American Medical Association

Physicians dedicated to the health of America

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March 10, 2003

[redacted]

Yolanda L. Doss, RHIA
Assistant Director
Coding and Reimbursement
American Osteopathic Association
142 East Ontario Street
Chicago, Illinois 60611-2864

Dear Ms. Doss:

I am responding to your letter of February 24, 2003 regarding clarification of the resources currently included in the Osteopathic Manipulative Treatment (OMT) CPT codes 98925-98929. Specifically, you are seeking any data or explanation to clarify that Evaluation and Management Services are not incorporated into the OMT codes.

As you stated in your correspondence, CPT codes 98925-98929 were cross-walked from HCPCS Level II codes (M0702-M0730) in 1994. At this time, the specialty proposed cross-walking the relative values from these old codes to the new CPT codes, and the AMA/Specialty Society RVS Update Committee (RUC) agreed that this would be appropriate. The RUC did not review survey data or other rationale regarding the new OMT codes. The physician time that is currently utilized for the OMT codes was also cross-walked from the HCPCS Level II codes, which was based on survey data from the Harvard studies.

I have attached the RUC's standardized survey document instructions which specifically describe the elements of physician work and defines pre-, intra-, and post-service activities. Please note that on page four of the survey, a definition of the pre-service period specifically states that distinct evaluation and management services provided in addition to the procedure (reported with a modifier -25) are not included in the pre-service work for the service.

The RUC's Practice Expense Advisory Committee (PEAC) recently reviewed the OMT codes at its September 2002 meeting. The RUC has since approved these recommendations and has submitted them to the Centers for Medicare and Medicaid Services (CMS). It is expected that CMS will publish its consideration of the PEAC recommendations for this cycle in the Spring 2003 Proposed Rule and changes will be implemented on January 1, 2004.

As you know, the PEAC/RUC assumed that in the typical scenario, a separate E/M service would be reported on the same date as an OMT service. Therefore, the PEAC/RUC limited the resources (clinical staff time, medical supplies, and medical equipment) to those that are directly attributed to the OMT service. I have attached both the standard PEAC/RUC direct practice expense inputs for the E/M services and the recent recommendations for the OMT codes to this letter.

I hope that this information is helpful in providing additional clarification regarding the resources, both physician work and practice expense, that are currently included in the OMT codes. Please contact me if you require further assistance.

Sincerely,

Sherry L. Smith

Cc: Boyd R. Buser, DO
David F. Hitzeman, DO
Joseph R. Schlecht, DO
Robert J. Stomel, DO

The American Medical Association/Specialty Society RVS Update Committee

PHYSICIAN WORK
RVS Update Survey

New/Revised CPT Code: Global Period: 000

CPT Code Descriptor:

Typical Patient/Service:

INTRODUCTION

Why should I complete this survey?

The AMA/Specialty Society RVS Update Committee (RUC) and the _____needs your help to assure relative values will be accurately and fairly presented to CMS during this revision process. This is important to you and other physicians because these values determine the rate at which Medicare and other payers reimburse for procedures.

What if I have a question?

Contact: {***Include Specialty Society Contact}***

How is This Surveyed Organized?

Each new/revised code must be surveyed (i.e., **there is one questionnaire per code**), so you may have several questionnaires to complete. Each questionnaire is organized the same and is comprised of questions relating to physician work.

START HERE

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

Physician Name: _____

Business Name: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Business Phone: (_____)_____

Business Fax: (_____)_____

E-mail Address: _____

Physician Specialty: _____

Years Practicing Specialty: _____

Primary Geographic Practice Setting: Rural____ Suburban____ Urban____

Primary Type of Practice: Solo Practice____
Single Specialty Group____
Multispecialty Group____
Medical School Faculty Practice Plan_____

PHYSICIAN WORK

INTRODUCTION

"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 RBRVS.

Background for Question 1

Attached is a list 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 "2002 Work RVU" column presents current Medicare RBRVS work RVUs (relative value units). Select one code which is most similar to the new/revised CPT code descriptor and typical patient/service described on the cover of this questionnaire.

It is very important to consider the global period when you are comparing the new/revised code to the reference services. A service paid on a global basis includes:

- visits and other physician services provided within 24 hours prior to the service;
- provision of the service; and
- visits and other physician services for a specified number of days after the service is provided.

The global periods listed on the cover of the survey refer to the number of post-service days of care that are included in the payment for the service as determined by the Health Care Financing Administration for Medicare payment purposes.

Categories of *Global Period:*

090 90 days of post-service care are included in the work RVU

010 10 days of post-service care are included in the work RVU

000 0 days of post-service care are included in the work RVU

ZZZ This code is reported in addition to a primary procedure and only the additional work to perform this service is included in the work RVU

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

QUESTION 1: Which of the Reference Services on the attached list is most similar to the new/revised CPT Code Descriptor and Typical Patient Service described on the cover of this questionnaire?

CPT Code ☐

Background for Questions 2 & 3
SURGERY (000 Global Period)

PRE-SERVICE PERIOD

The pre-service period includes physician services provided from the day before the operative procedure until the time of the operative procedure and may include the following:

- Hospital admission work-up.
- The pre-operative evaluation may include the procedural work-up, review of records, communicating with other professionals, patient and family, and obtaining consent.
- Other pre-operative work may include dressing, scrubbing, and waiting before the operative procedure, preparing patient and needed equipment for the operative procedure, positioning the patient and other non "skin-to-skin" work in the OR.

