AAP Private Payer Advocacy Update
October 2010

The first attachment is a Word file of the following topics listed below

1. AAP contacting payers on new immunization administration CPT codes
2. Carriers intend to cover waived copays; practices need to be alert to payments under capitated plans
3. AAP and AHIP leadership meet to discuss health care reform
4. Resources from Division of State Government Affairs on state implementation of the Affordable Care Act
5. Update on coverage for HPV vaccine for males; UHC provides clarification on its Gardasil policy
6. AAP News articles related to private payer advocacy issues

2nd Immunization Congress tackles continuing vaccine challenges
http://aapnews.aappublications.org/cgi/content/full/31/10/4
Pediatric council helps secure coverage for developmental screening
http://aapnews.aappublications.org/cgi/content/full/31/10/10

To assist in AAP private payer advocacy, AAP Members are urged to report any carrier concerns to the AAP Hassle Factor Form on the AAP Member Center at:
http://www.aap.org/moc/reimburse/hasslefactor/HassleForm.cfm

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1. AAP contacting payers on new immunization administration CPT codes
The American Academy of Pediatrics (AAP) developed new CPT codes for reporting immunization administration (IA) in the pediatric patient population. The new codes become effective on January 1, 2011 and will replace codes 90465-90468. The new codes are reported based on the number of vaccine components rather than the number of injections/administrations.

90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component. 90461 Immunization administration through 18 years of age via any route of
administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (list separately in addition to code for primary procedure).

The AAP is in the process of sending letters to payers as notification of the new immunization administration (IA) CPT codes. The AAP is urging carriers to upload the new codes into their claims systems and to ensure that the codes will be recognized, including multiple reporting of the codes, and for appropriate payment. A copy of the letter will be posted on the AAP Member Center, private payer advocacy page as well as shared with AAP Chapters and pediatric councils. It is anticipated that relative value units for the new IA codes will be published by early November, at which time the AAP plans to send a follow up letter to the payers advocating for appropriate payment.

In addition to the series of letters, plans are underway for additional contacts with carriers at the national level and through chapter pediatric councils. Currently, AAP leadership has met with AHIP (see item # 3 below) and Peter Rappo, MD, FAAP and chair of the AAP Private Payer Advocacy Advisory Committee (PPAAC) will be attending the AHIP Medical Leadership Forum, a conference for carrier Medical Directors, as an opportunity for discussions with carriers.

To assist chapters and members in discussions with their payers, educational resources are being developed for the AAP Practice Management Online (PMO) at: http://practice.aap.org/authoringPreview.aspx?type=current

A FAQ Fact Sheet for the 2011 Pediatric IA codes has been developed which includes a Vaccine Coding Table with the appropriate ICD-9 codes to report for each vaccine. Regarding reporting the new IA codes with the ICD-9 codes, the AAP will be addressing this with the ICD-9-CM Editorial Advisory Board (which meets November 2-3), until that point, the following guidance is provided from AAP coding staff:

1) All vaccines given during a PMS visit will be linked to V20.2. This will be our recommended coding regardless of whether the vaccine given is one-, two, three-, four-, or five-component.

2) For Non-PMS visits: Those combination vaccines for which we currently recommend the reporting of two ICD-9-CM V codes (ie, Pentacel, ProQuad, TriHIBit, and Pediarix [please see attached Vaccine Coding Table] will alternatively be reported with V06.8 (a more "generic" ICD-9-CM code for "other combination vaccines"). This lower level of specificity will not require the physician to inherently know which of the two V codes applies to which specific vaccine components, thereby reducing administrative burden.

