

Check Up: CTAAP News in Brief

December 2008

Dear CTAAP Members,

Welcome to the inaugural addition of our new “*Check-Up: CTAAP News Brief.*” CTAAP has developed this electronic news update so we can get more information to quickly. We hope this will provide you and your office managers with timely information on developments and events in the Connecticut pediatric world. We plan to send it electronically once or twice a month.

If you have something you might like to share with your colleagues, please email it to the CTAAP office at jillianwood@sbcglobal.net

Thanks, and enjoy!

Ron Angoff, MD
President

Sandra Carbonari, MD
President-Elect

CIGNA Denials for Developmental Screening

Pediatricians experiencing denials from CIGNA for claims reporting CPT code 96110 should contact the AAP Coding Hotline at aapcodinghotline@aap.org. Private payer advocacy staff will follow up with the CIGNA liaison to the AAP to determine the cause for the denial and seek resolution.

CIGNA explains that claims submitted with the preventive medicine E/M code and CPT code 96110 appended with modifier 59 (distinct procedural service) will be processed automatically in the CIGNA claims system. Also effective May 1, 2008, as an alternative acceptable modifier billing mechanism, CIGNA will pay CPT code 96110 as a separate and distinct procedure when submitted with a preventive medicine E/M service code appended with modifier 25. However, claims submitted with modifier 25 appended to the preventive medicine E/M service code require manual processing by CIGNA, which may time extend the claims processing time frame.

Pediatric Research in Office Settings (PROS) – Fall Update

PROS Chapter Coordinators recently met in Boston at the AAP National Conference.

The group heard updates on the launching of two network projects – *Brief Motivational Interviewing to Reduce Child BMI (BMI²)* and *Clinical Effort Against Secondhand Smoke*

Exposure (CEASE). Each study tests an innovative approach to delivering effective pediatric care on a topic of major clinical and public health importance.

An update on the Secondary Sexual Characteristics in Boys (SSCIB) study of pubertal onset emphasized that the study still needs new study sites – especially practices and clinics that see substantial numbers of African American and Latino children. SSCIB offers valuable training on the assessment of pubertal development plus enhanced reimbursement for sites with high minority populations.

Coordinators approved a proposal on evaluating a practical “common factors” approach to addressing the behavior problems that arise in office visits. Coordinators also reviewed and requested revisions of a new proposal on preventing oral health problems in infants and toddlers.

Attendees heard an excellent presentation on coordination between primary care medical homes and specialists. They also listened to updates on recently concluded PROS studies, the latest PROS publications, and new grant applications on several topics: pediatrician-mediated teen driving interventions, teen smoking cessation, and best treatment for children with persistent asthma.

For further information about PROS, go to <http://www.aap.org/PROS/>. For information about getting involved in PROS activities in **Connecticut**, contact **Jeff Cersonsky, MD, FAAP, Southbury**, at **203-264-2212** or **drjeff@cersonsky.com**.

Obesity Update

The Obesity Leadership Workgroup (OLW) is in discussions with some of the national carriers who have demonstrated an interest in addressing obesity. As an example, Aetna is partnering with the Alliance for a Healthier Generation to develop a multi-dimensional approach to manage obesity. The pilot will provide certain services and enhanced benefits coverage for services that are not usually included in the standard benefit plan.

The Obesity Coding Fact Sheet is available on the AAP Member Center at www.aap.org/moc (Click on Coding & RBRVS under Practice Management Online).

Mental health/Developmental screening

As follow up to the 2008 ALF Resolution on Payment for Developmental screening, PPAAC is currently assessing carrier coverage and payment for CPT code 96110 (limited developmental screening). Aetna, CIGNA and Humana now pay separately for developmental screening as part of the standard benefits plan (although some individual health plan coverage may vary). Presently, work is underway to clarify with payers the intent of the recommendations for developmental screening. It has been reported that some health plans are restricting coverage to a limited number of developmental screenings within a specified time frame.

The Academy has revised its coding fact sheet for developmental screening/testing. This fact sheet as well as other coding resources can be accessed on the AAP Member Center at www.aap.org/moc (Click on Coding & RBRVS under Practice Management Online).

Medical Home

There have been discussions initiated with some of the national carriers as well as regional carriers and Medicaid programs at the chapter level to engender payer interest in implementing medical home pilot programs. [The Patient-Centered Medical Home: A Purchaser Guide](#) was recently distributed to AAP Chapters and pediatric councils as a resource to promote payer activity to implement the medical home. The Purchaser Guide can be accessed at no charge at <http://www.pcpcc.net/content/purchaser-guide>.

Have a Carrier Concern?

Complete the AAP Hassle Factor Form on the AAP Member Center at <http://www.aap.org/moc/reimburse/hasslefactor/> (requires member log in). The AAP and chapters use the data to identify issues and discussion points with payers.