

- August 2015 – RPA submits CPC separate from other societies
- September 2015 – Through CPT/RUC pre-facilitation process, agreement on a single proposal
- October 2015 -- CPT meeting presentation
- November-December – Survey of interested Societies; Internet Based
- January 2016 – Review by RUC
  - Federal Register 2016 – Medicare Fee Schedule
- January 2017 – Publication in CPT

What is a Bundle?

- A collection of services that were previously described by separate CPT codes that are consolidated into a new all encompassing code.
- The new code is usually valued at less that the sum of its components.
  - Elimination of duplicate activities
  - General perception that savings should accrue

Dialysis Circuit

- Redefined anatomical boundaries
- Fewer possible types of interventions
- Claims reporting will be less granular
- Procedures will have reduced assigned value

Let's Review a Survey Experience

- **STEP 1** – Review code descriptor and vignette
- **STEP 2**- Review introduction and complete contact information
- **STEP 3**- Identify a reference service
- **STEP 4** – Report your time
- **STEP 5** – Compare revised code to reference service
- **STEP 6** – Estimate work RVU

REALTIME EXAMPLE: Central Blood Pressure Survey of 2015

Please select all of the CPT Codes that apply to you. You will be surveyed about each code you select.

Once you have made your selection(s), please click the "Next" button below to continue.

CPT code: 93000X1

Descriptor: Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report; upper extremity artery, non-invasive (Do not report 93000X1 in conjunction with diagnostic or interventional intra-arterial procedures)

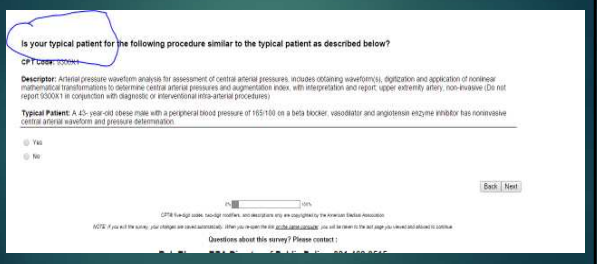
Global: XXX

Typical Patient: A 43- year-old obese male with a peripheral blood pressure of 165/100 on a beta blocker, vasodilator and angiotensin enzyme inhibitor has noninvasive central arterial waveform and pressure determination

Step 1 - Review Code Descriptor and Vignette

- The vignette describes the **TYPICAL** clinical scenario for the procedure
  - This is the "mean" and not the "extreme"
- If you **HAVE** performed this procedure within the last year complete the survey
- If you **HAVE NOT** performed this procedure within the last year **DO NOT** complete the survey

Typical Patient: Analyze Carefully


Is your typical patient for the following procedure similar to the typical patient as described below?

CPT Code: 93000X1

Descriptor: Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report; upper extremity artery, non-invasive (Do not report 93000X1 in conjunction with diagnostic or interventional intra-arterial procedures)

Typical Patient: A 43- year-old obese male with a peripheral blood pressure of 165/100 on a beta blocker, vasodilator and angiotensin enzyme inhibitor has noninvasive central arterial waveform and pressure determination

Yes

No

Back | Next

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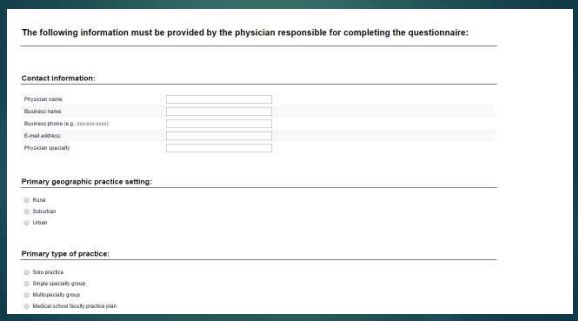
Questions about this survey? Please contact :

STEP 2 – Review Introduction and Complete Contact Information

Although contact and basic practice information is collected, your name is never forwarded to the AMA or used for tracking purposes.

Demographics & Eligibility For Participation



The following information must be provided by the physician responsible for completing the questionnaire:

Contact information:

Physician name:
Business name:
Business phone (e.g., xxx-xxx-xxxx):
E-mail address:
Physician specialty:

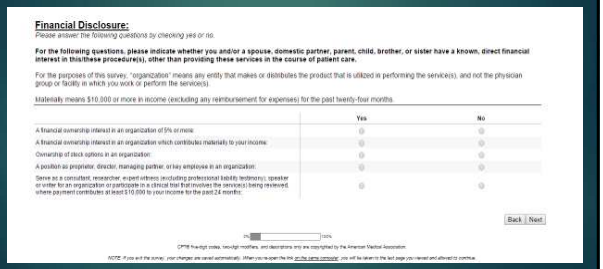
Primary geographic practice setting:

- Rural
- Suburban
- Urban

Primary type of practice:

- Solo practice
- Single specialty group
- Multispecialty group
- Medical school faculty practice plan

These Questions May Disqualify You



Financial Disclosure:

Please answer the following questions by checking yes or no.