Ensure that you and your office staff are prepared to properly implement the new IA codes in January by attending the Academy’s coding webinar on November 18th or registering for the archived event. This one-hour webinar will focus on all CPT and ICD-9-CM changes for the upcoming year, but will focus primarily on the new IA codes. For more information, visit: https://event.on24.com/eventRegistration/EventLobbyServlet?target=registration.jsp&eventid=22507&sessionid=1&key=110DC82E73F6B1D68F3481CE80143EFF&sourcepage=register.
2. **Carriers state intention to cover waived copays; practices need to be alert regarding payments under capitated plans**

As part of AAP private payer advocacy, the largest national carriers were contacted to assess carrier policies concerning coverage for preventive care services and waiving copayments. Under the provisions of the Affordable Care Act, new health plans (those coming to market after passage of the ACA in March 2010) are to include preventive care services as first dollar coverage (i.e., no copayments). It is the carrier and employer’s discretion as to whether copayments for preventive care services will be waived under “grandfathered” health plans. A “grandfathered” health plan is an existing plan already on the market when the ACA was passed into law in March 2010. Grandfathered plans are exempt from several provisions in the ACA as long as they have not made any significant changes, such as significantly raising premiums or cutting benefits. Insurance plans that undergo such changes may forfeit their grandfathered status and be considered new plans subject to the ACA provisions.

Responses received to date from Aetna, CIGNA, Humana, HealthNet and WellPoint indicated that the carriers intend to keep physician payments whole, that is, the physician should not experience a decrease in revenue due to a copayment being waived. As an example, if the fee schedule for a preventive care service is $50 which includes a $10 copayment, and the $40 balance is paid by the carrier, should the copayment be waived, the fee schedule amount of $50 would be paid by the carrier.

One area of concern regarding existing (i.e., not new) capitated rate plans having an established per member per month PMPM rate for preventive care services. Under those plans, should the copayment be waived, the capitated rate would need to be adjusted. Pediatricians are cautioned to review payments under their capitated plans and discuss with their carriers should it be necessary to renegotiate a new fee schedule and PMPM rate.

3. **AAP and AHIP leadership meet to discuss health care reform**

Marion Burton, MD, FAAP and AAP President and Judith Palfrey, MD, FAAP and Past President, met with Karen Ignagni, Executive Director of America’s Health Insurance Plans and other AHIP staff in the AAP Washington DC office. The meeting included discussions on the Academy’s positions on Child-Only Plans; Pre-existing conditions exclusions for children, coverage for Bright Futures recommended services and immunizations. AHIP is the national association of private health insurance carriers.

4. **Resources from Division of State Government Affairs on state implementation of the Affordable Care Act**

The AAP Division of State Government Affairs has developed 2 new resources to assist AAP chapters with state implementation of the Patient Protection and Affordable Care Act (ACA). These resources are housed on the State Government Affairs Member Center page at [http://www.aap.org/moc/stgovaffairs/index.cfm?jumpdown=yes#jumpdown](http://www.aap.org/moc/stgovaffairs/index.cfm?jumpdown=yes#jumpdown) (requires member login)

The StateHealth document, *State Implementation of the Affordable Care Act (ACA)*, includes a discussion of those ACA provisions that have implications for states, namely those that may require action by governors, state legislatures, insurance commissioners, and other state officials and agencies. This document also provides AAP chapters with guidance to assure that state ACA implementation meets the needs of pediatricians, children, and families. This
document will be updated in an ongoing fashion as part of our ongoing analysis and as new information becomes available.

Also, Working With Your State Insurance Commissioner (http://www.aapca3.org/law/ppa/wwysc.pdf), another new resource from the AAP Division of State Government Affairs, provides information on the role of state insurance commissioners and tips for working with them as an avenue for AAP chapter advocacy. As the ACA relies heavily on state insurance commissioners for planning and implementation, relationships with these state officials are critical to AAP chapter advocacy efforts related to the ACA.

The AAP Division of State Government Affairs will continue to provide updated information on HHS guidance, grant announcements, and other ACA developments.

5. **Update on coverage for HPV vaccine for males; UHC provides clarification on its HPV policy**
While most insurance plans currently cover the HPV vaccine for females per the ACIP recommendations, not all carriers are providing benefit coverage of the vaccine for males as a result of the permissive recommendation concerning the HPV vaccine for males. A permissive recommendation means providers may offer the vaccine but immunizers are not expected to offer the vaccine proactively, as they are with the routine recommendation for females. For males, many carriers have decided to provide coverage, including Aetna, CIGNA, WellPoint/Anthem and Kaiser plans. However, UnitedHealthcare (UHC) has determined that it will not cover the HPV vaccine for males, based on the ACIP permissive recommendation.

