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TENNESSEE PEDIATRICIANS LOBBY CONGRESS

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I have "Potomac Fever", and I don't care who knows! "Potomac Fever", that political excitement spawned by Washington, DC, infected all who attended the AAP Legislative Conference this year. But my experience did not actually begin in DC. Some would argue that my love for child advocacy was apparent as soon as I decided to become a pediatrician. But that love exploded into a passion for the vast possibilities when I spent a day in Nashville with TNAAP's Executive Director, Catherine Fenner. As we raced from office to office lobbying for better food choices for children in our state's school cafeterias, I realized how much of a difference I could make just with my presence. The state lawmakers were eager to hear the opinions of Tennessee's pediatricians, and I felt privileged to be able to represent the idea that healthy food choices at an early age mean healthy food choices for a lifetime. My experience on the Hill with Ms. Fenner just deepened my interest, and the thought of lobbying on a federal level frightened and excited me at the same time.

On arrival in DC, the other Tennessee delegates (David Kalwinsky, MD, Martin Herman, MD, and Paul Darke, MD) and I had no reason to fear. The AAP team that greeted us was comprised of experts in the field of child advocacy, and their mission was to prepare us to be the AAP child advocates of the future. Most important, the future began in two days, and the team had that period of time to show us the ropes! Our conference leaders did not disappoint us. There were several workshops geared toward everything from understanding the legislative process, to crafting the perfect

message. I had the opportunity to participate in many workshops, including one on bioterrorism and disaster preparedness that gave updates on the action plans to be implemented in the event of future terrorist attacks. Significantly,



Drs. Paul Darke, David Kalwinsky, and Michelle Taylor attend the AAP Legislative Conference in D.C.

these action plans were created with children in mind. In my opinion, the most informative workshop was the "mock session", designed to introduce us to the type of people we would be meeting with in Congress the next day. During this exercise, the delegates were divided into eight teams, and each team assumed the role of a fictitious congressperson. Each team was responsible for running a campaign in the attempt to be re-elected to office. Each team was given a bio for its particular candidate and went through several rounds during which the pressures of the life of a member of Congress were illustrated. While I learned from this that it is impossible to please everyone all of the time, I also learned that if I want my

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NEWSLETTER EDITORS

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* Please thank these leaders as their terms
have come to an end.

President's Report

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Jeez, Louise . . . that two years went by mighty quickly (though I recall some moments that seemed to last forever)! One of my colleagues characterized the first President's Message I wrote for this newsletter as "a nice getting-to-know-you" piece. It seems appropriate, then, to tell you something of how the experience of serving as your President over the last two years has affected me.

At the end of his movie, "Annie Hall," Woody Allen quotes the great American philosopher, Groucho Marks, something like this:

"My brother thinks he's a chicken!"

"That's terrible! Have you taken him to see a psychiatrist?"

"We thought about it, but decided not to do that."

"Why not?"

"We really need the eggs!"

Your Board of Directors has focused, of late, on value received for membership in our organization, so what did this "chicken" receive for his "eggs"? Clearly, this will vary, from time to time and from member to member, but the following, listed in "Letterman format," are what "hooked" me:

My Top Ten Reasons I Enjoyed Being President of TNAAP

10. I have learned the location of every speed-trap between Memphis and Nashville.
9. I have become more efficient in the use of my time and better able to prioritize competing responsibilities. (I may need to SHOUT out this one, to be heard above the gales of laughter coming from long-suffering Chapter staff.)
8. I feel no shame admitting to everyone (except my spouse) that I regularly enjoyed the fried bologna and Velveeta sandwich they serve at the BP station in Bucksport. (Maybe it's the Wonderbread, the Miracle Whip, and the very yellow mustard they use.)
7. I have "re-connected" with the "totality" of Pediatrics and, in consequence, feel less troubled by my "day to day" practice which is, in a very real sense, "self-indulgent" when considered in the context of the pressing healthcare needs experienced by so many of the children in Tennessee.
6. As an undergraduate English major (one with a focus in Southern American literature) "gone bad," I have loved listening to the "pediatric incarnations" of William Faulkner, Eudora Welty, Willie Morris, and others express themselves during Board meetings and other Chapter functions. Thank you for your beautiful words!
5. I learned that our (deservedly) maligned state government does (at least) two things well: developed a highway system that allows me to shift a "stiff" manual transmission, speak on a hand-held cell phone, and talk and write "in my head," and maintains our beautiful state parks, which have always served well to focus and facilitate my thinking during Chapter planning retreats.
4. I have attended enough TNAAP Board meetings at the Scarritt-Bennett Center to become an honorary Methodist (just kidding, Father Ted . . . I'll

