

the Tennessee Pediatrician

THE OFFICIAL PUBLICATION OF THE TENNESSEE
CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
TENNESSEE PEDIATRIC SOCIETY

FALL 2004



Governor's Books from Birth Foundation

In 2002, Governor Bredesen pledged to partner with Dolly Parton's Imagination Library Foundation to help make her effective pre-K literacy program available to all Tennessee children regardless of family income. The program, which is currently running in 12 Tennessee counties, provides a new, age-appropriate, hardcover book each month to children from birth to age five at no cost to the family.

A blue ribbon committee of childhood education experts selects the books for the Imagination Library, which includes such well-loved classics as *The Little Engine That Could*, *Spot Goes to the Farm*, *Snowy Day*, *The Little Hungry Caterpillar*, and *Look Out Kindergarten, Here I Come!*

The committee also determines an age-appropriate series timeline for the program. Series themes include: visual and playful stimulation in year one; repetition and body awareness in year two; love, colors and

letters in year three; diversity of others and poetry in year four; and finally, riddles, science and appreciation in year five.

The program also offers seven bilingual books featuring Spanish and English text on the same page.

For many Tennessee families, books are a luxury, and we have an opportunity to provide them with an entire library in the most important years of their child's development.

To assist with county-wide Imagination Library efforts, Governor Bredesen recently obtained the legislature's approval of a \$2 million challenge grant to the counties to pay for a 50 percent share of the cost of providing the books to the state's 375,000 children under age five. In May 2004, Governor Bredesen created the Governor's Books *continued on page 3...*

AAP Legislative Conference

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The AAP Legislative Conference was held in Washington DC last April in the shadow of our nation's capital building, and it was an outstanding opportunity to learn more about pediatric advocacy. The Tennessee delegates sponsored by the Chapter this year included: Quentin Humberd, MD, a practicing pediatrician in Clarksville, TN; Steve Riley, MD, a pediatric emergency medicine physician at Vanderbilt Medical Center; and Karen Meredith, MD, a third year resident in pediatrics at Vanderbilt Children's Hospital. As pediatricians in different stages of our careers, the three of us were part of approximately 100 participants from almost

every state. Our experience on "the Hill" was intimidating at first but in the end was an enjoyable and memorable event that anyone of us would be happy to repeat.

An enormous amount of material was presented in the three-day conference as we prepared to meet with our congressmen and become advocates for pediatric health care at the national level. The conference included didactic sessions such as "Surveying the Political Landscape", "The Art of Negotiation", and a plenary session where we learned about key issues in children's healthcare. We also participated in more interactive workshops with a practical approach: how to lobby, *continued on page 4...*

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The printing of these articles does not necessarily mean that TNAAP endorses the thoughts and comments expressed therein.

President's Report

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Fall is a busy time for the TNAAP. In spite of Hurricane Ivan, the TNAAP helped sponsor (in collaboration with the Children's Emergency Care Alliance and the four comprehensive regional pediatric centers) a very successful third annual conference, "Advancing the Frontiers of Pediatric Emergency Care in Tennessee," on September 17 and 18 at the Willis Center in Nashville. Approximately 150 physicians, nurses and emergency room professionals attended an excellent two-day program on the gamut of pediatric emergency care. This conference rotates around the state, so please mark your calendars for next year's conference in Chattanooga, September 23-24. It is well worth your participation.

The TNAAP remains actively engaged with TennCare and TennCare reform. Staff representatives of TNAAP participate monthly in a TennCare working group meeting with representatives from the Bureau and other Departments involved with the health and welfare of children. Governor Bredesen conducted several roundtables throughout the State with providers, advocates and community leaders to explain his proposed reform efforts. Your TNAAP board has taken a position that streamlining the TennCare system is critical for its long-term survival and to allow us to continue to cover more children than traditional Medicaid.

The Tennessee Justice Center has once again asked the court to hold the state in contempt of previous court orders, feeling a definition of medical necessity determined by the TennCare Bureau would place pediatric patients at risk. The current proposed reforms do not restrict pediatric outpatient or inpatient visits, nor prescriptions. A new formulary will promote generic drug use when possible. Dr. Iris Snider, from Athens, Tennessee, our current district vice-chair for AAP, has been appointed by the TMA to serve on an advisory board to make recommendations to Governor Bredesen on issues of medical necessity. We feel that the interests of children in TennCare are adequately protected with the current reform initiatives; the alternative being a system out of budgetary control. The latter will, in the long-term, harm more of Tennessee's children than will attempts for fiscal restraint in our current system, in my opinion.

