

2018-19
Final Committee Objectives

Coding & Nomenclature Advisory Committee

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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. Track 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.
2. Track ICD-10 implementation and continue to provide educational material on ICD-10 for members to aid in their reimbursement. Collaborate with content experts from the Quality & Performance Committee to ensure ACEP measures use appropriate ICD-10-CM/PCS mapping assignments. Continue to monitor the impact of ICD-10 implementation, evaluate the effect on reimbursement, and modify educational materials as needed.
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. Explore development of an ED-specific code, such as using alternative payment models (APMs), for care coordination or transition to the post-acute 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.
5. Develop a strategy to seek reimbursement for counseling on safe opiate use, reversal agent instruction, and drug abuse counseling for patients as directed in Resolution 28(16) Reimbursement for Opioid Counseling.
6. Investigate the creation of a mechanism to collect information for use in fighting down-coding and show value of ED services and make a recommendation for implementation.
7. Explore developing codes for alternative payment models, including community paramedicine and mobile integrated health care. Collaborate with the EMS Committee and other committees as needed. (CNAC lead committee.)