Continued on page 3...

*Pediatricians Lobby Congress,
continued from page 1...*

message to be heard, it has to be concise, interesting, and beneficial to a large group of people. And what better group of people to represent than children!

The third day was spent doing what I love—catering to the needs of children. Our message was simple—universal access to medical care for children is a necessity. The TNAAP delegates carried this message to staff from Dr. Bill Frist's, Senator Lamar Alexander's and Congressman William Jenkins' offices. In addition, Dr. Kalwinsky, Dr. Herman, and I had the pleasure of meeting with Congressman Harold Ford Jr. personally. Everyone was receptive to our presence and our message, and I completed this conference wanting to do more. I am ready to make a difference as a pediatrician not only through practice, but also through advocacy, and attending this conference showed me I can. Please join me!

President's Report, continued from page 2...

still be making those big alumni contributions to ND).

3. I have learned, because we all "keep (our) eyes on the (same) prize," that building consensus results in strength, not confusion of purpose or vitiation of action.
2. I am inspired and invigorated by the selflessness, the quiet energy, the abilities and the dedication of my colleagues to their common task, optimizing the healthcare of children in Tennessee.

and

1. I think I know what I want to do next.

Joseph Heller concludes his novel, *Catch-22*, with the following passage:

"How do you feel, Yossarian?"

"Fine. No, I'm very frightened."

"That's good," said Major Danby. "It proves you're still alive. It won't be fun."

Yossarian started out. "Yes it will . . . I'll keep on my toes every minute . . . I'll jump."

"Jump!" Major Danby cried.

Yossarian jumped . . . the knife came down, missing him by inches, and he took off.



Legislative Report: AAP Advocacy Summit

Joe Lentz, MD, TNAAP Legislative Chair
joelentz@bellsouth.net

The third annual Chapter Advocacy Summit was held in Tempe, AZ, October 17-19. I was privileged to represent the TN Chapter, along with our ED/lobbyist, Cathy Fenner. This meeting was the 2nd Advocacy Summit I have attended, as they are held every other year, and they just get better and better. The concept behind this meeting is to gather experienced chapter advocates together to share problems and solutions, thereby strengthening all concerned. The mood of everyone initially was quite somber, as just about every state is dealing with budget deficits and Medicaid funding is being severely threatened. I thought TennCare was bad, but some other states make our problems pale by comparison.

Excellent presenters over the two-day period spoke on topics such as medical liability, the role of public policy in child nutrition and fitness, political polling, and access to care; they succeeded in energizing those of us who began the meeting with somber, sobering thoughts about children's health care. The final speaker was a super energetic PR person who introduced us to TAKE FIVE FOR KIDS, a whole series of simple ideas to get more members involved in advocacy efforts. (I will share these with you throughout our legislative session.) In addition to the plenary speakers, several smaller group workshops were offered to brainstorm about specific areas, such as disaster preparedness, working with coalition partners, and early childhood education programs. The workshop I enjoyed the most was chaired by Dr. Fan Tait, in which she demystified Title V funding for me—and that's quite an accomplishment. Fan is the director of health services for special needs children in the state of Utah.

In closing, despite being hotter than Hades, it was a very worthwhile conference. Many thanks for allowing me to represent you and if you want to hear more, just ask.