The following services are not included:

- Consultation or evaluation at which the decision to provide the procedure was made (reported with modifier -57).
- Distinct evaluation and management services provided in addition to the procedure (reported with modifier -25).
- Mandated services (reported with modifier –32).

INTRA-SERVICE PERIOD

The intra-service period includes all “skin-to-skin” work that is a necessary part of the procedure.

POST-SERVICE PERIOD

The post-service period includes services provided on the day of the procedure if the global period is 000, post-service period may include the following:

- Day of Procedure: Post-operative care on day of the procedure, includes non "skin-to -skin" work in the OR, patient stabilization in the recovery room or special unit, communicating with the patient and other professionals (including written and telephone reports and orders), and patient visits on the day of the operative procedure.

The following services are not included:

- Unrelated evaluation and management service provided during the postoperative period (reported with modifier -24)
- Return to the operating room for a related procedure during the postoperative period (reported with modifier -78)
- Unrelated procedure or service performed by the same physician during the postoperative period (reported with modifier -79)

QUESTION 2: How much of <u>your</u> 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 new/revised code on the front cover**. (*Refer to definitions)***

a) <u>Day Preceding</u> Procedure	**New/Revised Code**
Pre-service evaluation time:	_____ minutes
b) <u>Day of</u> Procedure	
Pre-service evaluation:	_____ minutes
Pre-service positioning time:	_____ minutes
Pre-service scrub, dress, wait time:	_____ minutes
Intra-service time:	_____ minutes
Immediate post-service time*	_____ minutes

*Post-operative care on day of the procedure, includes non "skin-to-skin" work in the OR, patient stabilization in the recovery room or special unit and communicating with the patient and other professionals (including written and telephone reports and orders). **Include patient visits on the day of the operative procedure (e.g., in their hospital room or in the ICU) in section c below for 90-day global procedures.**

QUESTION 3: For the New/Revised CPT code and for the reference service you chose, rate the AVERAGE pre-, intra-, and post service *complexity/intensity* on a scale of 1 to 5 (circle one: 1 = low; 3 medium 5 = high). Please base your rankings on the universe of codes your specialty performs.

	New/Revised CPT:	**Reference Service CPT:**
PRE-service	1 2 3 4 5	1 2 3 4 5
INTRA-service	1 2 3 4 5	1 2 3 4 5
POST-service	1 2 3 4 5	1 2 3 4 5

Background for Question 4

In evaluating the work of a service, it is helpful to identify and think about each of the components of a particular service. Focus only on the work that **you** perform during each of the identified components. The descriptions below are general in nature. Within the broad outlines presented, please think about the specific services that you provide.

Physician work includes the following:

Time it takes to perform the service.

Mental Effort and Judgment necessary with respect to the amount of clinical data that needs to be considered, the fund of knowledge required, the range of possible decisions, the number of factors considered in making a decision, and the degree of complexity of the interaction of these factors.

Technical Skill required with respect to knowledge, training and actual experience necessary to perform the service.

Physical Effort can be compared by dividing services into tasks and making the direct comparison of tasks. In making the comparison, it is necessary to show that the differences in physical effort are not reflected accurately by differences in the time involved; if they are, considerations of physical effort amount to double counting of physician work in the service.

Psychological Stress – Two kinds of psychological stress are usually associated with physician work. The first is the pressure involved when the outcome is heavily dependent upon skill and judgment and an adverse outcome has serious consequences. The second is related to unpleasant conditions connected with the work that are not affected by skill or judgment. These circumstances would include situations with high rates of mortality or morbidity regardless of the physician's skill or judgment, difficult patients or families, or physician physical discomfort. Of the two forms of stress, only the former is fully accepted as an aspect of work; many consider the latter to be a highly variable function of physician personality.

QUESTION 4: For the New/Revised CPT code and for the reference service you chose, rate the intensity for each component listed on a scale of 1 to 5. (circle one: 1= low; 3 medium 5 = high). Please base your rankings on the universe of codes your specialty performs.

Mental Effort and Judgment	**New/Revised CPT:**	**Ref. Service CPT:**
The range of possible diagnoses and/or management options that must be considered	1 2 3 4 5	1 2 3 4 5
The amount and/or complexity of medical records, diagnostic tests, or other information that must be analyzed	1 2 3 4 5	1 2 3 4 5
Urgency of medical decision making	1 2 3 4 5	1 2 3 4 5
Technical Skill/Physical Effort		
Technical skill required	1 2 3 4 5	1 2 3 4 5
Physical effort required	1 2 3 4 5	1 2 3 4 5
Psychological Stress		
The risk of significant complications, morbidity and/or mortality	1 2 3 4 5	1 2 3 4 5
Outcome depends on skill and judgment of physician	1 2 3 4 5	1 2 3 4 5
Estimated risk of malpractice suit with poor outcome	1 2 3 4 5	1 2 3 4 5

QUESTION 5: How many times have you personally performed these procedures in the past year? New/Revised Code: _____ Reference Service Code: _____

QUESTION 6: Is your typical patient for this procedure similar to the typical patient described on the cover?

Yes ❒ No ❒

If no, please describe your typical patient for this procedure:

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

QUESTION 7: Based on your review of all previous steps, please provide your Estimate work RVU for the new/revised CPT code:

For example, if the new/revised code involves the same amount of physician work as the reference service you choose, you would assign the same work RVU. If the new/revised code involves twice as much (or half as much) work as the reference service, you would calculate and assign a work RVU value that is twice as much (or half as much) as the work RVU of the reference service. This methodology attempts to set the work RVU of the new or revised service relative to the work RVU of comparable and established reference services.