FROM PROPOSED RULE TO FINAL RULE:

**Physician Fee Schedule Work Relative Value Unit (RVU) Roadmap**

ACC’s Regulatory Affairs team monitors and analyzes federal regulations and interfaces with federal health agencies, including the Centers for Medicare and Medicaid Services (CMS). Each year, CMS establishes the Medicare Physician Fee Schedule (MPFS) for the following calendar year. The MPFS outlines the amount reimbursed to physicians for services covered under Medicare. Below is a chart outlining ACC’s process for reviewing and addressing new values in the proposed Physician Fee Schedule and garnering support through internal channels to develop a formal policy position.
CURRENT PROCEDURAL TERMINOLOGY (CPT®) AND RVS UPDATE COMMITTEE (RUC) MEET

In 1992, the Centers for Medicare and Medicaid Services established the resource-based relative value scale (RBRVS), which determines the relative value unit (RVU) for each code. The components considered within the RBRVS include a professional component, a technical component, and a professional liability component. In response, the American Medical Association (AMA) and other medical specialty societies created the RVS Update Committee (RUC) to provide CMS with informed recommendations.

The AMA CPT Editorial Panel, a 21-member body, oversees revisions, updates, or modifications of procedural codes to reflect current practice standards. Historically cardiology has had a voting representative on the CPT Editorial Panel. This group meets three times a year to determine changes for the coding system for future implementation. ACC designates a CPT advisor and alternate CPT advisor who can present a code change application during the meetings. Following each CPT meeting, the RUC convenes to consider RVUs for the procedural codes that are modified or added. The ACC designates a cardiology member and alternate to the RUC who vote on proposals, and advisors who present recommendations to the RUC.

Though the RUC provides recommendations to CMS, CMS ultimately determines the final RVU for each code, which is multiplied by an established annual conversion factor (CF) to determine a base national average rate. The geographic location of the provider influences the final rate.

Who are RUC members?

National medical specialty societies appoint most RUC members. Your ACC appoints a member to represent cardiology on the RUC. Other members include RUC leadership and a CPT Editorial Panel representative. The remaining four seats rotate on a two-year basis - two are reserved for internal medicine subspecialty representatives, one primary care representative, and the remaining seat is reserved for any other specialty not already represented.
PHYSICIAN FEE SCHEDULE ROADMAP

PROACTIVE CMS OUTREACH CONDUCTED
An informal conference with CMS following RUC meetings helps us to be proactive and interact with agency staff charged with writing the proposals. If there are any concerns or clarification is required, these meetings allow ACC staff and leaders to provide clinical information supporting our position.

RULES/VALUES PROPOSED
CMS will consider RUC-recommended values and information gleaned from preliminary conversations in evaluating the proposed PFS before publication. They will then formally publish a proposed rule, explaining why it is necessary, citing any data and information used to develop the proposal, and inviting the public to comment.

INPUT COLLECTED FROM STAKEHOLDERS
Leveraging relationships with external stakeholders, such as partner organizations, and internal stakeholders, such as member sections and leadership, is integral to the process. Insight from practitioners and policy experts helps ACC construct an informed position.

CMS FOLLOW-UP MEETING HELD
Meeting with CMS following the release of the initial proposed rule allows us to clarify any issues around proposals for RUC-recommended values or, for codes with RVUs lower than RUC-recommended values, discuss the clinical importance of adhering to the RUC-recommended values.

CONGRESSIONAL OUTREACH CONDUCTED
Depending on the impact of proposed values, outreach to members of Congress who serve on influential committees with jurisdiction over CMS can underscore the harmful impact decreases in reimbursement would have on patient care.

FORMAL COMMENTS DEVELOPED
After conducting research and analysis and collecting input from internal and external stakeholders, ACC develops formal comments on the proposed rule. The Health Affairs Committee (HAC) reviews the comments and assesses their alignment with the College’s Vision and Mission to transform cardiovascular care and improve heart health for all.
FORMAL COMMENTS REVIEWED, APPROVED AND SUBMITTED

The HAC must approve the ACC’s official public comment letter on the proposed rule. Following HAC approval, ACC’s president reviews and signs off. Once sign-off is received, ACC will submit the letter to the official record.

FINAL RULE PUBLISHED

There is a 60-day public comment period for the physician fee schedule proposed rule. After the close of the public comment period, CMS will review the comments. While the agency may not base its final decision on the number of comments received in support or opposition of the proposal, it may choose to adjust the rule if presented with new, compelling data or other sound arguments. In addition, CMS must publish a supplemental proposed rule if it makes significant changes.

How long does it take for CMS to issue the final rule?

In 2022, the public comment period opened in early July and closed in early September, and CMS published the final rule in early November.

How long does it take for a rule to go into effect?

There is commonly a 30-, 60-, or 90-day comment period for proposed rules. CMS then considers public comments before issuing a final rule. Final rules typically take effect 60 days after publication, but that can be longer or shorter. The timeline for a rule cannot exceed three years from the date of the proposed regulation’s publication.

ANALYSIS OF FINAL RULE CONDUCTED

After the final rule is published, a thorough analysis is required to fully understand the implications of the final fee schedule for cardiovascular clinicians and practices in the U.S.

MEMBER IMPACT COMMUNICATED

ACC is here to support its members - timely communication about the financial impact of MPFS changes on cardiovascular clinicians is a valuable member benefit. ACC posts in-depth analyses and updates online on ACC.org, in ACC Advocacy’s weekly newsletter, the Advocate, and on ACC Advocacy’s Twitter @Cardiology.