Surgeon General Speaks to AAP/NCE



US Surgeon General Richard H. Carmona, MD, speaking at the AAP annual meeting in New Orleans in November.

Our New "Tennessee Pediatric Society Foundation"



Motivated by our members to be more involved in programs to promote the health and safety of Tennessee's children, TNAAP successfully completed the establishment of the Tennessee Pediatric Society Foundation, as 2003 came to a close. 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.

The Foundation Board of Directors, elected by the TNAAP Board, includes: Russell Chesney, MD (President); Melinda Lucas, MD (Vice-President); Arnold Strauss, MD (Secretary-Treasurer); Rufus Clifford, Jr., MD; and David Kalwinsky, MD. The Foundation Board will expand in 2004 to include representatives from the community and associations with similar missions regarding the welfare of children.

The success of the Foundation is dependent on donations from TNAAP members to support the work of identifying projects and procuring grants that match member interests specific to the needs of children and TNAAP's mission. The types of issues the Foundation will be able to address are: medical homes, obesity, nutrition, children with special needs, children in state custody, birth defects, injury prevention, child abuse, and immunizations. Contributions to the Foundation are tax-deductible and may be made at anytime. Please join the list of financial supporters!

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Patrice Mayo-Ligon
Iris Snider and Family

The Statewide Network of Centers of Excellence for Children in State Custody

Frederick B. Palmer, MD
UT / Boling Center, 711 Jefferson, Memphis 38105
fpalmer@utmem.edu

During the first half of 2001, a network of pediatric referral centers was established in collaboration with TN Department of Children's Services and TennCare to serve children in state custody and those at risk for entering state custody, the state's foster care system. The network of regional Centers of Excellence, or COEs, is intended to assist DCS and community providers by improving health and behavioral health services for children in, or at risk for, custody by providing consultative and direct services. The COE concept grew from Tennessee's efforts to respond to the John B. and Brian A. lawsuits against TennCare and DCS.

There are three regional COEs, located at East Tennessee State University in Johnson City, Vanderbilt University in Nashville, and The University of Tennessee Health Science Center's Boling Center for Developmental Disabilities in Memphis. Additional COEs have been proposed and planned for Knoxville and Chattanooga. Each COE is intended to serve the surrounding region.

The COE draws from the clinical expertise of its home institution and is comprised of an interdisciplinary clinical staff. COEs assist DCS in developing individualized, coordinated care plans for children in custody or at risk for custody. Specific services range from simple case review and recommendations to extensive direct evaluations by a child psychiatrist, psychologist, social worker, developmental pediatrician, and/or allied health professional as the case warrants. Follow-up with DCS to assess implementation and effectiveness of the care plan is an important component.

COEs are intended to assist DCS and the community network of health providers in serving children and families with the most difficult and complex problems. The COEs are not intended to supplant or interfere with case coordination already provided by primary care pediatricians across the state who together serve large numbers of children in custody.

Since its inception in 2001, the network of COEs has served almost 1400 children and their families. Outcome evaluation by the COE programs shows that 70-80% of recommendations have been implemented. The most common recommendations relate to placement change and behavioral health, family and educational interventions, but also include referrals to pediatric and other medical providers.

In addition to clinical consultations and evaluations, COEs have provided focused training to DCS social workers and to other community providers and agencies across the state with the intent of improving the knowledge and skills of those serving children in custody and their families. These trainings have included

over 40 workshops and seminars to more than 1000 individuals.

To date, referrals to COEs have come primarily from regional DCS offices and their Health Units. Physicians are invited to refer children in foster care, or those at risk for foster placement, directly to the COE for their region. Referrals might be made when the case is complex and there are diagnostic and mental health concerns when there is concern about a developmental delay or disability when there are conflicting diagnoses among providers when a comprehensive review of the child's history (behavior, treatment, placement) would assist in determining the child's current needs and treatment when an evaluation or examination would add information needed for placement or treatment recommendations, or when there is concern about psychoactive medications.

