RPA MCP SURVEY 2006/2007

SURVEY MODERATORS

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Physician Payment for Dialysis Care

- None
- UCR
- Medicare
  - Initial method ~1975
  - ARM ~1979 (alternate reimbursement method)
  - MCP ~1982(outside of RBRVS) no annual changes
    - Center and home payments 90988 & 90994
  - MCP in RBRVS 1993-94
    - The building blocks
  - The G Codes 2004

MCP in RBRVS

- Harvard survey of physician services flawed – all other surveyed services were a single procedure or visit.
- Building blocks - physician services to a dialysis patient akin to;
  - Office visits,
  - Coordination of care.
- Factored to average % facility and home.

MCP under RBRVS 1993-4

- CMS, formerly the Health Care Financing Administration (HCFA), proposed 1.6 work RVU's based on flawed Harvard data.
- RPA recommended 5.91 for adult MCP.
- RUC supported 5.24 work RVU's.

Current Status: G-Codes

- Visit-Based G-Codes Established Jan 2004
- Despite Claims Processing Issues Early in G-Code Era, RVUs, Payment Stable
- National Median Payment for G-0317 =
  - ~ $303 in 2004
  - ~ $307 in 2005
  - ~ $308 in 2006

- CMS asked RUC to review "G" codes immediately after creation
- RPA convinced RUC/CMS to wait till there was some history with code use
- RPA anticipated new request from CMS for RUC to review codes
- RPA Survey across regions of US
  - Atlanta; Baltimore; Chicago; Dallas; Los Angeles; Philadelphia; San Antonio; Seattle

This is Important…

- Preliminary discussions with CMS may mandate rapid RUC review.
- Accurate data for physician work is absolutely necessary.
- These issues affect ALL of nephrology.

This is the purpose of the 2006/2007 RPA survey.

- **SURVEY PREPARATION**

PREPARATIONS RPA Survey 2006/2007

- PARTICIPANTS WERE SENT:
  - DESCRIPTION OF MCP SERVICES
    (Based on the Federal Register description)
  - TOOLS TO BE UTILIZED
    (Based on the RUC Data-gathering tool)
  - BACKGROUND MATERIAL
    - Description of RUC/PEAC composition
    - Review of usual RUC process
    - Definition of work related RVU (relative value unit)

PERFORMANCE RPA Survey 2006/2007

- VENUE:
  - Local hotel meeting room
  - Start mid-AM (10) / LUNCH / Finish mid-PM(3)
- METHOD:
  - Description of RUC/CPT Process (1.5h)
  - Review of all material included in packet
  - Give typical patient description (0.25h)
  - Monitor session / Answer generic questions
  - A=time for service/ B=CPT “akin” codes/ C=“Your Practice”

(both monitors were blinded to all results)

METHOD RPA Survey 2006/2007

- The Typical Patient – Where did it come from?
  - Description was derived by CMS for use in establishing a “typical” patient for the “ESRD Capitated Demo Project”
  - It fits the description of the “median” patient found in the USRDS data fields
  - Frequent comments by participants was that this patient was “too easy”
  - Meets ALL requirements of the RUC for purposes of establishing work values

The HD Patient:

- A 65 year old man undergoes hemodialysis three times weekly for 2 and ½ years at a dialysis facility using his left arm arterio-venous vascular access (fistula, graft or catheter) for his ESRD. His disease burden includes Type II diabetes mellitus, vascular disease, anemia, congestive heart failure, hypertension, hyperparathyroidism, and polypharmacy (> 7 medications).

The PD Patient:

- A 59 year old woman undergoes ambulatory peritoneal dialysis at home daily for treatment of her ESRD. Her disease burden includes Type II diabetes mellitus, vascular disease, anemia, congestive heart failure, hypertension, hyperparathyroidism, and polypharmacy (> 7 medications).

