THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS
AAP News

News Articles, Private Payer Advocacy, Administration/Practice Management, Billing & Coding

AAP advocacy leads to appropriate payment for members

by Susan J. Kressly M.D., FAAP

Almost every practice, institution and organization can cite examples of when they have encountered barriers to appropriate payment for care delivered to patients. The AAP Payer Advocacy Advisory Committee (PAAC) was formed to address pediatric issues with payers in both the public and private sectors.

In order for PAAC to assist AAP chapters and members, it is vital for them to report their payer issues. Problems with payment can come to PAAC through many channels, including subspecialty sections, group email lists and the AAP Hassle Factor form. PAAC then seeks additional data or examples from the reporting AAP member. It often is helpful to include billing or office management staff who can provide detailed information about the claim. Also, patient de-identified explanations of benefits (EOBs) or electronic remittance advice (ERA) are useful examples to show how the claim was processed.

PAAC often reaches out to the pediatric council in the state/region where the report was generated to capitalize on reported trends, to get additional information about the scope/depth of the problem and often to take advantage of relationships that pediatric councils have with regional payers.

After further investigation, PAAC sometimes discovers that particular payers have nuanced requirements for claims processing that include specific modifiers or coding patterns. That information is passed on to reporting members to assist them in appealing claims and changing coding patterns for better payment.

In some cases, PAAC leverages relationships with national payers to advocate for appropriate payment. Some recent successes include:

- Anthem rescinded its proposed policy to reduce payments for evaluation and management services reported with modifier 25 when submitted for the same physician and on the same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 discussions with UnitedHealthcare, the nation's largest carrier is 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 (e.g., 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.
- In response to a member's report that Cigna incorrectly denied claims for a patient who has Cigna as both the primary and secondary carrier, the AAP utilized its Cigna contacts to resolve the denials.
- AAP payer advocacy worked with Humana Military to facilitate more timely payment processing on pended claims across several pediatric practices in several states.

Your AAP member benefits include PAAC advocating with you and on your behalf to receive adequate and appropriate payment for the care you provide to children.

How can you help PAAC help you? Instead of complaining to your partners or on email lists, submit a Hassle Factor form at http://bit.ly/AAPHassleFactorForm (login required). Include as much specific information as you can as well as the name and contact information for someone in your organization who can provide details and examples of EOBs and/or ERAs where applicable.

We are able to accomplish more when we work together.

Dr. Kressly is chair of the AAP Payer Advocacy Advisory Committee.

Copyright © 2018 American Academy of Pediatrics

THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS
AAP News

News Articles, Private Payer Advocacy, Administration/Practice Management, Billing & Coding

Related Content

- Additional AAP Payer Advocacy columns

Copyright © 2018 American Academy of Pediatrics