

**“NERVES” NEUROSURGERY EXECUTIVES RESOURCE, VALUE & EDUCATION SOCIETY
AND
“SNIS” SOCIETY OF NEUROINTERVENTIONAL SURGERY
JOINT 2024 NEUROINTERVENTIONAL PHYSICIAN COMPENSATION AND PRODUCTIVITY SURVEY**

OVERVIEW

The purpose of the NERVES and SNIS joint socio-economic survey is to provide general benchmarking data to neurointerventional practices. Our goal is to have maximum participation by both NERVES and SNIS members to provide relevant benchmarking data specific to neurointerventional practices utilizing a relatively simple questionnaire.

The attached questionnaire includes data regarding provider compensation, provider production, and call pay. The provider questions are divided into three primary categories: neurosurgeons, radiologists, and neurologists.

Please note that for 2024, we continue to use a Critical Data Policy that is included in these instructions below. If the critical data questions are not answered, the survey will not be used.

The survey results will be compiled and analyzed to provide data based in the following formats and the standard statistical categories of 90th, 75th and 25th percentiles, median and mean:

- Dollars per FTE Physician or per FTE Other Provider
- Per Work Relative Value Unit

Data will be presented by:

- Geographic Region of the Country
- Metropolitan Area
- Size of the Practice
- Number of Years in Practice
- Ownership in Practice

Due to the variety of practice sizes and specialties within each practice, we have designed a questionnaire that can encompass the degree of detail available for every practice.

Critical Data Policy

Upon receiving each survey, we will review the survey to ensure that certain critical data questions have been appropriately answered. If the critical data questions have not been answered properly, we will send the survey back and provide 5 business days to revise the submitted survey. If the survey is not resubmitted in the 5-day period, the survey will not be used.

Please complete each tab as it applies to your practice to the level of detail that you have available.

ALL DATA SHOULD BE FOR THE PRACTICE'S MOST RECENTLY COMPLETED FISCAL YEAR (FOR WHICH DATA IS AVAILABLE).

CONTACT DATA TAB

Report practice totals for all items on this tab unless otherwise indicated.

1. Practice Name: Name of Practice, Health or Hospital System, Academic Institution
2. Practice Street Address: Indicate the address for the primary/main office of the practice. The primary practice location can be determined based on the highest volume of patients, the most providers, the geographic area in which you want to be represented (i.e., in any manner that you deem appropriate to give a valid representation of the patient population the practice serves). This data will be utilized to present the survey results based on geographic region
3. City:
4. State:
5. Zip Code:
6. Contact Name: Individual completing survey
7. Contact Phone Number: For contact listed above
8. Contact Email Address: For contact listed above (*please note that this email address will be used for report distribution*)
9. Practice Ownership: Private practice = physician-owned. Hospital = hospital-owned practice that employs or contracts the physicians. Academic = medical school.
10. Metropolitan Area: Defined as the 30-mile radius within which your practice resides. Please note that this is the primary city/county in which your practice is located (not entire service area).
11. What fiscal year are you reporting on?: Please list start and end date of your institution's twelve month fiscal period

