

Coding & Nomenclature Advisory Committee

1. Identify and analyze Medicare, Medicaid, and private payer claims processing policies that deviate from CPT principles and/or documentation guidelines and recommend strategic solutions. Maintain a spreadsheet tracking payer issues such as denials, rates, appeals, and pay for performance. Monitor the Recovery Audit Contractor (RAC), and other audit activities, and react appropriately to issues affecting emergency medicine.

Outcome: A committee workgroup provided close monitoring of the coding environment to inform advocacy and educational efforts. The Outpatient Prospective Payment System (OPPS) final rule resulted in a slight decrease in payments in 2016. Observation OPPS continues the past trend of increased bundling of services with an increased Ambulatory Payment Classification (APC) payment to offset labs and minor procedures previously billed separately. Pre-payment audits were being initiated by several payers for CPT code 99285. Medicaid contractor CGS was requiring individual documentation of at least 10 systems in the Review of Systems. Noridian published its critical care review and found a 37% error rate during the audit it conducted. Improper documentation, missing signatures, and failure to submit documentation were cited in a majority of the cases.

2. Track ICD-10 implementation and continue to provide educational material on ICD-10 for members to aid in the transition. Develop content for web-based training materials related to ICD-10 coding. Create prioritized list of changes to documentation templates that would help groups comply with ICD-10. Work with the Quality & Patient Safety Committee as needed to ensure ACEP measures that currently use ICD-9-CM codes are modified to use ICD-10-CM/PCS equivalents before the mandated compliance date. Review the impact of ICD-10 implementation after six months, evaluate the effect on reimbursement, and modify educational materials as needed.

Outcome: An aggressive educational campaign was designed and implemented to prepare members for the transition to ICD-10 in October 2015, including FAQs, articles, and daily tweets in the weeks before and after the change. [Resources](#) are available on ACEP's website. Analysis of the impact showed that ICD-10 implementation decreased productivity, mostly over unspecified code adjudication. Less than one percent of claims denials were because of an invalid ICD-10 code. Some payers were making lower payments with reported ICD-10-CM unspecified codes. Some Medicaid providers were using a list of codes to delay or deny payments. The CMS grace period for ICD-10 specificity is expected to sunset in October 2016.

3. Continue to advocate nationally for emergency medicine issues through the AMA CPT process and through possible CMS development of physician or facility documentation guidelines. Monitor efforts for transparency and claims processing edits such as the Colorado Clean Claims initiative. Explore development of an ED-specific code for care coordination or transition to the post-acute setting.

Outcome: ACEP received the AMA CPT Excellence in Education Award in recognition for its [educational materials](#) on the website, in the ACEP conferences, and webinars. A letter was sent objecting to CCI edits on casting, splinting, and strapping with an E/M code. A code change proposal was submitted to CPT dealing with potential codes to describe APM in the ED setting.

4. Identify and develop educational materials such as articles, webinars, and Frequently Asked Questions (FAQs) to provide members with up-to-date information that will facilitate an effective balance between optimal coding and compliance.

Outcome: The workgroup updated 10 [FAQ sets](#) and published three articles in *ACEP Now*, one of which was recognized as the top 20 most read article on the ACEP website in the first quarter of 2016.