AAP National Office met with Chapter Vice-Presidents, Presidents, and committees and section leaders in Chicago in August at the first Annual Leadership Forum (ALF). The ALF combines the previous Annual Chapter Forum (which legislatively brought Chapter grassroot issues forward to the AAP leadership) with the Council on Sections and Committees to help energize policy development for the National AAP. At the ALF, we heard an excellent panel presentation on problems facing the states with the national foster care system (Tennessee is not unique in having significant infrastructure problems). The top ten resolutions determined at this year's session (which will bypass committees/sections and go directly to the AAP board for action) include continued requests for development of an optimal pediatric formulary, advocacy for reimbursement for phone and e-mail consultations, recommendation that CMS create a Medicaid fiscal accountability commission to track healthcare utilization/outcomes based on state payment rates, and a proposal that the Academy "continue supporting

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Two New Awards, Two New Staff Executive Director's Report



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I am pleased to announce the recent addition of two new staff as well as our recent receipt of two statewide awards.

In July, TNAAP hired its first Developmental Services Coordinator, Deborah O. Usry. This position was made possible by the renewal and expansion of our EPSDT grant from the TennCare Bureau. Now the Scope of Services of our grant includes educating providers on developmental and behavioral screenings on children, as well as the EPSDT and coding education, which we have already been doing. Deborah will work under the direct supervision of our EPSDT Director, Ruth Allen. Deborah lives in Brentwood with her husband and sixteen-year-old son.

Our Program Director, Patrice Mayo-Ligon, left TNAAP in September. She has served the Chapter well for the last three and a half years, and we wish her well in her newest endeavor. Kim Windham has been hired as our new Program Director. Kim lives in Franklin with her husband, her six-year-old daughter and her six-month-old son.

Kim and Deborah will be working full-time from their homes, as the rest of us do. Their contact information can be located in the "Staff Directory" below.

The Tennessee Society of Association Executives (TSAE) awarded TNAAP two awards at their annual meeting in July. We received the Excellence Award for Best Single Seminar, based on the successful resurgence of our annual CME meeting



Deborah Usry



Kim Windham

last fall. We also received the Excellence Award for Best Seminar Series, based on the EPSDT and Coding educational series that we offer statewide and continuously to our members and other providers.

I am so proud of all of my staff, and proud to work for such wonderful, tireless volunteer leaders that make things like award recognitions and continued growth happen!

...Governor's Books from Birth Foundation Continued from page 1

from Birth Foundation to serve as a catalyst and tangible resource to local leaders seeking to establish their own county-wide Imagination Library initiatives.

The Governor's Books from Birth Foundation shares your passion and dedication to providing the best available resources and opportunities to Tennessee's children. We believe that when parents read to children, families are strengthened, doors are opened and possibilities are endless. The result: generations of happier, healthier and more productive Tennessee families.

In many communities, hospital nurses are giving children their first book the very day they are born, while local pediatricians and family physicians are giving the parents of their preschool patients a "prescription to read."

Contact the Foundation toll free at 866.638.6371 for information on how you can get your county on board Dolly Parton's Imagination Library!

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...AAP Conference
Continued from page 1

how to craft a message to legislators, and mock congressional sessions. Through these sessions, we acquired the skills and techniques necessary to successfully impact Congress.

"Many in government today view children's problems with an icy, cold stare of indifference."

The morning before our actual visits with legislators, we heard the honorable Representative Arthur Davis, (D-Alabama), share his thoughts on pediatric advocacy. Regardless of political background or party lines, the entire audience admired his eloquent and effective message. He concluded with, "Many in government today view children's problems with an icy, cold stare of indifference." We walked away from his discussion with renewed energy and three core messages.

1. Every child must have quality health insurance. Over 9 million children are currently uninsured, and millions more are underinsured.
2. Medicaid and SCHIP for children must be protected. These critical safety net programs are critical for children. Medicaid alone provides health insurance to one in every four American children.
3. There must be adequate reimbursement for pediatric services. On average, Medicaid reimburses pediatricians at only 69 percent of the rate that would be paid under Medicare, and only 56 percent of commercial rates for an office visit.

