

# “What’s AAP, Doc?”



The Delaware Chapter of the American Academy of Pediatrics Newsletter  
100 W. 10<sup>th</sup> Street, Suite 106, Wilmington, DE 19801 302-778-3908

## Message from the President

### Dates to Remember

**Strategic Planning Meeting**  
**September 13, 2011**  
*RSVP, Please*

**2011 Executive Meeting Dates**  
*We meet at*  
**duPont Hospital and teleconference**  
*throughout the state*  
**All members welcome!**

**October 5**  
**Guest speaker:**  
**Esther K. Chung, MD, MPH, FAAP**  
Associate Professor of Pediatrics  
Director, Newborn Nursery  
Director of Advocacy and Community  
Partnerships  
Jefferson Pediatrics/duPont Children's  
Health Program

**December 7**  
**Questions? Contact Katie Hamilton**  
*khamilton@deaap.org*

### **Congratulations!**

*Julia M. Pillsbury, DO, has been appointed to the CPT Editorial Panel (full seat) for the AMA.*

*Dear Colleagues,*

I hope summer is finding all of you well. With the advent of Katie returning it seems she has more energy than ever and it is hard to keep up.

Our inclusion in the Delaware Academy of Medicine has brought us together with the Delaware Chapters of the AAFP and ACP as we are scheduling our first President’s meeting in July with our executive directors to discuss the areas where we can all work together. Tim Gibbs, Executive Director of the Academy of Medicine is proactive at organizing us to realize the potential of having all these entities collaborate.

I thank Aguida, Renee and Katie for their work on Oral Health which held their stakeholders meeting May 25<sup>th</sup>. We want to bring Delaware to the national standard in promoting oral healthcare to our state’s children.

There is continued interest in expanding our developmental screening initiative to all the state’s pediatricians. And, using our relationship with the Academy of Medicine and the AAFP, we plan to get Family Practitioners on board with using the Developmental Screening tools for 9, 18, and 30 month well visits. Allen recently had a very supportive meeting with Lt. Gov.

Denn and DPH Director Karyl Rattay, MD showing these state leaders commitment to our efforts.

Mary Lou, Katie, and I will be attending our District meeting in Annapolis this August. And, our Strategic Planning meeting for the Executive Committee is September 13<sup>th</sup>. I look forward to seeing everyone there.

I was nominated to run for the AAP National Nominating Committee. As many of you know, I’ve always had a particular interest on how the AAP selects its Presidential Candidates. It gives me an opportunity to get to know some of the country’s top Pediatricians and Pediatric leaders and see how they advocate for their state Chapters and Districts in the interest of our Pediatric patients. I plan to bring that knowledge back to our Chapter and remain active in our Chapter. Since I am running unopposed, I have to give up Presidency in October and turn it over in the more than capable hands of Mary Lou Gavin, MD.

Jay



*Jay Ludwicki MD, FAAP*

## ***AAP Legislative Conference***

Renee Kottenhahn, MD, FAAP

Dear Pediatric Colleague,

With the encouragement and support of our DE-AAP, I was able to attend the 2011 Legislative Conference of the American Academy of Pediatrics in Washington, DC. I have to admit that prior to the conference I had some apprehensions. I worried that my knowledge of government issues would be insufficient (*not to worry – the conference is designed for novices*), and that I would have to “study up” prior to traveling to DC (*no preparation needed- the AAP identifies a theme each year, provides the necessary education and coaching so that you become knowledgeable and conversant about this issue. This year's theme was the Affordable Care Act*). The Legislative Conference is not designed to make pediatricians into politicians. The emphasis is skill building and reassurance that doctors already know what is important. We can “have a stronger voice for our patients” by meeting with elected officials (or their staffers who should be appreciated for their influence) and educating the community through print, interviews, social media and other venues.

The speakers were engaging, practical and humorous and workshops included interactive exercises to illustrate “*how politics works*” and provide participants with the basic skills and strategies to engage policy makers. Dr. Don Schwartz, former Division Chief for Adolescent Medicine at The Children’s Hospital of Philadelphia and current Deputy Mayor for Health and Opportunity and Health Commissioner for the City of Philadelphia, provided a persuasive

argument why pediatricians are uniquely suited as advocates:

*\*We are inherently focused and patient*

*\*We bring honesty, passion and perspective and CREDIBILITY to government*

*\*Our patient stories can bring to life the work of economics*

*\*Pediatricians can translate medical care issues to people in government*

*\*We can motivate legislators and help them to understand the impact of their decisions*

*\*As physicians caring for babies, children and adolescents, we have a long term perspective*

*\*We can outwait/outlast voting cycles to advocate for important issues – if current leaders are not sympathetic, the next incumbent might be!*

Please feel free to contact me about my experience at the AAP Legislative Conference. I hope that you will consider joining early, mid and late career pediatricians from across the country to attend this event in the future. It is an excellent opportunity to enhance your career and further advocate for the families you serve.

