



## January 2024 PAAC Report

Sharing updates from the AAP Payer Advocacy Advisory Committee (PAAC):

- **PCV 20 Denials:** PAAC continues to be aware and recently learned of denials for PCV 20 (CPT 90671) because “the age requirement for this procedure has not been met.” The AAP has sent a [letter](#) to national payers to ensure their systems have been updated with the recent recommendations for PCV 20 use in children.
- **Generic Fluticasone Propionate HFA:** The AAP continues to advocate for children to have coverage of this necessary drug to control asthma and EOE (Eosinophilic Esophagitis). We have sent a [letter](#) to national payers urging that this drug be covered without any prior authorization requirements. We have engaged in direct conversation with Aetna and UHC, who have added generic Fluticasone Propionate HFA to their formularies for all children aged 6 and under. Consideration for patients over the age of 6 will be given but requires prior authorization. We are also engaged in direct conversation with HHS, AHIP, and CMS to garner support for coverage of generic Fluticasone Propionate HFA and ways to prevent or address a potential shortage of generic Fluticasone and Asmanex.
- **Dedicated Diagnostic Provider Program:** UHC has a [program](#) that requires patients to go to offsite in-network diagnostic providers such as LabCorp, Quest, and various local imaging centers. We believe this program doesn’t support the [medical home](#) that we strongly support our members provide to patients. We are engaged in direct conversations with UHC to encourage them to remove this requirement from pediatric patients.
- **Nirsevimab Payment Issues:** PAAC continues to discuss and monitor payment issues relating to Nirsevimab.
  - We were successful in educating **Tricare** on the ACA requirements of coverage and payment responsibility surrounding immunizations that are approved for use by the [CDC](#). After a claims system update on 1/6/2024, codes 90380 and 90381 are considered preventive and should be paid with no cost to the patient. Tricare has identified the affected claims before 1/6/24, and they should be reprocessed within 30 days of January 17<sup>th</sup> 2024. If practices have any claims after 1/6/2024 that have patient responsibility for this service, they should contact Humana Military customer service line 800-444-5445, for claims assistance.
  - We have identified an issue regarding non-payment of the new administration codes 96380 and 96381 by Medicaid in various states. Some states have made it a requirement to report the old code 96372, which doesn’t incorporate the work for counseling into its payment. Their rationale was that Medicare hadn’t valued the codes. They are listed on

the 2024 fee schedule with a national RVU value of 0.24 and a payment of \$22.27. The code 96372's national RVU value of 0.17 and a payment of \$14.08 significantly undervalues the work related to nursevimab counseling and administration. [Medicare](#) made the value of the codes retroactive to October 2023 when the codes were released.

Thank you for all that you do to help the children, families, and colleagues of your region!

**Request from PAAC:** if you have any problems with payer policies, programs, or processes, please contact us via [the Coding Hotline/Hassle Factor Form](#). If we follow up with you, please respond and include the appropriate team members (such as biller or office manager) in your organization who might be able to provide additional details if needed so that we can be more effective in our advocacy efforts.

Please help us help you!

Thanks for your support!

Greg Barabell, PAAC Chair