Our congressional visits were the best part of the conference. We met with the legislative aides of Senator Bill Frist and Senator Lamar Alexander, as well as our respective Representatives from across the state. The conversations were truly enjoyable, and for the most part, we felt that the legislators were open to our message. In the end, we had a renewed respect for the complexity of our legislative process and a genuine desire to try and make a difference in children's healthcare.

Thank you for letting us represent Tennessee and making it possible for us to attend this fantastic conference.

...President's Report
Continued from page 2

children in diverse families by opposing the marriage amendment to the Constitution of the United States", the latter of which was hotly debated. The AAP's executive committee should have responses for this year's top ten resolutions on the Members Only Channel (MOC) of their website by spring 2005.

District IV (of which we are a part) sponsored a resolution in 2003 advocating for a medical payment advisory committee to advise CMS for reimbursements for State Medicaid programs. The national AAP staff is currently working with the Senate Finance Committee to help develop legislation for such a proposal. Additional proposals from last year's Forum concern the epidemic of obesity in children. In response, the Academy has developed a twelve-member task force on childhood obesity, including experts from nutrition, sports medicine, cardiology, endocrine, GI, school health and psychosocial medicine. This committee has linked to working groups at CDC and the NIH charged with developing a rational strategy to assist children and families with long-term weight control.

Your Tennessee Chapter has a new PROS (Pediatric Research in Office Settings) Coordinator, Dr. Debra Quarles Mills from Johnson City (contact mills@etsu.edu if you would like further information on PROS studies or becoming a PROS participant in your office). Dr. Marion Hare, from UT-Memphis, has accepted the position of CATCH Coordinator for the Tennessee Chapter following the departure of Dr. Judy Woods. The Board of Directors of the Academy this year has reappointed Dr. Kevin Johnson, from Vanderbilt, to the Steering Committee on Clinical Information Technology for 2004-2006, has newly appointed Dr. Pat Flynn, from Memphis, to the Committee on Pediatric AIDS (COPA) and has appointed as a section member to the Committee on Sports Medicine and Fitness, Dr. Andrew Gregory from Vanderbilt University. Congratulations to our TNAAP members who are serving on state or national committees.

Kudos to Dr. John Hill, one of our West Tennessee Fellows At-Large, and Dr. Tamara Foltz for their very flattering profiles in the recent issue of *Memphis Medical Society Quarterly* in an excellent article profiling primary care pediatricians.

Come join us on November 13 for a half-day session on behavior pediatric issues in Nashville at the Vanderbilt Marriott. Your board has chosen Nashville for our CME sessions for 2004-2005 because of its central location within the state. In the planning stage is a CME program on office management for the community pediatrician for fall 2005. I thank all of you for your hard work in advocating for children and adolescents in your communities. Keep up the good work.





TennCare Report

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For those of us who read our local newspapers, it is obvious that Governor Bredesen and his newest (#11) TennCare Director, J.D. Hickey, are well into making those changes in TennCare that he announced earlier in the year. There has been much written about the proposed changes, especially in pharmacy benefits, but until the Waiver request to CMS was made public, most details that had everyone so interested were still unknown. That waiver is now public, and anyone interested in commenting had a month from the time it was put forth to make official comment. This alone is a positive change from the waiver request six years ago when the announcement of the waiver and a request for comments were published by the Sundquist Administration for only two days immediately following Thanksgiving and

ONLY in the Chattanooga Free Press public announcement section. There are presently a multitude of groups appointed by the Governor to comment and help make TennCare more workable, and TNAAP, either on its own or with CHAT (Children's Hospital Alliance of TN) or the TMA, has Pediatricians on most of them.

When the new changes to TennCare were announced, there was much concern on our part about how these were going to affect children. The Governor and his staff repeatedly said that the EPSDT rules would continue in place for those children who were Medicaid eligible (about 80% of those children on TennCare) and then decided to broaden the EPSDT guidelines to all children in TennCare. This, as well as the change in the medical necessity rule that will cover drugs used "off label" if that use is generally accepted as appropriate therapy, allays many of the fears that Pediatricians had about changes in the program. Nonetheless, the Governor's plans for limiting drugs to the least expensive one in each category still has many concerned that the formulary will be too limited and exceptions will be too hard to get for the drug changes to be workable. The children's hospitals met with the Governor when there were still concerns about benefit changes for children and offered solutions to the problem that the Governor accepted. We all owe them a vote of thanks for their work.