Resources Reminder

**State Track** -to help AAP chapters to monitor legislative proceedings within their own states and understand policy trends on child health and well being across the country

[www.aap.org/moc/stgavaffairs/statetrack](http://www.aap.org/moc/stgavaffairs/statetrack)

*The AAP Advocacy Guide – a comprehensive training tool designed to help you become an advocate or to help you advocate more effectively;*

[www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide)



## ***Lead Advisory Committee***

Harry A Lehman, III, MD, FAAP

The Lead Advisory Committee met in April for updates regarding efforts to control or eliminate lead exposure to infants and children. Edward Thomas from the US Department of Housing and Urban Development (HUD) presented job site lead standards that were being enforced by HUD on their housing projects and the Environmental Protection Agency’s (EPA) lead standards. Although there were differences in the two standards, the bottom line for the children in our community is that both at a state and federal level there is an earnest attempt to prevent lead exposure before children move into renovated housing.

Bill Leitzinger, who was chairing the meeting, was also a presenter. Bill updated us on Delaware’s Healthy Homes program. Delaware, because of its forward looking approach to lead and other environmental toxins that are harmful to children and families, looks to be in great shape for several federal grants. The grants will be used to better coordinate services to families living in homes with potentially dangerous exposures to a variety of chemicals and toxins, not just lead. Bill is also excited about an education session directed towards a wide variety of health care workers and public health officials working with families to identify and clear potential environmental toxins before they become a health problem. This program is the result of partnering with Johns Hopkins Public Health Division.

I believe our state is moving in the right direction with the Healthy Homes Initiative. We should be looking first to prevent lead exposure in the home or day care. Remember, too, that we must screen for damage

that has already been done by ordering our lead levels at 12 months of age for all children and again at 24 months for children living in high risk zip codes or that meet the criteria set-up by the AAP's Bright Futures.



### Why should you join PROS?

PROS is a research network sponsored by the Academy with the mission statement focused on enhancing pediatric practice and improving child health. The PROS network was formed almost 25 years ago. PROS practitioners have completed 24 national studies that have resulted in over 65 published articles and 116 published abstracts. PROS studies have been cited in more than 1,000 publications. PROS is marching on with a new effort to study electronic health records. The initial mission remains to enhance processes in this evolving tool to improve pediatric practice and child health care. PROS and the contributions of PROS members have created new knowledge, changed public policy, and made many of us better practitioners.

Well, that sounds nice, but I am just too busy to add one more thing to my day.

I know you are busy. You will not have to add something every day. You will not be participating in a study all of the time. Some studies can be completed in a week or two. Some may take a few months. When a study is set up by the network, you will get a notice about it. You will have an opportunity to review the study design and decide if you are interested. Next, you can look further to see if it fits your practice. If you have more questions, you can contact

PROS and get more information. As one of the Chapter Coordinators, I can assure you each study is vetted so you can participate with minimal impact on your patients or practice.

### What will my patients think if I am doing research?

The experience of most PROS practitioners is that it is an asset. Many supplement discussions with parents or colleagues by adding that they are a member of a national pediatric research network called PROS that has done a study on this topic.

Hopefully my enthusiasm for PROS has added to your interest. I would be happy to discuss this further with you on a personal basis. Let me also suggest that you learn more about PROS by reading a published article in the June 2010 Pediatric Annals titled "PROS: A Research Network to Enhance Practice and Improve Child Health." If the journal isn't handy, you can go to [www.PediatricSuperSite.com](http://www.PediatricSuperSite.com) and just type PROS in the Google search window.

Steven A. Dowshen, MD FAAP  
PROS Coordinator, Delaware AAP  
(302) 651-4039  
[sdowshen@nemours.org](mailto:sdowshen@nemours.org)



### **Where can families get their car seat checked in Delaware?**

A Child Restraint Fitting Station is a location that is open year-round, where parents can go to have their child safety seats inspected. Most of the services are free, but Christiana

Care does have a charge for their service.

### **Here is a list of Fitting Stations located throughout Delaware.**

#### **New Castle County:**

» OHS Fitting Station – At Wilmington DMV, Rt. 13 South in New Castle, Hours: Tuesday and Thursday 9 am - 1 pm, Wednesday 4 pm - 8 pm, contact Larry Kelley at (302) 434-3234.

» Christiana Care's SAFE KIDS Fitting Station – At the entrance to the Women's Health Care Building at Christiana Hospital on Ogletown-Stanton Rd. in Newark, Hours: Tuesday and Thursday 10 a.m. - 2 p.m., contact (302) 733-2472 to leave a message. Specify that you are calling to request an appointment for a car seat check, someone will return your call. Small fee.