For the following questions, please indicate whether you and/or a spouse, domestic partner, parent, child, brother, or sister have a known, direct financial interest in this/these procedure(s), other than providing these services in the course of patient care.

For the purposes of this survey, "organization" means any entity that makes or distributes the product that is utilized in performing the service(s), and not the physician group or facility in which you work or perform the service(s).

Materially means $10,000 or more in income (excluding any reimbursement for expenses) for the past twenty-four months.

	Yes	No
A financial ownership interest in an organization of 5% or more:		
A financial ownership interest in an organization which contributes materially to your income:		
Ownership of stock options in an organization:		
A position as proprietor, director, managing partner, or key employee in an organization:		
Serve as a consultant, researcher, expert witness (excluding professional liability testimony), speaker or writer for an organization or participate in a clinical trial that involves the service(s) being reviewed, where payment contributes at least $10,000 to your income for the past 24 months:		

Back | Next

0% 100%

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So may this one

Additional Disclosure

Have you been contacted by anyone other than your specialty society, other specialty societies sponsoring this survey (or any of their representatives) or the American Medical Association with respect to this survey?

Yes

Back | Next

Questions about this survey? Please contact :

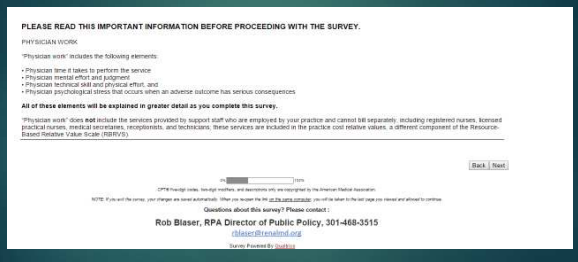
Rob Blaser, RPA Director of Public Policy, 301-468-3515

rblaser@renalmd.org

STEP 3 – Identify a Reference Service

- **List of Reference Services**: Your survey packet includes a list of reference services.
  - These were identified by the submitting societies for comparisons
    - Usually a few at the extremes
    - Many more in the anticipated response area
    - Many may be unfamiliar to you
- **Your Task**: Select a code from this list that is most similar to the surveyed code.
- **Purpose**: The reference service will be used as a comparison to the surveyed code throughout the survey.

Physician Work: This is What Determines RVUs



PLEASE READ THIS IMPORTANT INFORMATION BEFORE PROCEEDING WITH THE SURVEY.

PHYSICIAN WORK

"Physician work" includes the following elements:

- Physician time it takes to perform the service
- Physician mental effort and judgment
- Physician technical skill and physical effort, and
- Physician psychological stress that occurs when an adverse outcome has serious consequences

All of these elements will be explained in greater detail as you complete this survey.

"Physician work" does **not** include the services provided by support staff who are employed by your practice and cannot bill separately, including registered nurses, licensed practical nurses, medical secretaries, receptionists, and technicians; these services are included in the practice cost relative values, a different component of the Resource-Based Relative Value Scale (RBRVS).

Back | Next

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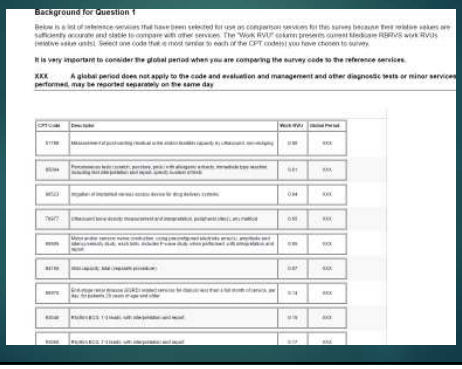
Reference Services List



Background for Question 1

Below is a list of reference services that have been selected for use as comparison services for this survey because their relative values are sufficiently accurate and stable to compare with other services. The "Work RVU" column presents current Medicare RBRVS work RVUs (relative value units). Select one code that is most similar to each of the CPT code(s) you have chosen to survey.

It is very important to consider the global period when you are comparing the survey code to the reference services.

XXX A global period does not apply to the code and evaluation and management and other diagnostic tests or minor services performed, may be reported separately on the same day.

