

Physician payments found not to favor procedures

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(HealthDay)—The Centers for Medicare & Medicaid Services (CMS) Physician Fee Schedule does not systematically provide higher valuation of physician work per unit time for procedure/test codes than for evaluation and management (E/M) codes, according to a study published online Sept. 18 in the *Annals of Surgery*.

Kevin A. Kerber, M.D., from the University of Michigan Health System in Ann Arbor, and colleagues evaluated data regarding relative value units (RVUs), physician work times (minutes), and claims for all active level I Current Procedural Terminology (CPT) codes (6,522 CPT codes: 87 E/M codes and 6,435 procedure/test codes) from 2011 CMS files.

The researchers found that procedure/test codes did not have a significant difference in work RVUs adjusting for time (-0.631 ; 95 percent confidence interval [CI], -1.427 to 0.166), compared with E/M

codes. When adjusting for time, there was not a work RVU advantage specifically for surgical CPT codes compared with E/M (-0.760 ; 95 percent CI, -1.560 to 0.040). After weighting codes by the number of claims, the results were similar, indicating that an increase in RVUs per minute was not concentrated in a small number of highly utilized procedure codes.

"We did not find evidence of a systematic higher valuation of physician work in procedure/test codes than in E/M codes in the CMS RVU system," the authors write.

Several authors are involved with the RVS Update Committee.

More information: [Full Text \(subscription or payment may be required\)](#)

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