» A.I. DuPont Fitting Station – At A.I. DuPont Hospital for Children, Rockland Center One - across from Hospital in Wilmington. Hours: every Wednesday 5 p.m. - 8 p.m. by appointment only. Call (302) 651-5437.

#### **Kent County:**

» OHS Fitting Station – At Dover DMV, Rt. 113 South in Dover, Hours: Tuesday & Thursday 9 am - 1 pm, Wednesday 4 pm - 8 pm, contact Russell Holleger at (302) 744-2749 for an appointment, walk-ins are also welcome.

#### **Sussex County:**

» Delaware State Police Troop 7 – At Rt. 1 S/B Lewes, DE. Select Thursdays by appointment only. Call (302) 853-1014 for an appointment.

» OHS Fitting Station – U of DE Cooperative Extension office, contact Mike Love at (302) 856-7303 for an appointment.

Not near a Fitting Station? The Office of Highway Safety still dedicates resources towards coordinating child safety seat checks in Delaware throughout the year. Outside of OHS, there are technicians who are also coordinating child safety seat checks. All safety seat checks are free and all OHS checks are also open to the public. If you have questions about Delaware's child passenger safety program, please contact (302) 744-2740.



**"Sussex Child Health Promotion Coalition"**

*Harry A Lehman, III, MD, FAAP*

During the meeting of the Sussex Child Health Promotion Coalition, I was privileged to listen to Anita Muir from the Immunization Coalition of Delaware. Anita talked about the origins of the Coalition that actually started in 2001 as the Flu Coalition of Delaware. It was not until 2006 that today's Immunization Coalition of Delaware took shape with the goal of educating health care providers as well as the general public about the importance and safety of vaccines. The Coalition has no staff and no state budget! But there are currently 100 volunteer members. Now only about 35 members are active and at any given quarterly meeting only about 10 to 20 people are present. There are currently two active subcommittees focused on Pertussis and School Vaccination.

The Pertussis Subcommittee is working to improve the vaccination rates for Tdap in adults and

adolescents. One very important step toward protecting our babies from the threat of pertussis is vaccination of the family members of our newborns. This requires a coordinated effort between an expectant mother's obstetrician, delivery hospital, the family doctor, the pediatrician and public health clinics. As pediatricians we are in the best position, by virtue of our knowledge base and access to our colleagues and friends in obstetrics, to spearhead efforts to establish standing orders in all Delaware hospitals for the administration of Tdap to mothers on the OB floor and to give appropriate resource information to fathers and other family members regarding where Tdap is available in their community.

Please consider joining forces with the Immunization Coalition of Delaware to protect our babies against pertussis! In Sussex County Maria Lehman, RN, BSN (yes, my wife!) is active with the Coalition. If you need any assistance in your attempts to establish those needed Tdap standing orders at your hospital please don't hesitate to call her at my office, 629-5050. Don't forget about your hospital emergency rooms for Tdap, as well. If you are interested in becoming an active member of the Immunization Coalition of Delaware send an e-mail to Anita Muir at [Anita.Muir@state.de.us](mailto:Anita.Muir@state.de.us). Sussex County needs representation!



***Aetna will raise the max limit for code 90461 to 7 units***

Dear Immunization Advocates,

The American Academy of Pediatrics, as a result of the input from members, recently approached Aetna Health Insurance regarding denials received by members for reporting 90461 with 5 units or more times per day, per patient. After discussion with the medical director and coding staff at Aetna, they agreed to increase the max limit, if McKesson (their claims edit logic system) agreed to this increase based on evidence.

The AAP staff then contacted McKesson and laid out evidence where 7 additional components may be given to a single patient on the same date of service (eg, Pentacel and MMRV), especially for those patients who are on a catch-up schedule and may be on a tight time line to receive those vaccines (eg, needs for school/camp admission). McKesson has agreed and stated "The change in our default KnowledgeBase is included in our 2nd calendar quarter development cycle - which becomes available to customers the first week of July 2011" We presented this back to Aetna and their response was as follows:

"This item was reviewed by our Coding Committee last week and it was approved that we will customize our rule to allow up to 7 in advance of McKesson's update. Our changes should be live on 5/22/2011."

Therefore, if you have been denied due to max limit exceeded for a date of service, please consider re-submitting your claims after May 30th (to allow a little time for their system to "kick in") to Aetna when their max limit has increased. Please contact the coding hotline back if you continue to have issues after this date [aapcodinghotline@aap.org](mailto:aapcodinghotline@aap.org)

The AAP National Nominating Committee has named Mary P. Brown, MD, FAAP, and Thomas K. McInerny, MD, FAAP, as candidates for AAP President-elect. The election will take place from September 1 - October 1, 2011 and the winner will take office immediately following the annual business meeting at the National Conference and Exhibition (NCE).