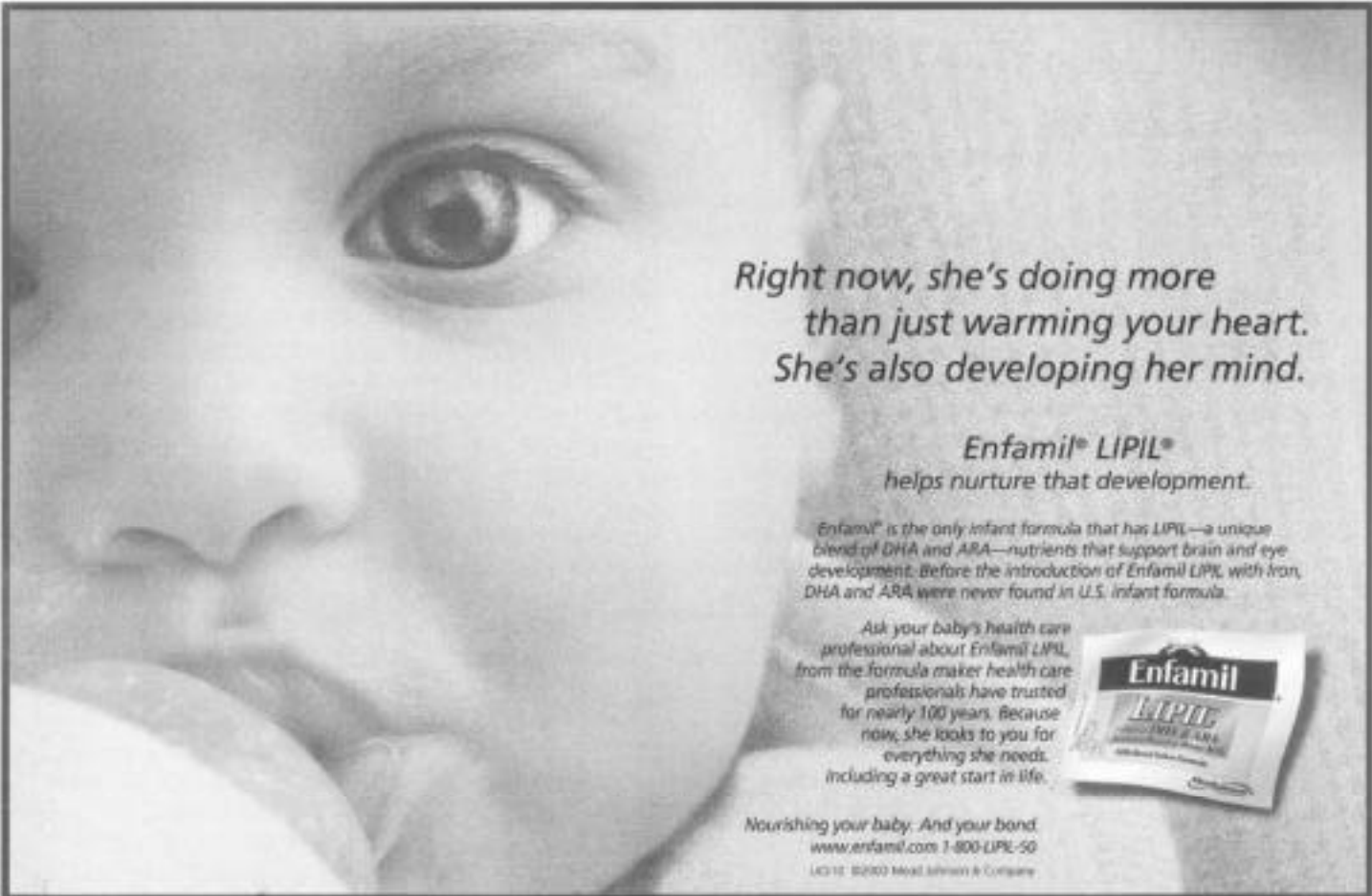
The COEs will provide direct and timely feedback to referring physicians and involve them in development of care plans for their referred patients and families.