In spite of all the positives mentioned above, we are still seeing problem areas. I have been representing Pediatricians on the TMA's TennCare Hassle Factor Task Force, which was formed at the Administration's request. TNAAP sent out an email to all members asking for hassles that they still see, and I received many replies. These are being put into a document that will be presented to Director Hickey. As expected, the problems often related to inadequacies in infrastructure statewide, inadequate payment for extended problems, and network inadequacies for specialty care. Anyone interested in adding their problems to the list can do so by sending them to me at irisgs@aol.com. Presently, the Chapter is scheduling a meeting with Director Hickey to discuss his vision for TennCare and to present some specific concerns about problems we continue to see.

Manny Martins has been given the task of developing true coordination of state services to the children in this state through the newly established Governor's Office of Children's Care Coordination. He has met with us and has spoken to the EPSDT workgroup also about his plans to coordinate care through case managers (possibly located in our offices) for children in TennCare. Presently, he is setting up pilot projects in small areas in Memphis, Nashville, and Hancock County. Hopefully, communication between all state agencies dealing with children will be improved through this new office.

Brochures Available

We have produced brochures for patient distribution which explain the new car seat law as well as the recommended well-child preventive visit schedule. Please contact the Chapter office at 615-383-6004 or tnaap@aol.com if you would like some.

Tennessee Child Passenger Safety Law



**What YOU need to know about
car seat and booster seat laws.**

National Survey Reveals Priorities For Parents During Pediatric Visits

In this recent AAP survey, parents responded to a comprehensive set of questions about well-child visits and related questions about the home to promote their child's development. To view the survey and results go to: <http://www.aap.org/advocacy/releases/junesurvey.htm>

TENNderCARE Unveiled

TENNderCARE is the new name for Tennessee's EPSDT Program. Tennessee has made a commitment to promoting good health in children from birth until age 21. You should have received a communication from TennCare in September along with a sample of the brochures distributed to the schools. Contact Jena Napier, the Bureau's EPSDT Coordinator, at 615-532-6706 for questions.

Welcome New Members

[As of August 30, since the last newsletter was published, the following have joined.]

Amy J. Adams, MD	Chattanooga
Rana Assfoura, MD	Memphis
Susan Marguerite Austin, MD	Memphis
Amy Leigh Vanous Barton, MD	Nashville
Jara Lavonda Best, MD	Memphis
Eve M. Boger, MD	Nashville
Jennifer Hodge Brinkmann, MD	Knoxville
Benton Edwards Cofer, MD	Nashville
Marc W. Cromie, MD	Chattanooga
James Paul Darke, MD	Chattanooga
Mollie J. Dodson, MD	Sparta
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Jolee Henri Gregory, MD	Nashville
Molly Ramdna Hood, MD	Memphis
Paul Jones, MD	Knoxville
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John C. Thomas, MD	Nashville
Dawn Simonds Tuell, MD	Johnson City
Aaron Ward, MD	Murfreesboro
Julie Lynne Ware, MD	Memphis
Aaron Robert Weiss, DO	Memphis
Hendrik Weitkamp, MD	Nashville
John Matthew Yuill, MD	Nashville

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THE GIFT OF DHA.

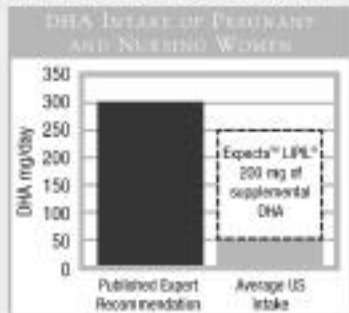


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TNAAP EPSDT Director Ruth Allen presents information about EPSDT and Developmental Screening to Family Practice interns and residents at UT Knoxville.

