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Division of Health Care Finance and Quality Improvement

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Private Payer Advocacy

AAP Private Payer Advocacy Update October 2007

1. Clarification on UnitedHealthcare (UHC) Audiological and Vestibular

Function Testing Policy

2. Promoting the Value of Pediatrics

3. Carrier Coverage for FluMist increasing

4. UHC Coverage Policy for Synagis[®] called into question

5. AAP signatory to letter on carrier bundling

6. Hearing Screening Coding and Denial Management resources available

7. AAP News articles related to private payer issues:

The pediatrician is in: Some practices have combined convenience and a medical home to help fend off competition from retail-based clinics

1. Clarification on UnitedHealthcare (UHC) audiological and vestibular function testing policy

As reported in its September Network Bulletin, UHC is dropping CPT code 92587 (*Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)*) and previously had dropped CPT code 92586 (*Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system, limited*) from this policy. Removing the codes from the review means that the claims for newborn hearing screening will be paid with either of those two CPT codes (92586 and 92587). Claims for these two codes will not be denied payment subject to the UHC policy. The policy lists certain CPT codes that will be paid if they are linked with certain diagnoses. However, CPT codes 92586 and 92587 are removed from the UHC policy meaning that for purposes of claims payment, they do not need to be linked to the certain diagnostic codes listed in the in UHC policy. The AAP coordinated pediatric input to UHC to revise this policy and UHC made the change given the prevalent use for screening purposes in the pediatric population.

2. Promoting the Value of Pediatrics

The AAP will be launching a new public awareness campaign focusing on promoting the value of pediatrics. A Web page dedicated to the campaign will contain materials and ideas for promoting the valuable work of pediatricians to parents, the media and payers. This effort is meant to increase recognition of the value of pediatric care among the public through the use of ongoing messaging integrated into a variety of communication vehicles.

In the coming months, AAP Department of Communications will be distributing prepared articles to community newspapers. Topics include retail-based clinics, vaccine reimbursement, and the importance of a medical home. The campaign materials also include sample letters-to-the-editor and Op Ed (opposite the editorial page) pieces for members to tailor to their own communities and circumstances, for submission to local papers. Speaking points and approved quotes to help promote the value of pediatrics are provided on the site as well, and these may be used in a variety of communication vehicles, from press releases, newsletter articles, interviews and letters to payers. The material will be housed on the AAP Member Center, private payer advocacy page.

3. Carrier Coverage for FluMist increasing

Based on contacts with national carriers and MedImmune (manufacturer of FluMist[®]), more carriers are providing benefits coverage for the intranasal influenza vaccine. Aetna, CIGNA, Empire BCBS, Horizon BCBS, Humana, Independence BCBS, Regence BCBS, UnitedHealthcare, and WellPoint provide coverage (although there may be some health plan products provided by the carrier that limit coverage). AAP private payer advocacy will follow up with carriers should there be any changes in the current recommendations for the intrasal influenza vaccine.

4. UHC Coverage Policy for Synagis[®] called into question

While the UHC policy on Synagis[®] is consistent with most of the AAP recommendations, UHC does not consider tobacco smoke exposure in the home, having siblings in school, or child care attendance to be scenarios qualifying for coverage and payment for Synagis[®]. The AAP is following up with UHC to reconsider its policy and provide coverage benefits for Synagis[®] as per AAP recommendations. Progress will be reported in future PPA Updates.

5. AAP signatory to letter on carrier bundling

The AAP joined several other medical specialty societies in sending a letter to the medical directors of national private health plan carriers, including the Blue Cross Blue Shield, advocating payment for evaluation and management (E/M) services when appended with modifier 25. The letter is posted on the AAP Member Center, private payer advocacy page and a **copy is attached.**

6. Hearing Screening Coding and Denial Management resources available

The Hearing Screening Coding and Denial Management and Negotiation fact sheets are available online to address carrier denials of hearing screening. The fact sheets can be accessed at:

Hearing Screening Coding: <http://practice.aap.org/content.aspx?aID=1830>

Hearing Screening Coding: Denial Management and Negotiation:
<http://practice.aap.org/content.aspx?aid=1832>

7. AAP News articles related to private payer issues

The October 2007 issue of AAP News features the following article related to private payer issues: (to read the article, click on the link below the title)

The pediatrician is in: Some practices have combined convenience and a medical home to help fend off competition from retail-based clinics

<http://aapnews.aappublications.org/cgi/content/full/28/10/1-a>

For additional information on AAP private payer advocacy, contact Lou Terranova, Senior Health Policy Analyst at lterranova@aap.org or 800/433-9016 ext 7633.

Join us at the NCE

**Pediatric Council Forum
Saturday, October 27th, 4-5 pm
Westin St. Francis, Olympic Room**

AAP members interested in forming a pediatric council as well as pediatric council members and chapter private payer advocacy liaisons are encouraged to attend the pediatric council forum. Updates on forming a pediatric council and issues addressed by the AAP and chapters are highlighted and will include presentations from the pediatric councils in California, North Carolina and Rhode Island.