In its September 2010 Provider Network Bulletin, UHC clarified its HPV policy: *While UnitedHealthcare has many different benefit documents, we typically offer benefit coverage for vaccines that are approved by the U.S. Food and Drug Administration (FDA), have definitive recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control and Prevention (CDC) published in its Morbidity and Mortality Weekly Report (MMWR), and are not explicitly excluded from benefit coverage, e.g., vaccines used exclusively for foreign travel. Immunizations are covered as a preventive service administered in a physician office. A question has arisen regarding UnitedHealthcare benefit coverage for human papillomavirus (HPV) vaccine. The ACIP recommendation published in MMWR is definitive for females age 9-26; it is discretionary for males. Therefore, based upon our vaccine policy, UnitedHealthcare covers HPV vaccine for females age 9-26. Should ACIP revise its policy and publish a revision in MMWR, UnitedHealthcare will reassess its policy accordingly.*

6. **AAP News articles related to private payer advocacy issues**
The following articles related to private payment issues is in the October 2010 AAP News:  
2nd Immunization Congress tackles continuing vaccine challenges  
http://aapnews.aappublications.org/cgi/content/full/31/10/4  
Pediatric council helps secure coverage for developmental screening  
http://aapnews.aappublications.org/cgi/content/full/31/10/10
New from the AAP

Cost effective coding education - one low fee admits your entire staff!

Learn the pediatric coding success secrets of today's top pros. Register today for BIG SAVINGS! See how to simplify coding and billing and expedite payment with pediatric-specific insights, tips, and strategies from leading pediatric coding experts. The American Academy of Pediatrics (AAP) Pediatric Coding Webinars series includes six 1-hour live events filled with up-to-the-minute information and exclusive insights you can't afford to miss. Here's the help you need to meet your most complex coding and billing challenges. For more information, visit http://aap.org/webinars/coding.

November 18, 2010 12:00 pm CT
Don't Risk Denials! Keep Up to Date! New/Revised CPT and ICD-9 Codes for 2011
Faculty: Teri Salus, MPA, CPA

February 17, 2011 12:00 pm CT
Everything You Always Wanted to Know About RVRBS and RVUs But Were Too Busy to Ask
Faculty: Chip Harbaugh, MD, FAAP

The archived event titled Success Starts with Proper Documentation: E/M Documentation and EMR Coding Issues with Joel Bradley, MD, FAAP is available at http://aap.org/webinars/coding.
These events are open to physicians, care providers, coders, and practice management staff for a fee. For more information, visit http://aap.org/webinars/coding.

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.

After hearing from many members about the challenges they are facing with vaccine financing, AAP President Judith Palfrey, MD, has written a blog post titled "Helping Pediatricians Breathe" addressing these concerns on the AAP Member Center. She describes what the AAP is doing at the local, state and national levels to advocate for pediatricians. Members are encouraged to read her full blog post at http://forums.aap.org/blog/index.cfm?forumid=483. Comments may be posted directly on the blog or email Dr. Palfrey at president@aap.org. After hearing from many members about the challenges they are facing with vaccine financing, AAP President Judith Palfrey, MD, has written a blog post titled "Helping Pediatricians Breathe" addressing these concerns on the AAP Member Center. She describes what the AAP is doing at the local, state and national levels to advocate for pediatricians. Members are encouraged to read her full blog post at http://forums.aap.org/blog/index.cfm?forumid=483. Comments may be posted directly on the blog or email Dr. Palfrey at president@aap.org. After hearing from many members about the challenges they are facing with vaccine financing, AAP President Judith Palfrey, MD, has written a blog post titled "Helping Pediatricians Breathe" addressing these concerns on the AAP Member Center. She describes what the AAP is doing at the local, state and national levels to advocate for pediatricians. Members are encouraged to read her full blog post at http://forums.aap.org/blog/index.cfm?forumid=483. Comments may be posted directly on the blog or email Dr. Palfrey at president@aap.org.