METHOD
RPA Survey 2006/2007

- Areas of Interest of the 3 survey tools (A,B,C):
  - 4-visit "G" code (G-0317) was the basis of the survey
    - Was the most frequently billed code (>80%)
    - Represents the activity described in Fed. Reg.
    - Describe time of service (A) and "Akin" CPT (B)
  - Home dialysis "G" code (G-0323) was used as P.D.
    - Still has a presence in both USRDS and Billing (10%)
    - Describe time of service (A) and "Akin" CPT (B)
  - Description of "YOUR" practice (C)
    - Describe your 20% easy / 60% usual / 20% hard patient activity

METHOD CONT'D
RPA Survey 2006/2007

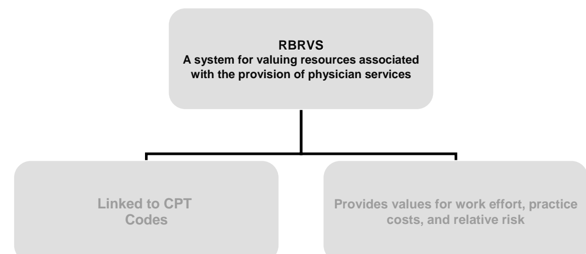
- Review Process of the Results
  - Individual survey numbers were reviewed periodically by RPA Practice committee NOT involved in administering the survey (purpose=internal review)
  - No communication between review group and site monitors at any time during the survey collection process (purpose=no influence in data generation)
  - Final numbers were reviewed by the entire committee after being combined (purpose=evaluate usefulness)
  - Results were tabulated and presented against a background of consistency.

CPT/RUC Overview

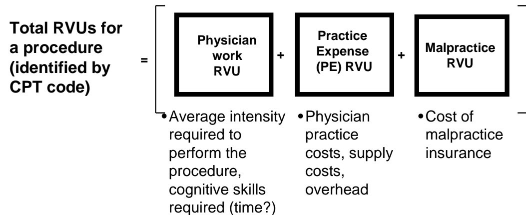
Fundamentals

- **CPT** – Current Procedural Terminology
- **RBRVS** – Resource Based Relative Value Scale
  - **RVU** – Relative Value Unit
  - **RUC** – Relative Value Update Committee
  - **PEAC** – Practice Expense Advisory Committee
- **CMS** – Centers for Medicare and Medicaid Services

Medicare physician payment is based on RBRVS



RBRVS assigns a relative weight in units (RVUs) for 3 components of service

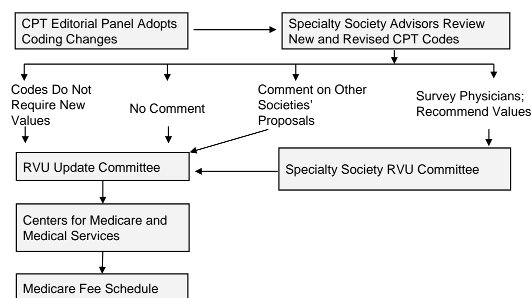


➔ **The RVUs are multiplied by the conversion factor and geographic adjustment factors (GPCIs) to get the actual payment**

RUC Fundamentals

- RUC – American Medical Association/ Specialty Society Relative Value Scale Update Committee.
- A multi-specialty committee created by the medical community to develop relative value recommendations to the Centers for Medicare and Medicaid Services.
- RUC's cycle for developing recommendations is closely coordinated with both CPT's schedule for annual code revisions and CMS's schedule for annual updates in the Medicare payment schedule.

The RUC Process at a Glance



CMS Acceptance Rate of RUC Recommendations
(New and Revised CPT Codes)

Year	Rate	Year	Rate
1993	79%	1999	93%
1994	89%	2000	88%
1995	90%	2001	95%
1996	90%	2002	95%
1997	96%	2003	96%
1998	96%	2004	96%

- Back to the RPA Survey Process and Methods for MCP Specific Issues

Instructions for Completion of RPA RUC Physician Work Survey of Dialysis G-Codes

Part A

- **Attached is a list of tasks provided to the typical patient in the provision of MCP**
  - **G-code G-0317, ESRD related services during the course of treatment, for patients 20 years of age and over, with four or more visits face-to-face physician visits per month, and**
  - **G-code G-0323, Home Dialysis for patients 20 years of age and over.**
- These tasks are categorized under functional headings such as vascular access, congestive heart failure, management of renal disease burden-general, and similar headings**.**
- *The surveys should be completed for both codes, G-0317 and G0323.*

Part A, Cont.

- **Respondents are being asked to provide time estimates in minutes by heading for the physician work necessary to provide the services to the typical patient.**
  1. **physician time taken to perform the service;**
  2. **physician mental effort and judgment;**
  3. **physician technical skill and physical effort**
  4. **physician psychological stress that occurs when an adverse outcome has serious consequences.**

Part A, Cont.