CPT Code	Descriptor	Work RVU	Global Period
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	0.00	XXX
95384	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify duration of test	0.01	XXX
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	0.04	XXX
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	0.00	XXX
99505	Minor problem; concurrent nurse coordination, using prescribed medications, analysis, amplification and report, medically ready, each birth, included 1st dose (Rule, when performed, with administration and report	0.00	XXX
94781	Vital capacity, total (separate procedure)	0.07	XXX
99379	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	0.14	XXX
92540	Basic vestibular evoked myogenic potential testing, interpretation and report	0.18	XXX
92585	Auditory evoked potentials for intraoperative neurophysiologic monitoring, bilateral, each test	0.17	XXX

This List May HaveCodes Which Are Not Familiar

90374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intramuscular, each single or initial substance/drug	0.10	XXX
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services	0.18	XXX
93922	Limited bilateral or unilateral study of upper or lower extremity arteries, eg, for vasculogenic impotence, claudication, ischemic rest pain, following trauma, preoperative planning, or other indication, single level or multiple levels, with or without pharmacological arterial challenge	0.26	XXX
95411	Chemodenervation; extraocular muscle(s), one or more sites, each	0.20	XXX
93784	Ambulatory blood pressure monitoring, utilizing a system such as oscillometric type with cuff, for 24 hours or longer, including recording, scanning analysis, interpretation and report	0.30	XXX
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family	0.48	XXX
76705	Ultrasound, abdominal, real-time with image documentation; limited (eg, single organ, quadrant, follow-up)	0.50	XXX

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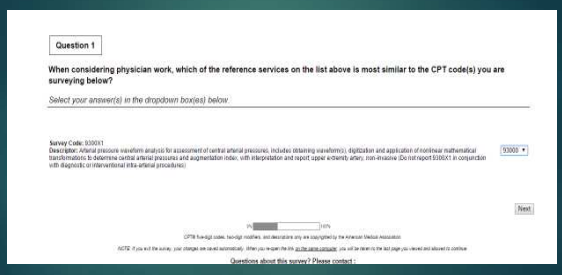
This Answer is Crucial… and will not be easy



Question 1

When considering physician work, which of the reference services on the list above is most similar to the CPT code(s) you are surveying below?

Select your answer(s) in the dropdown box(es) below

Survey Code: 93931
Descriptor: Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report; upper extremity artery, non-invasive (Do not report 93931 in conjunction with diagnostic or interventional intra-arterial procedures)

93931

Next

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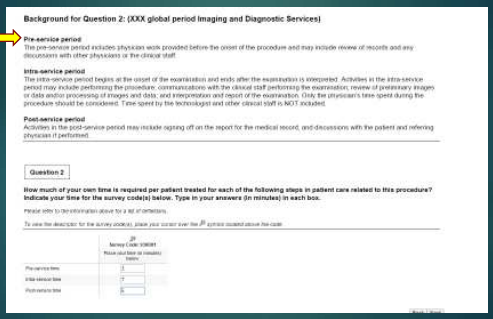
Questions about this survey? Please contact >

STEP 4 – Estimate/Report Your Time

- This section of the survey asks you to estimate how much time it takes you to perform the procedure.
- These estimates must be based on personal experience.
- Typical case time expenditures are to be reported

Time



Background for Question 2: (XXX global period Imaging and Diagnostic Services)

Pre-service period
The pre-service period includes physician work provided before the onset of the procedure and may include review of records and any discussions with other physicians or the clinical staff.

Intra-service period
The intra-service period begins at the onset of the examination and ends after the examination is interpreted. Activities in the intra-service period may include performing the procedure; communications with the clinical staff performing the examination; review of preliminary images or data and/or processing of images and data; and interpretation and report of the examination. Only the physician's time spent during the procedure should be considered. Time spent by the technologist and other clinical staff is NOT included.

Post-service period
Activities in the post-service period may include signing off on the report for the medical record, and discussions with the patient and referring physician if performed.

Question 2

How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? Indicate your time for the survey code(s) below. Type in your answers (in minutes) in each box.

Please refer to the information above for a list of definitions.

To view the description for the survey code(s), place your cursor over the [illegible] symbol located above the code.

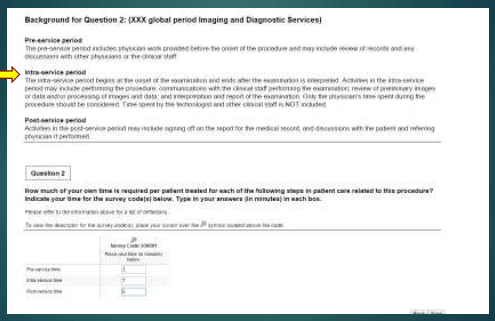
	[illegible] Survey Code: [illegible] Please your time (in minutes) below
Pre-service time	1
Intra-service time	2
Post-service time	3

STEP 4 – Estimate Your Time

Physician Time Includes:

- **Pre-Service**: includes services provided **before** the service.
- May include preparing to see the patient:
  - Reviewing records and studies, communicating with other professionals,
- Patient exam (if not done previously), obtaining diagnostics (INR, K+), counseling, obtaining consent
- Preoperative documentation,
- Positioning patient on the procedure table, draping.

