



AAP serves coding, valuation needs of subspecialty members

from the **AAP Committee on Coding and Nomenclature**

In addition to the work it conducts on behalf of general pediatricians, the Academy has coding and valuation resources to assist pediatric subspecialty members.

For more than two decades, the AAP Committee on Coding and Nomenclature (COCN) has represented the needs of all pediatric physicians through the development and valuation of new and revised codes. COCN works with AAP sections and councils to identify gaps in nomenclatures (i.e., Current Procedural Terminology, International Classification of Diseases and Healthcare Common Procedure Coding System) and, if necessary, create new or revised codes to report services provided in the pediatric patient population more accurately.

These new/revised codes then can be valued through the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC), on which the Academy has a permanent seat. Each year, RUC recommendations are forwarded to the Centers for Medicare & Medicaid Services (CMS) for consideration for inclusion on the Resource-Based Relative Value Scale (RBRVS). While RBRVS is “officially” the Medicare physician fee schedule, the majority of non-Medicare payers (including Medicaid) utilize at least some portion of RBRVS to determine their own fee schedules.

This grassroots process is conducted via a network of section/council Relative Value Unit (RVU) chairs, who serve as informal liaisons with COCN on coding and valuation issues. Each section and council can name one individual as its RVU chair and determines the length of the chair’s term.

At COCN’s request, the chairs review and provide feedback on code change proposals and code valuation recommendations submitted by other organizations (e.g., medical specialty societies) that are relevant to the section’s/council’s realm of expertise. They also can champion the development of new/revised codes, including the facilitation of code valuation, if necessary.

AAP sections/councils have had many coding and valuation successes in recent years. Most recently, the Section on Infectious Diseases



The AAP Section on Perinatal Pediatrics worked with the Committee on Coding and Nomenclature for 10 years to create a specific, separate set of CPT codes for neonatal services. The Centers for Medicare & Medicaid Services accepted all of the Academy’s valuation recommendations for the new/revised codes, and the codes have been published on the Resource-Based Relative Value Scale physician fee schedule for use by non-Medicare payers.

(SOID) worked with COCN to champion new interprofessional telephone/Internet consultative CPT codes. These codes will allow the reporting of the assessment and management of a patient by a pediatric subspecialist at the request of the patient’s primary care pediatrician.

SOID RVU Chair Dennis Murray, M.D., FAAP, was involved from code development through the RUC valuation survey process. “Participating on a CPT Editorial Panel subcommittee was initially quite daunting, but I appreciated the ongoing reassurance and support that I was given by the members of the AAP COCN working with me,” Dr. Murray said. “I’m now entering the homestretch, attending a RUC meeting where wRVUs for these new codes will be debated and assigned. I still consider myself a novice in dealing with coding and nomenclature, but I’m now much more comfortable with the concepts and terms used in these discussions.”



Dr. Murray

COCN considers the Section on Perinatal Pediatrics (SOPPe) its “champion’s champion.” SOPPe has worked with COCN over the past 10 years to create a new and renumbered Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services section within the CPT nomenclature. CMS has accepted all of the Academy’s valuation recommendations for these new/revised codes approved via the RUC process, and the codes have been published on the RBRVS physician fee schedule for use by non-Medicare payers.

As SOPPe Coding Committee chairs over the past decade, Gil Martin, M.D., FAAP, and Stephen Pearlman, M.D., FAAP, have expanded their code development and valuation expertise throughout the process. According to Drs. Pearlman and Martin, the process of creating a specific,



Dr. Martin



Dr. Pearlman

separate set of codes for neonatal services with clear definitions has reduced and, in some cases, eliminated confusion among practitioners.

“We continue to educate members of the health care team within our specialty and are now preparing to expand our role to include discussion of reimbursement models such as accountable care organizations and pay for performance,” Dr. Pearlman said.

Added Dr. Martin: “We want individuals within our specialty to develop the metrics by which remuneration is based because we believe that we best understand the value of the services we provide.”

The SOPPe model has worked so well that the Section on Cardiology and Cardiac Surgery (SOCCS) is developing a similar type of coding committee.

AAP support for pediatric subspecialty coding is imperative to ensure that subspecialists such as pediatric cardiologists have an impact on the RUC, noted Kenneth M. Shaffer, M.D., FAAP, chair

of the SOCCS Coding and Nomenclature Subcommittee. “Along with the support and advocacy provided by the pediatric cardiologists within the American College of Cardiology, the presence of pediatric cardiology coding support within the American Academy of Pediatrics will assist in addressing the unique medical concerns of our neonatal, pediatric and adolescent cardiac patients.”

COCN is providing SOCCS with guidance through the development phase and is willing to do so for any other AAP section or council moving in that direction.

RESOURCE

For more information on subspecialty coding, contact the AAP Division of Health Care Finance and Quality Improvement at dhcfqi@aap.org.