TNAAP Launches Developmental/Behavioral Health Education

TNAAP's EPSDT grant from the State has been expanded to include educational programs to help increase developmental and behavioral health screening for children. Dr. Quentin Humberd is serving as the Medical Director for the project. He will be working with Ruth Allen, our EPSDT Director, and Deborah Usry, our new Developmental Services Coordinator, as TNAAP implements this initiative.

TNAAP will be offering educational sessions that highlight the evidence-based value of various screening methods and tools. Our program will include working with practices to incorporate screening tools into their day-to-day processes in ways that minimize the amount of time involved for physicians and staff. TNAAP will also be working with early intervention and other community agencies to help identify referral resources in individual communities to assist practices in knowing where to refer those children who are identified for additional services.

For more information about developmental and behavioral health screening tools and educational opportunities, contact Deborah Usry, TNAAP's Developmental Services Coordinator, at 615-376-4829.

Did you know the following facts about Developmental and Behavioral Health Screening?

- Using standardized screening tools is recommended by AAP policy (See AAP Policy Statement RE0062).
- Studies show that when physicians use formal screening tools (in addition to surveillance), more than twice as many developmental and behavioral problems are identified.
- When you use standardized tools you can bill CPT Code 96110.
- TennCare MCOs are reimbursing for these services.
- Using these tools does not take an inordinate amount of extra time.
- Studies show that use of standardized screening tools increases parents' satisfaction with their physicians.
- There is a very simple tool you can use in your office to help you screen for autism.



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Coding Clues

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2005 ICD-9-CM Codes – Effective October 1, 2004

According to HIPAA law, there will not be a 90-day code grace period for transitioning to the new ICD-9-CM 2005 codes for Medicare claims. This means that the 2005 ICD-9-CM code sets must be used for services provided on or after October 1, 2004. The changes for 2005 are extensive:

- 171 new diagnosis codes
- 203 revised diagnosis codes
- 25 invalid diagnosis codes

2005 CPT and HCPCS Codes - Effective January 1, 2005

There will be no 90-day grace period for CPT and HCPCS code revisions in January either. This change is due to the HIPAA Transaction and Code Set Rule requiring all code sets to be valid at the time that the service is provided.

Place of Service (POS) - Mistakes Can Be Costly and Cause High Denials

In a rule change that became effective on April 1, CMS is requiring the physical address where the service was performed (name, address, and zip), to be listed in Box 32 of the 1500 form. The rule change applies to paper and electronic claims. The only exception is for a service performed in a patient's home (POS 12).

One carrier reports that as many as 30% of claims received daily are rejected, because the address is not being listed correctly. In fact, incorrect or missing POS codes are often cited among the top 10 reasons claims are denied.

Be careful when selecting the POS code to bill E/M services that are not performed in the office setting. E/M codes are grouped according to place of service (eg, office, inpatient, ed, nursing facility, etc.). For example:



TNAAP Coding Educator Jacquie Clouse (right), conducts an EPSDT coding session for BCBST while BCBST EPSDT and Audio staff were in teleconference from across the state.

Outpatient codes 99201-99215, new and established, are used for office visits but also for encounters in other outpatient settings such as outpatient clinics and in some cases the emergency department, but not for inpatients or patients in observation, skilled nursing home patients, or patients at home.

A complete list of POS codes can be found in the front of the CPT manual in most professional and expert editions.

NOTE: For practices with multiple locations, a PO Box cannot be used as the service location. To cue your data entry staff to list the correct address on the claim:

- create a separate superbill for each location you bill from, or
- list all locations on the superbill and circle the location where the service was performed.

Denials – Steps to Consider Before Writing Off the Claim

Step 1: Directly speak with the supervisor of each carrier representative you talk with on the phone during the initial denial inquiry.

Step 2: In writing, appeal the denial and ask the carrier for the basis of the denial. A review by a physician of the same specialty can be requested when appropriate.

Step 3: If there are recurring issues and you are unable to obtain a written basis of denial, ask for assistance from the Carrier Advisory Committee (CAC) representative within the physician's specialty society.

Step 4: In writing, document the steps you have taken and your carrier's responses (or lack thereof) and send as a complaint to your carrier's regional office.

It may also be helpful to contact your carrier medical director. While they won't help track particular claims, they can be an excellent resource for policy questions, such as when a particular diagnosis code should be added to the local medical review policies (LMRP) or when a particular code is routinely being denied improperly by the carrier.



