

**AAP Committee on Coding and Nomenclature (COCN)
Annual Report
2010**

The Committee on Coding and Nomenclature (COCN) is charged with providing guidance and oversight for all Academy coding and Resource-Based Relative Value Scale (RBRVS) activities. This includes the development and valuation of new/revised pediatric codes through the CPT Editorial Panel, ICD-9-CM, and American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) processes.

COCN advocates for the adoption of Academy code/valuation recommendations by the Centers for Medicare and Medicaid Services (CMS). While pediatrics does have a robust presence in the Medicare realm, the fact remains that Medicare is currently the only national coding/valuation infrastructure and, therefore, frequently adopted by non-Medicare payers such as Medicaid and commercial carriers.

Over the course of the past year, COCN has experienced remarkable growth and success:

- COCN welcomed two new members: Dr Edward Liechty, a neonatologist from Indianapolis, and Dr Sanjeev Tuli, a pediatrician from Florida. With the addition of Drs Liechty and Tuli, COCN now stands 12 members strong, with representation from general pediatrics as well as several pediatric subspecialties (neonatology, emergency medicine, developmental behavioral pediatrics, and general surgery)
- By virtue of the relationship that Dr Jeff Linzer, COCN member and AAP Representative to the ICD-9-CM Editorial Advisory Board, has fostered with the National Center for Health Statistics and the World Health Organization (WHO), the Academy was asked to form the very first pediatric Topic Advisory Group (TAG) to assist in the development of the 11th edition of ICD. The ICD-11 Pediatric TAG will include representation from each of the six WHO regions and ensure that the ICD-11 infrastructure will address the specific needs of pediatric morbidity and mortality reporting.
- COCN has fostered significant developments in coding for vaccines and immunization administration:
 - In October 2009, COCN members who represent the Academy at the RUC (Drs Joel Bradley, Steve Krug, and Margie Andreae) were asked to develop valuation recommendations for the expedited H1N1 vaccine codes at the request of the Department of Health and Human Services. The COCN RUC Team members worked with their counterparts at the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), and the American Congress of Obstetricians and Gynecologists (ACOG) to formulate valuation recommendations, which were accepted by the RUC and forwarded to CMS to allow payment for the new vaccine.
 - Starting in 2011, reporting immunization administration in the pediatric population will change for the better. COCN developed two new immunization administration codes to replace the four current pediatric immunization administration codes (90465-90468). The new codes will be reported for patients through 18 years of age, include all routes of administration, and require counseling by the physician or other qualified health care professional (as defined by each state's scope of practice laws). The new codes will also allow the provider to report each vaccine component separately. For example, the DTaP vaccine will be considered a three component vaccine and its administration reported as such. COCN presented the RUC with valuation recommendations for the new immunization administration codes and RBRVS values are expected to be published for 2011.
- The Omnibus Budget Reconciliation Act of 1990 requires CMS to review all RBRVS values every five years. This process, called the Five-Year Review (5YR), is currently in its fourth cycle, with accepted

values to be included in 2012 RBRVS. The Academy identified eleven (11) inappropriately valued codes and requested the chance to revalue them through the current 5YR process. Those codes include:

- Pediatric Preventive Medicine Services (99381-99384 and 99391-99394)
- Inpatient Newborn Care Services (99460, 99462, and 99463)

The compelling evidence for revaluation of these codes is based on the fact that the new Bright Futures guidelines exact more robust and interactive services than the previous guidelines (*Guidelines for Health Supervision II*) that were in place when the codes were previously valued. Therefore, adhering to the new Bright Futures guidelines requires additional work not considered in the codes' current valuation.

COCN worked with members of the AAP Section on Administration and Practice Management (SOAPM) to conduct the surveys necessary to provide a rationale for revaluation. The Academy's recommendations will be presented to the RUC in October 2010 and then forwarded for CMS consideration.

- Members of COCN are largely comprised of liaisons to external coding/valuation entities, such as the CPT Editorial Panel, the RUC, and the ICD-9-CM Editorial Advisory Board. In June 2010, the Academy was granted a second permanent representative to the CPT code development process. While COCN member Dr Rich Molteni serves as the Academy's CPT Advisor, his COCN colleague, Dr Julia Pillsbury was appointed as AAP CPT Alternate Advisor. Having two COCN members represent the interests of the Academy in the CPT code development process will be a huge benefit to all of pediatrics.