## ***AAP President-Elect Candidates 2011***

### **Mary P. Brown, MD, FAAP Bend, OR**

Dr. Mary Brown has been a pediatrician in Bend, Oregon for 36 years. She founded a practice now staffed by 13 pediatricians who care for children and families in Central and Eastern Oregon. She has on the ground experience as a General Medical Officer in Vietnam and an assistant professor at a teaching hospital. Mary is a community pediatrician and a leader in growing a solo practice into a regional pediatric center. These varied experiences have provided her with insights into most challenges pediatricians face.

She has advocated for pediatricians and children at all AAP levels from President of the Oregon Pediatric Society, District VIII representative to Chapter Forum Committee, National Nominating Committee, and District Chairperson for six years. As District VIII Chair she represents diverse Chapters (conservative and liberal, small and large). Every Chapter is respected and contributes to discussions and decisions. She believes in the strength of the AAP as a voice for our members whether solo practitioners in rural America, pediatric generalists, or urban academicians.

Mary's experience on the AAP Board of Directors has given her an in depth understanding of the Academy and appreciation of the amazing staff that support our work. These experiences in private practice, military and academic medicine, and local, regional and national AAP offices will provide strong leadership as we address the complex challenges to pediatrics and to child health. She is a committed and experienced leader and consensus builder.

She and her Ob-Gyn husband, Dan, have four children and three grandchildren.

### **Thomas K. McInerny, MD, FAAP Rochester, NY**

Thomas McInerny MD has been a primary care pediatrician in private practice in Rochester, NY for 40 years and is Professor and Associate Chair for Clinical Affairs in the Department of Pediatrics at the University of Rochester Medical Center. He is a graduate of Dartmouth College and Harvard Medical School and did his pediatric residency training at Cincinnati Children's Hospital and Boston Children's Hospital.

He has held many elected and appointed positions in the AAP, including President of Chapter I, District II; Treasurer and member, District II Board; Member and chair, Pediatric Research in Office Settings Steering Committee; Member and Chair, Chapter Forum Committee; Member and Chair, Committee on Child Health Financing; member, Private Payer Advocacy Advisory Committee, Access to Care Subcommittee, Immunization Advisory Team; and is currently a member of the Steering Committee on Quality Improvement and Management, the Section on Administration and Practice Management, the Council on Clinical Information Technology, the Council on Children with Disabilities, and the Council on Community Pediatrics.

## Coding Conundrums

By Lynn M. Wegner, MD, FAAP and Michelle Macias, MD, FAAP

Dear Coding Mavens,

This past February, I thought I felt the earth tremble slightly –has something significant transpired in the coding world? Please advise.

Signed,  
Tremulous in Tulsa

Dear Tulsa,

You are right on the money! October 2010, the Current Procedural Terminology (aka AMA CPT) panel approved editorial revision to 96110. Formerly known as “Developmental testing, limited: with interpretation and report”, the descriptor for 96110 has been changed to “96110: Developmental screening-limited, with interpretation and report, per standardized instrument form.”

Pay attention to this language change! It clearly states this code should be used for *each* standardized developmental rating scale administered, scored and reported in the medical record. This should help improve payment when 2 units are submitted at a single visit (eg the 18 month well check Parents’ Evaluation of Developmental Status (PEDS) or Ages & Stages Questionnaires (ASQ) with the Modified Checklist for Autism in Toddlers (M-CHAT).

As before, modifier -25 (significant, separately identifiable E/M service by same physician on same day of procedure or other service) appended to the evaluation and management code should help get this through the payers’ software. For the 18 month well-child visit, you may code the visit in several ways:

For payers, permitting modifier -25 use and multiple units of 96110:

99382-25

(2) 96110

For payers, permitting modifier -25 use, but wanting each procedure on a separate line, add modifier -76 (repeat procedure or service by same physician) to the second 96110 to indicate a separate procedure by the same physician on the same date of service:

99382-25

96110

96110-76

For payers who deny claims using modifier -25, you may properly try modifier -59 (distinct procedural service, aka “modifier of last resort”):

99382                   OR                   99382

96110-59   (2)96110-59

96110-59

Remember, -59 is never appended to an E/M service and do not use -59 in place of -25 on the E/M service.

As we are sure you know, when you look up 96110 in the CPT manual, you’ll find 96111: Developmental testing, extended indented under 96110 as an extension of 96110. In February 2011, CPT approved making both codes ‘stand alone’ codes in CPT 2012. The wording for 96111 will read:

Developmental Testing; extended (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report.