Time



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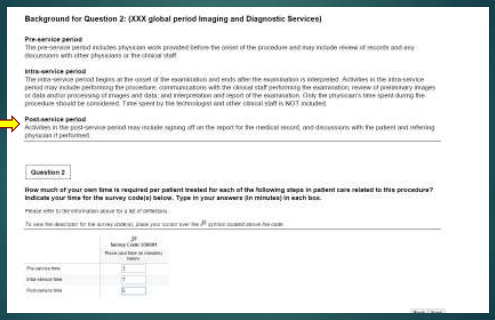
To view the description for the survey code(s), place your cursor over the [i] symbol located above the code.

STEP 4 – Estimate Your Time

Physician Time Includes:

- **Intra-Service**: Starts with the Time Out.
- Includes all the services provided during the procedure.
- Ends when hemostasis is achieved and the patient has recovered from conscious sedation.

Time



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Please refer to the information above for a list of definitions.

To view the description for the survey code(s), place your cursor over the [i] symbol located above the code.

STEP 4 – Estimate Your Time

- **Post-Service**: Services provided **after** the intervention:
  - These include recovery room checks,
  - Procedure documentation
  - Post procedure education, prescriptions and discharge instructions to the patient and family , arranging for further services if indicated
  - Communicating with other professionals (which includes written and telephone reports)

STEP 4 – Estimate Your Time

Physician Time DOES NOT include:

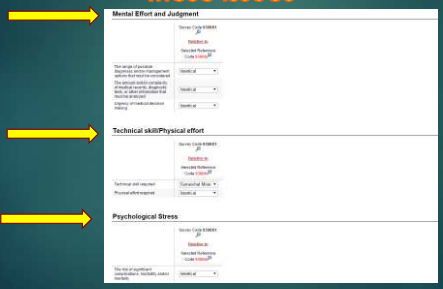
- Services provided by clinical staff
- Other services provided on the same day that can be coded separately
- Activity caring for other proximal patients

STEP 5 – Compare Survey Code to Reference Code

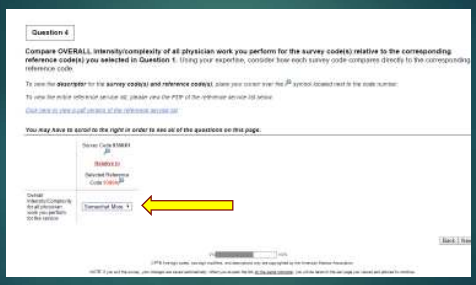
In this step you will be asked to compare the complexity and intensity of the code with the reference service.

Mental Effort, Judgement, Skill, Stress

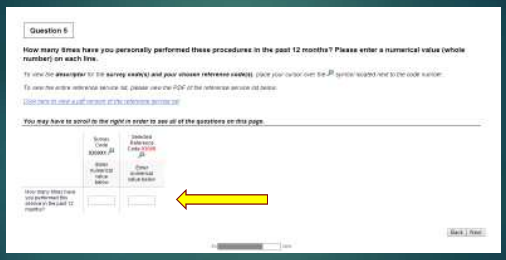
Be Honest.
But do not underestimate these issues



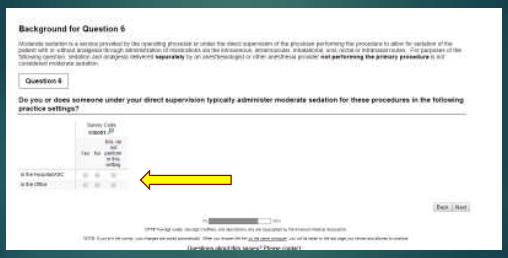
Intensity & Complexity: Comparison to the Reference List



Validation of Your Expertise



Moderate Sedation

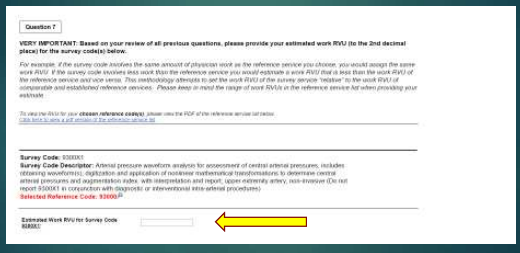


STEP 6 – Estimate Work RVU

********VERY IMPORTANT********

- In this final step you will be asked to estimate the physician work RVU
- You are asked to consider the reference service in developing your estimate
- The survey methodology attempts to set the work RVU of the surveyed code service "relative" to the work RVU of the comparable and established reference service

Bundled Reporting Anticipates Aggregating & Discounting of RVUs



Don't Rush to Submit. Review Your Responses

Preparation needs to begin today……

- Begin tracking your time expenditures **NOW**
- Know the RVUs you generate for various cases
  - Don't Guess
- Review your Practice Expenses
  - Understand your staff time
    - Level of Staff
    - Time involved
  - Equipment
  - Be prepared to provide invoices if asked