Contact information for each COE and region served is listed below. Pediatricians are encouraged to contact the COE for further information as needed. Any and all feedback is welcome.

North East Tennessee
East Tennessee State University - COE
Valarie Holzwarth, Clinical Coordinator
Andres J. Pumariaga, MD, Director
Mailing Address: 212 McWherter Hall, Box 70567
East Tennessee State University, Johnson City, TN 37614
Street Address: 52 Dogwood Lane, Mountain Home, TN 37684
(on College of Medicine/ VA Campus)
423-439-2227 or 423-439-8010
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In Memorium

Luthur A. Beazley, Jr., died on August 25, 2003. He was a well-respected TNAAP President from 1983 through 1985 and named Pediatrician of the Year in 1989. Under his leadership, the TN Chapter of the AAP merged with the Tennessee Pediatric Society and launched the Medical Home and Medical Passport efforts.

Pediatric Cardiology CME

Under the leadership of Bob Lembersky, MD (Program Committee Chair), TNAAP held a highly successful CME event, "Common Pediatric Heart Defects: A Focus on Murmur Evaluation and Emerging Management Strategies," November 15, 2003 at the Nashville Marriott at Vanderbilt University. The educational conference attracted over 100 registrants, who earned up to 4.5 Category 1 AMA credits by attending.

The sessions were presented by course faculty from Vanderbilt University School of Medicine, Department of Pediatrics—including Arnold Strauss, MD (Chair); Thomas Doyle, MD; Thomas Graham, MD; James Johns, MD; and Michael Liske, MD (Course Director)—and John Ring, MD (TNAAP President; faculty, University of Tennessee Health Science Center, College of Medicine, Memphis).

The CME event concluded with TNAAP's Annual Awards Program and luncheon with a presentation on "The Childhood Obesity Epidemic" by Kris Rehm, MD and Sari Acra, MD.

TNAAP's Program Committee anticipates offering another CME event in 2004. Those interested in participating in planning the conference or suggesting future topics may contact TNAAP Program Director, Patrice Mayo-Ligon at (615) 599-6359 or patricetnaap@comcast.net.



Tracy Noerper from SUDIA (Southeast United Dairy Industry Association), primary sponsor of the November CME meeting.



Our successful Open Forum CME in November.

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September Pediatric Emergency Medicine CME Conference in Memphis

(which also included a reception for AAP President-Elect Carden Johnston, MD)

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Right: Drs. Tim Givens and Carden Johnston.



Center: Dr. Joe Weinberg flanked by Dr. David and Cynthia Moroney.



Bottom: Drs. Jay Pershad, Bob Lembersky, Carden Johnston, and Barry Gilmore.



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Rep. Gene Caldwell, MD, Cathy Fenner, Dr. Joe Lentz, Dr. Martin Herman, and Dr. John Ring serve on the Legislative Advocacy Panel of the PEM Conference in Memphis.

Meet the AAP Presidential Candidates, and Vote This May

"What do you view as the key to energizing and involving the grassroots membership?"

Eileen M. Ouellette, MD, JD, FAAP
Newton Center, MA

We must address the issues of concern to pediatricians and children and convince our members that their becoming involved will make a difference. We must actively reach out to pediatricians at all stages of their professional and personal lives. Each group has different interests and needs.

Residents: In collaboration with training programs, we must enroll residents into the AAP. Chapter leaders can provide residents with child advocacy education. They can invite and support residents' attendance at chapter meetings, describe chapter initiatives, section membership opportunities in the surgical, medical subspecialty and special interest groups at grand rounds, and assist residents to apply for CATCH grants. We can provide bulletin boards for medical students and residents to network and exchange information.

Young Physicians: We can provide new members with written information that explains the mission of the AAP, and describes its committees, sections, chapters and programs. Leaders should contact members to match their interests and expertise with local and national opportunities. We must provide leadership training to these pediatricians, and make childcare available at meetings. AAP web sites can provide special sections devoted to the interests and needs of young physicians.