Jacquie conducts a "lunch and learn" session on EPSDT and Coding at Cedar Creek Pediatrics in Maryville.



Tennessee Pediatric Society Foundation Campaign Update

We are more than half-way to our 1st year operating budget goal!

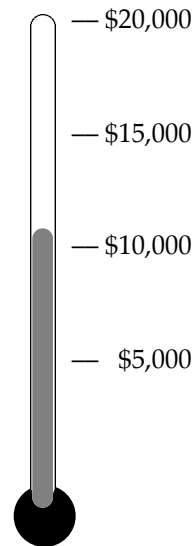
The exciting creation of the Foundation, a 501(c)(3) tax-deductible non-profit entity, makes our Chapter newly eligible for grant and funding opportunities to carry out significant projects to benefit Tennessee's children. However, the success of the Foundation is dependent on seed-money donations from our members to support the initial work of identifying projects and procuring grants that match member interests specific to the needs of children and our mission. Contributions to the Foundation are tax-deductible and may be made at anytime. Please join the growing list of financial supporters!

Thank you to the following donors of the Tennessee Pediatric Society Foundation:

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- John Ring, MD
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- Dr. and Mrs. John C. Rochester
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1st Year Operating Goal



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- Dr. Porter Mayo
- Mrs. Marie Moroney
- James F. Slowey, IV

Donations have been made in Honor of:

- Tennessee's Pediatricians
- Drs. Russell & Joan Chesney
- Catherine M. Fenner
- Dr. Bill Fleet, Jr.
- Patrice Mayo-Ligon
- Iris Snider and Family
- Hershel P. Wall, MD

Return to: P.O. Box 159201, Nashville, TN 37215-9201

REIMBURSEMENT—WHAT THE AAP IS DOING

Dave Tayloe, Jr., MD, FAAP, District IV Chair
919-580-7207, -7209, dtayloe@aap.org

It is becoming more and more difficult to be paid accordingly and timely by health insurance companies. Pediatricians have always been among the lowest paid medical professionals, and most of our salaries depend upon submitting numerous small claims to third-party payers. Since we submit thousands of these small claims, minor inconsistencies in payment by third-party payers can cost us thousands of dollars and consume hours of our individual and staff time when disagreements and/or misunderstandings arise between the payers and us. We have office staff who can work with the payers to correct most problems that arise when the payers do not reimburse us appropriately according to the CPT and ICD-9 information submitted. When our office staff cannot negotiate fair reimbursement by the payers, we often have to call the medical directors of these insurance companies to explain our concerns. Sometimes, our efforts are in vain, and we remain frustrated by the policies and behaviors of the health insurance company administrators.

The AAP is doing more than ever before to assist pediatricians who are frustrated with insurance companies' policies and practices. At the Chapter level, more and more Chapters are establishing Pediatric Councils that meet regularly with large insurance entities to resolve differences of opinion between pediatricians and the insurance companies. In fact, 13 Chapters, including Tennessee, have established pediatric councils and eight other chapters are in the process of considering forming a council. Additionally, pediatricians should contact their Chapter leaders to obtain assistance when they experience unfair treatment by insurance companies.

If the Chapter leadership is unable to assist pediatricians in their insurance company hassles, Fellows should access the Private Sector Advocacy Initiative of the Academy's Department of Practice and Research by contacting Lou Terranova, Senior Health Policy Analyst and staff support to the Private Sector Advocacy Initiative (lterranova@aap.org.); you also can access the Private Sector Advocacy Initiative through the Members Only Channel (MOC) of the AAP website.

Joe Ponzi, MD, FAAP (ponzi@goldsboropeds.com), is my partner and serves on a key entity at the AAP that will be providing guidance to the Academy on reimbursement issues. Feel free to contact Joe with your private sector reimbursement concerns. This new entity will work with the AAP's Committee on Child Health Financing (COCHF) and other key AAP Committees and Sections on identifying timely and critical

opportunities to effect positive change in how health plans interact with pediatric offices. Pediatricians can also contact Steve Wegner, MD, FAAP (stevewegner@ncaccesscare.org), also of District IV and who serves on COCHF, about private sector reimbursement issues.

