



Accomplishments 2018-2019

AAP Payer Advocacy mission is to assess the public and private payer sector and advocate for benefits coverage for pediatric services and appropriate payment for primary care, medical specialty and surgical sub-specialty pediatricians.

Recent accomplishments in payer advocacy include:

- AAP State Advocacy and Health Care Finance staff worked with the AAP MA Chapter addressing MassHealth's payment recoupment issue. The MA Chapter sent a letter to MassHealth objecting to the take back demands and as a result, the carrier rescinded its across the board recoupments.
- Aetna changed its policy and will no longer limit coverage for one instance of CPT code 96127 per 365 days. Through ongoing advocacy efforts by the Payer Advocacy Advisory Committee (PAAC) member Gene Hershorin, MD, FAAP and staff, including a letter from the AAP, Aetna changed its policy that limited coverage for one instance of CPT code 96127 (*Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument*) per year.
- Anthem rescinded its proposed policy to reduce payments for evaluation and management (E/M) services reported with modifier 25 when submitted for the same physician and on the same date as a minor surgical procedure or wellness exam.
- After multiple discussions with UnitedHealthcare (UHC), the nation's largest carrier is now paying for After Hours Care and Vision Screening.
 - For After Hours/Weekend Care: CPT code 99051 will be paid for when billed with acute care services (eg, 99213) and provided by primary care providers.
 - For Vision Screening: Codes 99173, 99174 and 99177 will be paid for when reporting with a preventive medicine service code.
- BCBS Montana assessed copays for health risk assessments for maternal depression screening (CPT Code 96161). AAP payer advocacy staff advocated with HCSC (parent of BCBS MT) to align with the other BCBS carriers in the HCSC umbrella and provide first dollar coverage for CPT code 96161. BCBS MT removed code 96161 from its coding edits and process for payment with no patient cost sharing.

- Anthem in KY had plans to decrease fees for its lab fee schedule and members reported that for some lab services, payment was less than their cost. AAP staff held a conference call with Anthem as part of Value Based Payment discussion and pointed out that this was not in keeping with the value of the medical home. Anthem investigated and rescinded its planned fee schedule payment reduction on lab service
- Kansas Medicaid rescinded proposed pay cuts after AAP Division of Health Care Finance staff and State Government Affairs staff assisted the AAP KS Chapter and Kathy Cain, MD, FAAP in challenging proposed Medicaid payment rate cuts impacting pediatricians. KS Medicaid rescinded its policy change that would have reduced payment for E/M services from \$70 to \$25, reinstating its previous payment rate.
- PAAC worked with the PA Chapter pediatric council to successfully advocate to Independence Blue Cross (IBC) which was rejecting payment for well visits with an unusual reason of “incorrect number of units.” After discussions with the medical directors at IBC the problem was identified in an incorrect change to the carrier’s claims processing software, and IBC committed to correcting the problem and reprocessing any failed claims.
- Delaware passed a law in support of primary care that mandates payment for chronic care management and primary care services to at least equal Medicare payment. In response to Delaware pediatrician’s concerns that Cigna was not paying these services in accordance with the state legislation, PAAC and the AAP DE Chapter worked with Cigna to make sure they are complying with this law and make practices whole retrospectively.
- Academy leadership, PAAC members and staff have initiated meetings with national payers to discuss their individual Quality Metric programs and how they align/different with the Academy’s proposed Quality Measures for Children. Discussions continue and are evolving to eventually move the conversation to defining appropriate value-based payment for children.
- Payer advocacy resources are available to Chapters and members at the Practice Transformation [Getting Paid](#) site. A series of new resources called “[Issue Guidance](#)” materials to empower practices, Pediatric Councils and Chapters on specific payer issues is available on the [PAAC Page](#) on the right hand corner in the Payer Advocacy Toolbox.