PROVIDER COMPENSATION AND PRODUCTION TAB

COMPENSATION

12. Full-Time Equivalent (FTE): Indicate each provider's total FTE status. It is expected that most providers work in a full-time capacity and are 1.0 FTEs. To calculate the FTE of a less than full-time provider, you should divide the part-time provider's number of hours worked per week by the number of hours per week that a full-time provider works. Your baseline should be whatever your practice defines as full-time. If working 60 hours per week, 52 weeks per year (less normal vacation and other time away) is what your practice considers full-time, then each provider's FTE should be calculated in general based on this standard.
13. Estimated Clinical Full-Time Equivalent (CFTE): Indicate each provider's CFTE status. This should be equivalent to the total FTE less dedicated time for activities such as research and administration. It should be understood that most if not all providers have a component of "clinical" time spent on routine administrative and other non-patient care activities.
14. Owner: Indicate whether each physician is an owner of the practice.
15. Provider Type: From the drop-down menu, choose one of three physician provider types.
16. Estimated Percent of Clinical Practice: Indicate what percent of a provider's clinical practice is comprised of neurointerventional services and the remainder being all other services. These percentages can be determined based on charge dollars, number of patients, time spent (i.e., whatever method you deem appropriate to give a valid representation of each physician's practice). Note that the total of the percentages should equal 100%.
17. Total Compensation: Indicate each provider's total gross compensation from the professional practice for the most recently completed fiscal year. This amount is gross W-2 compensation (Box 5) and/or Schedule K-1 ordinary income **from the professional practice only**. Include all professional practice compensation including base pay, incentive pay, call pay, bonuses, etc. NOTE: This is total gross compensation for all the services listed in question 16 per physician, NOT the neurointerventional-only portion of the physician's compensation.
- 18a. Call Pay Compensation: Indicate total compensation related to call pay (value included in total compensation above). If your institution does not compensate directly for call pay (i.e., it is included in base compensation) please enter 0 (zero).
- 18b. Administrative Pay (Non-Clinical): Indicate total compensation related to non-clinical or administrative services (value included in total compensation above). If your institution does not compensate directly for non-clinical or administrative services (i.e., it is included in base compensation) please enter 0 (zero).

18. Years in Specialty: Indicate the number of years each provider has been practicing in his/her specialty or sub-specialty after residency/fellowship: 1 – 5 years, 6 – 15 years, and 15+ years.

PROVIDER PRODUCTION

Please note that Provider production should not include any production from Physician's Assistant, Nurse Practitioner, or any other mid- level providers.

19. Total Collections: Indicate total cash collections related to patient charges for each provider for the most recent fiscal year. NOTE: This is total cash collections for all the services listed in question 16 per physician, NOT the neurointerventional-only portion of the physician's cash collections.

20. Total Number of Physician Work Relative Value Units (WRVUs): Indicate the total number of physician work RVUs for each provider for the most recent fiscal year. NOTE: This is total work RVUs for all the services listed in question 16 per physician, NOT the neurointerventional-only portion of the physician's work RVUs. The work RVUs that you report should treat modifiers based on the schedule below:

<u>Modifier</u>	<u>Description</u>	<u>Reported Percentage</u>
Same Day Modifiers		
-22	Unusual Services	100% + x%
-50	Bilateral Procedure	50%/100%
-51	Multiple Procedure	50%
-52	Reduced Services	50%
-53	Discontinued Procedure	50%
-59	Distinct Procedural Service*	100%
-63	Procedure Performed on Infants Less than 4	100% + x%
Surgeon Role Modifiers		
-62	Two Surgeons	62.5%
-80	Assistant Surgeon	16%
-81	Minimum Assistant	16%
-82	Assistant Surgeon	16%
AS	Assistant At Surgery (NP/PA)	16%

Global Period Modifiers		
-58	Staged/Related Procedure	100%
-76	Repeat Procedure Same Physician	70%
-77	Repeat Procedure Another Physician	70%
-78	Return to OR Related Procedure	70%
-79	Unrelated Procedure Post-Operative	100%
Global Package Modifiers		
-54	Surgical Care Only	70%
-55	Postoperative Care Only	20%
-56	Preoperative Care Only	10%

CALL PAY TAB

22. Indicate whether the practice and/or providers are paid additional fees for neurointerventional call coverage.
23. Indicate whether the providers cover multiple facilities simultaneously for neurointerventional call coverage.
24. If you indicated “no” to Q 22, indicate whether your practice and/or providers are compensated for call coverage within salary or other means.

Answer questions 25 & 26 if you answered ‘yes’ to question 22.

25. Indicate the daily call pay rate by facility. Facility is defined as a facility in which the physician must be physically present to consult or treat the patient (not a telehealth or e-consult call).
26. Indicate the frequency of call for each physician taking neurointerventional call. The average interval of days between neurointerventional call dates (i.e., if the provider takes neurointerventional call every 4th night, the response should be 4).