

Department of Medicine
Medical Grand Rounds

DATE: 8/14/2020

LOCATION: ERC Auditorium (Virtually via Zoom)

TIME: 12:00 – 1:00 PM

TITLE: “What the RUC? Coding and Payment Changes for 2021”

Speaker: Dr. William E. Fox, MD, FACP

For CME and MOC Credits as well as Instruction on How to Claim Credit please go to:

<https://med.virginia.edu/cme/learning/uvarss/medgrmoc/>

LEARNING OBJECTIVES:

- 1) Review the historical context of Physician Payment
- 2) Discuss process by which codes are valued by the RUC (Relative Value Update Committee)
- 3) Learn the new E/M documentation and coding requirements and valuation that will go into effect January 1, 2021

QUESTIONS:

1. The total RVU (relative value unit) of a medical service is comprised of:

- A. Work RVU + practice expense RVU + malpractice RVU
- B. Work RVU + practice expense RVU + opportunity costs of training
- C. The time and intensity of the service
- D. The work RVU x Medicare conversion factor

2. Which of the following is considered an acceptable way to bill a level of service based on the revised E/M documentation guidelines scheduled to go into effect January 1, 2021?

- A. The number of problems addressed at the visit
- B. The highest level of complexity of any two of three elements of history, physical exam, and medical decision making
- C. Total face-to-face time, when greater than 50% of the time is spent on counseling and coordination of care
- D. Total time spent on the date of the encounter (including face-to-face and non-face-to-face time)

3. Under the new coding guidelines, when using MDM (medical decision making) to determine a level of service, what level of service is described by a patient who has one or more chronic illnesses that is progressing, whose treatment is limited by social determinants of health

- A. 99212
- B. 99213
- C. 99214
- D. 99215

4) True or False – Medicare adopted the RBRVS (Resource Based Relative Value Scale) system as a result of the Omnibus Budget Reconciliation Act of 1989

5) True or False – The reimbursement for any physician service can be changed by a simple majority vote of the RUC (Relative Value Update Committee)

DISCLOSURES: Dr. William Fox has no personal or professional financial relationships with a commercial entity producing healthcare goods and/or services.