Mid-career Physicians: Pediatricians in their middle years are struggling with all the issues affecting medicine today: access, quality, reimbursement, medical liability, medication pre-approval and other regulations. We must continue to inform them regularly of AAP efforts on their behalf at the national, state and community level and convince them that their participation is vital to achieve our goals. We can teach them to contact and effectively influence their elected officials.

Seasoned Physicians: These pediatricians have the experience and wisdom that are so vital to impart to our medical students, residents and young physicians. We can collaborate with pediatric training programs to develop pediatric preceptorship and mentoring programs. Senior pediatricians command respect from legislators and make excellent advocates.

Finally, we must collaborate with minority medical associations to identify pediatricians of diverse backgrounds and assist chapters and sections to mentor them into leadership positions. Involving all our membership will make our Academy stronger and more effective in advocating for children and pediatricians.

Robert P. Schwartz, MD, FAAP
Winston Salem, NC

The first step in energizing the grassroots is to find out the concerns of our members.

How do we find out the concerns of our members?

- Provide AAP support for chapters to develop a member survey to aid in the identification and prioritization of issues. This would help chapters in formulating resolutions for the Annual Chapter Forum. The survey could also include a list of committees available for members to join.
- Encourage chapter officers to hold "town meetings" in various regions of their state to get feedback on issues from members.
- Schedule a time at the National Conference and Exhibition for members to ask questions and voice concerns to the Board of Directors.
- Create a place on the AAP members' only website to ask questions, with a mechanism for delivering a response in a timely manner.

How do we get members involved in the Academy?

- Focus on issues of importance to the membership such as fair reimbursement for physician services, contracting with managed care, malpractice, etc.
- Provide AAP support to chapters to enhance their newsletters and websites.
- Reduce chapter dues/meeting registration fee for members in their first years of practice.
- Reconfigure chapter committee activities so that the members can participate more easily by listserv rather than travel to meetings.
- Provide perks to established members for bringing new members to meetings.
- Involve residents in the AAP at an early stage of their career through the advocacy curriculum now required by the Residency Review Committee.

The key issue is the perception of the value of AAP membership. We should make it easier for young pediatricians, who increasingly are women, to have meaningful participation in the AAP. We must help them understand that we need their input, and even a limited amount of time can make a significant contribution. Personal contact from members in leadership positions will further stimulate efforts to increase grassroots involvement in the Academy.

Coding Clues

Jacqueline F. Clouse, RHIT, CCP, TNAAP Coding Educator
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National Correct Coding Initiative (CCI) 2004 Update CCI 10.0, latest update inserted 7,904 changes into the National Correct Coding Initiative (CCI). These will become effective January 1, 2004. There are 7,263 new comprehensive-component code edits and 244 new mutually exclusive edits. The majority of the code pair additions occur in the Anesthesia (00000-09999), Respiratory, Cardiovascular (30000-39999) and in the HCPCS code ranges.

Another change is the replacement in CCI of the designations of Comprehensive and Component code columns in the edits. Now they will be referred to as Column 1 and Column 2. The concepts of comprehensive and component still apply but due to provider challenges of individual edits, CMS is eliminating the semantics.

Of note for Pediatrics is that a lot of E/M codes are bundled into revised inpatient, pediatric, critical care codes 99293 and 99294, inpatient neonatal critical care codes 99295 and 99296, and intensive low birth weight services codes 99298 and 99299.

CCI edits are available on CMS's web page at <http://www.cms.gov/physicians/ccredits/>. The new 10.0 version will be up by the effective date of January 1, 2004.

HIPAA – Compliant Claims

In a recent report by the Centers for Medicare & Medicaid Services (CMS) they list the top 10 technical and non-technical claims-testing problems.