- **Respondents are being asked to divide the time estimates, if appropriate, to, the *intra-service* period, or the *inter-service* period, by heading.**
  - **The intra-service period includes the services provided while you are with the patient and/or family. This includes the time in which the physician obtains the history, performs an evaluation, and counsels the patient.**
  - **Inter- service work includes:**
    - **The pre-service period includes services pro-vided before the service and may include preparing to see the patient, reviewing records, and communicating with other professionals.**
    - **The post-service period includes services provided after the service and may include arranging for further services, reviewing results of studies, and communicating further with the patient, family, and other professionals which includes written and telephone reports.**

Part B

- **Once the time estimates have been completed, respondents should use those estimates to determine an equivalent number and type of evaluation and management services (E&M) necessary to provide that level of service.**
- **Use of this type of combination of E&M services is referred to as the "building block" methodology.**

Thus,

- **Survey respondents are being asked to use the time estimates provided in Part A of the survey to determine what they believe to be the appropriate mix of E&M services that represents the physician work necessary to provide G-0317 to the typical patient.**

His nephrologist will manage his condition over the entire month by providing the following services:

- scheduled examinations for management of known and anticipated problems;
- episodic examinations for intercurrent changes in his general condition *(the typical patient has 2.0 admissions per year or 14 hospitalization days per year);*
- evaluation of the integrity and functionality of his dialysis access;
- episodic changes in his dialysis prescription;

His nephrologist will manage his condition over the entire month by providing the following services, cont.:

- scheduled review of routinely collected laboratory data
  - *(at least twice monthly to respond to hemoglobin variability with the new erythrocytic stimulating protein—ESP—payment constraints);*
- adjustment of in-center medications including intravenous ESPs and iron (*at least twice monthly*), and vitamin D or its surrogates;
- episodic adjustments of home medications including antihypertensives and phosphate binders; establishing and modifying short and long term care plans in cooperation with social services, nutritional support services, transplantation centers, and other medical specialists; and overall care coordination

His nephrologist will manage his condition over the entire month by providing the following services, cont.:

- The nephrologist will also likely have one to two unscheduled telephonic interventions generated by the dialysis center, an emergency room, another physician, or by the patient or his caregiver. He may see the patient during dialysis sessions as often four times during the month in order to accomplish his care and to comply with facility specific quality requirements.

MCP G-Code Task List
(Per patient, per month services provided to patients of typically high intensity)

Part A

Vascular Access

- Examine access
- Perform and record patient's access interval history
- Perform limited physical examination of access
- Evaluate vascular access data
- Perform educational and counseling services if necessary
- Make possible recommendation for intervention if necessary
- Make referral if appropriate
- Discuss findings/outcomes of intervention with patient and interventionalist

  - Intra-Service Time ______
  - Inter-Service Time ______

Management of Non-Renal Disease Burden/Polypharmacy

- Review recent history of non-renal diseases
- Perform pertinent physical examination
- Assess for maintenance health issues (such as mammogram, surveillance colonoscopy, flu and pneumococcal vaccines)
- Evaluate available data (laboratory, imaging, referral notes, hospital notes, procedure notes)
- Assuming polypharmacy status (defined as >7 medications per patient), review medications
- Adjust or affirm medications
- Review medications prescribed by other providers
- Review medications patients have discontinued
- Discussion and counseling of patient on prescription regimen

  - Intra-Service Time ______
  - Inter-Service Time ______

Congestive Heart Failure

- Assess changes in BP and medication requirements
- Evaluate blood pressure changes during dialysis
- Assess volume status
- Assess weight
- Assess fluid intake
- Refer for initial and surveillance ECHO, yearly EKG
- Educate patient regarding dietary salt intake
- Refer for imaging studies and procedures regarding heart disease

  - Intra-Service Time ______
  - Inter-Service Time ______

Management of Renal Disease Burden-General

- Yearly history and physical
- Evaluate weight gain
- Examine blood pressure
- Evaluate any edema present
- Evaluate skin
  - Intra-Service Time _______
  - Inter-Service Time _______

Management of Renal Disease Burden, Dialysis-Specific Tasks (including anemia, metabolic bone disease, nutrition, and dialysis adequacy)

