

AAP Private Payer Advocacy Update June 2008

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Ohio Chapter's pediatric council sees fruits of labor

<http://aapnews.aappublications.org/cgi/content/full/29/6/33-a>

1. AAP endorsed Principles on Benefit Plan Coverage and Payment

The AAP approved a listing of benefit plan coverage and payment principles to serve as an advocacy agenda for discussions with payers. The principles represent existing AAP policy and strategic plan concepts. A set of talking points is also available with references to current AAP policies. As contacts with payers increase as part of AAP private payer advocacy, it is intended that the principles and related talking points be used by the AAP, Chapters, pediatric councils and members to provide a consistent message to payers on key pediatric issues. Both the **AAP Endorsed Principles on Benefit Plan Coverage and Payment** (<http://www.aapca3.org/ppa/pp0508.pdf>) and the **Talking Points** (<http://www.aapca3.org/ppa/ppp0508.pdf>) are attached and will be posted on the Member Center, private payer advocacy page.

2. CIGNA clarifies payment for developmental screening

In a conference call with the AAP, CIGNA clarified its Claim Check edits regarding developmental screening and testing (CPT codes 96110 and 96111). CIGNA will pay separately for these codes and its claims system is set up to adjudicate claims in which Modifier 59 is appended to the developmental screening/testing code (96110 or 96111).

Since CIGNA's claims system is not set up to recognize Modifier 25 in this particular case, these claims tend to be denied. CIGNA did agree to begin to pay on claims in which Modifier 25 is appended to the E/M code, however, these claims need to be processed manually because its Claims Check system is set up to adjudicate claims having Modifier 59 appended to the developmental testing code (and not the Modifier 25).

3. MassHealth to rescind tiering payments for inpatient critical care

In response to a letter from the AAP and contacts by the Massachusetts Chapter and individual members, MassHealth will rescind tiering payments for inpatient neonatal critical care, effective July 1, 2008. Objections were raised to the MassHealth policy as it is inconsistent with CPT guidelines as the level of physician work and expertise is the same regardless of the type of ventilator used or whether the infant is feeding. In a letter dated June 2, 2008, Phyllis Peters, Deputy Assistant Secretary of the Executive Office of Health and Human Services, stated that MassHealth will no longer tier payment for CPT code 99296.

4. AAP signatory in letter to carriers on non-face to face

The AAP joined other medical specialty societies in sending letters to carriers urging coverage and payment for non-face to face care, including telephone care and on-line evaluations. The letter references the AAP policy Payment for Telephone Care. The **signatory letter to carriers** (<http://www.aapca3.org/ppa/nofacetoface.pdf>) is attached and the AAP policy can be accessed at <http://aappolicy.aappublicationsorg/cgi/content/full/pediatrics;118/4/1768>

5. Toolkit available for Chapters to improve mental health in primary care

The AAP Task Force on Mental Health (TFOMH) has developed Strategies for System Change in Children's Mental Health: A Chapter Action Kit to assist AAP chapters in addressing and improving children's mental health in primary care in their state. The Chapter Action Kit has a number of tools that are useful for dealing with payment issues. Included in the kit are coding fact sheets related to mental health, template letters and forms that can be adapted, examples of collaborative models across the nation, and strategies to partner with child-serving agencies. Many are available on the AAP Children's Mental Health in Primary Care website at <http://www.aap.org/mentalhealth/mh2ch.html> to use and adapt for pediatrician's own purposes.

6. Kansas pediatrician uses AAP developed articles for promoting the value of pediatrics with local media

Kathy Cain, MD, FAAP and PPAAC member persuaded the local paper in Topeka, KA to include articles developed by the AAP Department of Communications to promote the value of pediatrics. As part of the Promoting the Value of Pediatrics campaign, several resources are available to chapters and members including letters to the editor, op-ed

pieces and prepared articles on topics impacting pediatricians such as retail based clinics and immunizations. To access these resources to use with families, payers and media, visit the Promoting the Value of Pediatrics on the AAP Member Center, private payer advocacy page or click on the link below (requires member log in).

<http://www.aap.org/moc/ppa/promotingpeds.htm>

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