The top 10 problems listed in the report are:

- Incorrect PINs
- Invalid submitter codes
- Invalid contractor codes
- Invalid taxonomy codes
- Invalid characters in data stream (such as an additional letter or period in code)
- Subscriber data elements (gender) missing
- Missing/out of order address information
- Missing phone number for submitter
- Sending two data "loops" for the same provider
- Invalid date formats

The report is at www.cms.hhs.gov/providers/edi.

Billing E/Ms with procedures

CPT 2004 has eliminated the starred procedure designation. OIG is singling out E/Ms with a modifier -25 for enforcement in 2004. However, there are times when it is appropriate to bill for E/Ms and for related services during a pre and/or post-op period of procedures. By deleting the starred procedure designation, surgical codes will no longer be handled differently. Due to some payers recognizing starred

procedures, the star's elimination may cause modifier -25 rejections. You may want to consider using modifier -57 when appropriate. Modifier-57 will show that an E/M was performed and a decision to perform surgery was made. In CPT 2004, code 99025 has been deleted and is no longer reported.

Modifier -25 for the physician's office

For proper use of modifier -25 in the physician office:

- When you perform a minor procedure (0-10 day global period.) use modifier -25 and a separately identifiable E/M service on the same date of service.
- Do not attach modifier -25 to procedure codes. This modifier is to be used with E/M codes only.

2004 Additions, Revisions, Deletions in ICD-9-CM and CPT for Pediatrics

Visit the TNAAP website at www.tnaap.org to view the listing of 2004 code additions, revisions and deletions, specific to Pediatrics.



Above: TNAAP staff Ruth Allen and Jacque Clouse with our new exhibit display, here shown at the annual meeting of the TN Academy of Family Physicians, Gatlinburg.



Above: TNAAP Mock Audit at All Seasons Allergy, Franklin, with Dr. Kimberly Bergeron.



Left: Dr. Wiggins and Dr. Patel at the Middle TN Child Care Center, Lebanon, when TNAAP staff made a coding visit.

Congratulations to our 2003 Award Recipients!

Senior Pediatrician of the Year: E. Conrad Shackelford, Jr., MD (Hendersonville)

Dr. Shackelford is a native of Huntingdon, TN, Carroll County. He graduated from Memphis State College (now University of Memphis) and the University of Tennessee, College of Medicine in 1959. He completed Pediatric Residency at Baptist Memorial Hospital and City of Memphis Hospitals (including Frank Tobey Children's Hospital and LeBonheur Children's Hospital). In 1972, Dr. Shackelford received a Master's Degree in Public Health from Loma Linda University.

Dr. Shackelford's clinical practice began in Raytown, MO with a multi-specialty group; after three years, he returned to Tennessee and practiced in Memphis, Jackson, Hendersonville, and Nashville throughout his distinguished career in clinical pediatrics and urgent care. His work in public health includes Director of Maternal and Child Health / School Health / Headstart at Memphis Shelby County Health Department; Deputy Commissioner, State Department of Health; Medical Director, Bureau of Health Services; Medical Director of Medicaid; and recently, as CMO of TennCare. He currently serves as Associate Medical Director for TennCare, and in this capacity, works with pediatricians and the TNAAP staff on behalf of the children in TennCare, through the Chapter's EPSDT grant.

Special Achievement Award: Robert B. Lembersky, M.D. (Knoxville)
For tremendous effort toward TNAAP meetings and advancement of Chapter programs.

Legislator of the Year: Representative Robert W. Briley (D-Nashville)
For leadership efforts to prevent injuries to children by enhancing the child safety seat law, and preventing relaxation of firearm laws.

Friend of Children Award: Senator Joe M. Haynes (D-Nashville)
For leadership efforts to prevent injuries to children by enhancing the child safety seat law.

Friend of Children Award: Dinsmore & Shohl, LLP (Nashville)
For outstanding pro-bono legal services to establish the Tennessee Pediatric Society Foundation, providing TNAAP with new program opportunities to benefit children's health and safety.



Senior Pediatrician of the Year, Conrad Shackelford, with wife Kathy and sons, Miles and Mike.

Visit our
web site at
www.tnaap.org

American Academy of Pediatrics



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