- Prescribe dialysis
- Evaluate dialysis process (with regard to efficacy, patient tolerance, and adequacy)
- Review transplantation and/or other options
- Review of post-hospitalization status when appropriate
- Review of renal-specific laboratory data
- Review of ESP agents and iron, Vitamin D, Hepatitis B status
- Review of need for Hepatitis vaccine yearly
- Review bone, mineral parameters 1-2 times monthly for patients on changing doses of binders, calcium supplementation, and Vitamin D
- Review of anemia management status 2x monthly
  - Intra-Service Time ______
  - Inter-Service Time ______

Other Coordination of Care

- Orchestrate transplantation workup
- Participation in telephone conferences with other physicians, allied professional staff, patient, family
- Coordination of urgent and emergent care, including observational status
- Coordination of end of life issues
- Coordination of social service resources
  - Intra-Service Time ______
  - Inter-Service Time ______

PART B

- Please indicate which of the following codes should be included as part of the MCP G-Codes building blocks, and if multiple frequencies of a code are appropriate, please indicate the frequency in the space provided.
  - 99212 ____
  - 99213 ____
  - 99214 ____
  - 99215 ____
  - 99374 ____
  - 99375 ____

- **WHY WAS SURVEY DONE IN THIS WAY?**

METHOD CONT'D
RPA Survey 2006/2007

- Tools Utilized for the Survey
  - Followed the basic model used by the RUC
  - Adapted from the original MCP description presented before the RUC in 1993-94. – WHY?
    - Is NOT a single encounter or service
    - IS a month of DIFFERENT services vs a standardized series of services that lead up to or follow a specific encounter (i.e. a "global" period as used in surgical services)
  - Utilized the "building-block" method to describe the work ***akin*** to these service types

METHOD CONT'D
RPA Survey 2006/2007

- Developed a new descriptive tool to help understand practice variation (Hamburger Helper) – Why?
  - Service crosses different patient profiles
  - Describe "your" population in 3 segments
    - 20% easy / 60% regular / 20% hard
  - Use the same method used for the "typical" patient to describe your work for the "typical" patient from each profile

Adult MCP Work RVUs RPA/RUC submitted 1994

- HEMO
  1. 4-99213 (0.56) = 2.24
  2. 1-99215 (1.53) = 1.53
  3. 1.5 99214 (0.95) = 1.42
  4. 1 CM (0.5) = 0.5

  Total 5.69 X 0.85 = **4.84**
- PD
  1. 1.5 99214 (0.95) = 1.42
  2. 1/6 99215 (1.53) = 0.26
  3. 1 CM (1.0) = 1.0

  Total 2.68 X0.15 = **0.40**
- 90921 3/1995 **5.24**

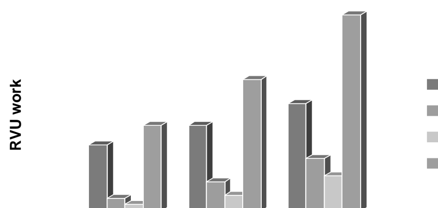
Visit Code "Building Blocks" Utilized and Work RVUs associated over time

CPT Code (MCP 1994)	RVUw-1994	RVUw-2005	RVUw-2007
99212	.38	.45	.45
99213 (X4)	.56 (X4)	.67 (X4)	.92 (X4)
99214 (X1)	.95 (X1)	1.1 (X1)	1.42 (X1)
99215 (X1.5)	1.53 (X1.5)	1.7 (X1.5)	2 (X1.5)
99374 (X0.5)	0 exist (0.5)		1.1
99375	0 exist		1.73
TOTAL	**5.69**	**6.53**	**9.2**

Building Blocks Described (G-0317) RPA Survey 2006/2007 (n=100)

	Service Count (Mean)	Service Count (Median)	Resultant RVUw
99212	0.74		0.34
99213	1.53	1.5	1.41
99214	1.5	2	2.17
99215	1	1	2.03
99374	0.89	1	0.94
99375	0.49		0.85
Total RVUw			**7.74**

"YOUR PRACTICE" SURVEY
HAMBURGER HELPER METHODOLOGY



- Survey results are preliminary and raw
- Practice committee will review and normalize the data
- Establish external "anchor" codes of comparison
- Extrapolate to other codes in the family

PERFORMANCE
RPA Survey 2006/2007

- Methodology to be presented to the RUC research sub-committee in March for approval
- Data will be finalized by the practice committee and presented to the RUC at meetings in April and September 2007
- Finalized review and submission to CMS for possible inclusion in the 2008 Fee Schedule