The AAP also has a Section on Administration and Practice Management (SOAPM) that has established a listserv for pediatricians to share information /experiences concerning practice issues. Bob Sebring, PhD, Senior Health Policy Analyst, Department of Practice and Research (bsebring@aap.org) is the AAP staff member who administers the activities of the SOAPM. I encourage all practicing pediatricians to join the SOAPM and to participate in the SOAPM listserv. I learn a lot every day from these "real life" communications from fellow pediatricians.

Finally, please take the opportunity to contact Edward Zimmerman, Co-Director, Department of Practice and Research (ezimmerman@aap.org) if you have any suggestions or concerns on physician payment or other issues you would like to see addressed by the Department.

As I conclude my third year as your District Chair and a member of the Board of Directors of the AAP, I encourage you to contact me at any time that you have concerns that need to come to the attention of the AAP leadership. The Board of Directors is most interested in assuring that AAP members are fairly reimbursed for providing high quality comprehensive health care for all their patients.



Executive Director Cathy Fenner with VP Quentin Humberd, MD during the District IV meeting in Richmond, VA.

Knoxville Pediatric Society Dinner Meeting, May 2004



Drs. Greg Blackmon, Mike Damron, and Dave Kalwinsky.



Dr. Joel Bradley makes a presentation on RBRVS.



Drs. Vichien Lorch, Jim Kimball, Bill Terry, and Tom Lowry.



Drs. Youhanna Al-Tawil, Chris Ledes, Preston Smith, Abby Blackmon, and Mark Gaylord.

New Local Pediatric Society Formed

William H. Woods, Jr., MD
616 W Forest Ave, Jackson 38301
731-422-0354

On May 17, 2004, the regional pediatric society serving west Tennessee (outside Metro Memphis) was re-born in Jackson. The revival of a dormant local pediatric organization allows encouragement from and fellowship with peers, provides CME opportunities, and, most importantly, gives regional pediatricians a voice on the Board of the TN Chapter of the AAP.

Stated goals of the fledgling organization, officially named the Forked Deer Pediatric Society after the river system that surrounds it, include developing institutional affiliations that meet regional needs and providing liaison activities between pediatric providers within and outside the region.

Guests at the organizational meeting included TNAAP representatives Catherine Fenner, Executive Director, Dr. Hershel "Pat" Wall, Membership Chair, and West TN Fellows At-Large Dr. John Hill and Dr. Gerald Presbury. Also attending was Dr. Jay Deshpande, Pediatric Vice-Chair for Clinical Affairs at Vanderbilt.

This initial dinner meeting, sponsored by Mead Johnson Nutritionals, was primarily organized by Drs. Vernessa Davis Tharpe and Donna Jean Walker of Jackson. Dr. Bill Woods was elected President and, as such, is now a voting member of TNAAP's Board of Directors.

Newborn Screening - Important Reminder

In Tennessee, the physician rendering care for newborns in the hospital is responsible for follow-up on Metabolic and Newborn Hearing Screening.

Lab results can be obtained by faxing a consent form to 615-262-6458. If immediate results are needed, they can be obtained by calling 615-262-6304. The state is also working on implementing a voice response system to make it easier for physicians to obtain results. They hope this system will be in place in early 2005.

For more information on newborn screening, visit the web site at: <http://www2.state.tn.us/health/MCH/NBS/index.htm>



2004 National AAP Awards to Tennessee Members

Russell W. Chesney, MD: Henry Barrett Award given by the Section on Nephrology "Recognizes distinguished contribution in the field of pediatric nephrology."

Marvin I. Gottlieb, MD: C. Anderson Aldrich Award given by the Section on Developmental and Behavioral Pediatrics "Recognizes outstanding contribution by a physician in the field of child development."

Robert Sanders, MD: Fellow Achievement Award given by the Section on Injury and Poison Prevention. "Recognizes an AAP Fellow who has made an exceptional contribution to the area of injury and poison prevention."

Board Retreat, April 2004 Fall Creek Falls State Park

Suzanne Yunghans facilitates the Board Retreat.



Drs. Suzanne Berman, Pat Davis, Quentin Humberd.



Relaxing during the Board retreat: (l-r) Drs. Melinda Lucas, Iris Snider, Dave Kalwinsky, and Russ Chesney.



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