



COVID-19: Local Payer Updates

Update #12 from the NYS AAP - Chapter 2 & 3

PEDIATRIC COUNCIL

Your Pediatric Council addresses billing and payment issues with insurers. We strive to facilitate better working relationships between pediatricians and health insurance plans, and to improve quality of care for children.

Dear NYS AAP - Chapter 2 Member,

It has been a few months since our last Pediatric Council Update, and there are several new matters of concern about which members should be aware.

COVID-19 Vaccine

Availability: NYS has not yet made the vaccines available to pediatric offices to any meaningful degree. The response when inquiries are made revolves around the fact that relatively few pediatricians have significant number of eligible patients under the current guidance. This is likely to change as vaccines receive more broad age indications in coming weeks. Please be sure that, if you wish to provide the vaccine through your office, you have registered with either the state (COVID19vaccine@health.ny.gov) or NYC (nycimmunize@health.nyc.gov) and follow the directions appropriate to your location and situation.

Administration fee: CMS has set the fee for administration of any dose of any COVID-19 vaccine at \$40. While this applies only to Medicare and Medicaid, private insurers usually follow CMS guidance. As of this date, there is no official information from the state on whether the same amount will be paid by Medicaid and CHIP, as well as managed Medicaid plans, in NYS. Once you are administering the vaccine, pay careful attention to the EOBs and payments you receive, and please notify us promptly should your administration fee payment NOT be \$40 from any Medicaid plan. We would also request information on payments received from any private insurers.

COVID testing: The AAP Payer Advocacy advisory Committee (PAAC) has received many notifications that several insurers, both local and national, are paying below cost for in office POC COVID testing, even in the face of their own policies encouraging their insured members to be tested early and often. This unsustainable situation has been escalated by PAAC to its contacts at these insurers, and PAAC would welcome any additional documentation of payments below cost. A Hassle Factor Form can be submitted through the following link: <https://form.jotform.com/Subspecialty/aapcodinghotline>

Other Payment Issues

Insurers Downcoding Submitted Claims:

There have been a number of reports to PAAC about insurers arbitrarily downcoding submitted claims, based on their use of “proprietary software” (which just means that they do not have to tell you the criteria they have used for their downcoding.) This has been fought successfully in a few states (FL, TN), and it has been discovered that some payers are arbitrarily deciding on the E/M level based on the diagnosis, while others are basing their determination of visit level on the now outdated pre-2021 Coding Guidelines. All payers are required by HIPAA regulations to use the same coding guidelines and failure to do so is a violation of HIPAA Administration Simplification regulations (<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA>). Instructions for filing a complaint are available at that link, and we encourage anyone who has seen their claims downcoded to file a complaint through the Administrative Simplification Enforcement and Testing Tool (ASETT) as well as filing a Hassle Factor Form (see above.) Review EOBs carefully, and if downcoding is a problem, make sure to take action—physicians must follow HIPAA guidelines, of course, but the same applies to insurers. Some companies are not downcoding but rather paying for higher codes at a lower rate based on their computer algorithms. It is important to track your payments for E/M codes to verify that payments are made at your agreed-upon fee schedules. Failure to do so, without appropriate notice, is a violation of your contract, and can be contested in small claims court.

Coding Evaluations and Management (E/M) Services:

Make sure that you are coding Evaluations and Management (E/M) services correctly based on the 2021 guidelines. More information is available from the AAP: <https://services.aap.org/en/practice-management/2021-office-based-em-changes/faqs-2021-office-based-em-changes/>. Another summary is available at: <https://www.medicaleconomics.com/view/major-coding-changes-for-2021-explained>. In addition, Sue Kressly, MD FAAP has shared a video discussion which was originally produced for users of Office Practicum, but which can be viewed at: <https://youtu.be/WJx63RYCh0>

Exceeding the Statistically Expected Number of Higher Level Codes:

If a practice receives notification from an insurer that they are exceeding the statistically expected number of higher level codes based on historical data, please let us know. There is no valid historical data as the guidelines have changed as of January 1, 2021.

Update on Payment for Telehealth and COVID-19 Related Services

Payers continue to modify the rules for coverage of telehealth care, as well as making changes in the cost-sharing rules for COVID-19 related services. It is important to remain current on these rules changes, which are available from insurers websites. Some links are listed below. (If any guidance refers to “the duration of the National Health Emergency,” remember that that emergency has been extended by the Biden administration at least through the end of 2021.)

Cigna:

More information is available at:

<https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwCVirtualCare.html>

Aetna:

<https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq/telemedicine.html>

UHC:

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html>

MenQuadfi: Sanofi-Pasteur’s new ACWY Meningococcal Vaccine

If you have ordered the new MenQuadfi please be aware of some potential challenges:

1. Federal programs such as TriCare do NOT add new ACIP approved vaccines until they are published in the MMWR (which has not happened as of this publication 4/25). They will not retroactively pay for administered vaccines. NY State based insurers must pay for any vaccine that is approved by the ACIP as of the date of approval.
2. Some Immunization Information Systems have not yet added the new codes to their systems and it may cause initial rejections of reporting.
3. Make sure you use the [CDC private sector cost pricing](#) PLUS a reasonable margin to your fee schedule (using [the AAP business case for vaccines](#))
4. As with any new vaccine on the market verify coverage and payment. Please share your experiences and concerns with your Pediatric Council.

If you have additional information to share, please reach out to your pediatric Council, and we will make the information available to all Chapter members.

With our best wishes,

Jesse Hackell, MD, FAAP

runhack@aol.com

Co-Chair, NYS AAP - Chapter 2 & 3 Pediatric Council

Vice President, NYS AAP - Chapter 3

Steve Goldstein, MD, FAAP

SJG34@Cornell.edu

Co-Chair, NYS AAP - Chapter 2 & 3 Pediatric Council

Immediate Past President, NYS AAP - Chapter 2

Useful Info from the National AAP

Once again, we want to call attention to the vast amount of guidance, information and advice that has been produced by the AAP during the current pandemic. There is a trove of helpful information for practices, providers and families available at:

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>

The Payer Advocacy Advisory Committee, chaired by Sue Kressly of PA, is dedicated to helping pediatricians address all manner of issues with insurance companies and other payers, including Medicaid. PAAC recently posted the following resources available through the National AAP:

- Payment Advocacy for Telehealth: https://downloads.aap.org/DOPA/Telehealth_2_rev.pdf
- State Notices about Telehealth in responses to COVID-19: <https://downloads.aap.org/DOCCSA/State-Telehealth-Notices.pdf>
- FAQs for Medicaid and CHIP responses to COVID-19: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>
- Coding and Billing for Non-direct care: <https://downloads.aap.org/AAP/PDF/COVID%202020.pdf>

The AAP Coding Hotline is available to answer coding questions via email at aapcodinghotline@aap.org. In addition, a recording of a webinar on Coding During the COVID-19 Pandemic is available for viewing [here](#).

The NYS AAP - CHAPTER 2 is YOUR Local AAP Chapter

The New York State American Academy of Pediatrics (NYS AAP) is comprised of three local

AAP Chapters, Chapters 1, 2, and 3, who work together as a coalition.

Your Chapter, the NYS AAP - Chapter 2, has 1,600 members in 4 counties: Brooklyn, Queens, Nassau and Suffolk.

To learn more about Chapter 2, please view our [Member Value Flyer](#) which describes the value of Chapter membership.

CONTACT US - (We'd love to hear from you!)

President: Shetal Shah, MD, FAAP shetaldoc@hotmail.com

Vice President: Robert Lee, DO, FAAP rlee@aap.net

Secretary: Sanjivan Patel, MD, FAAP sapatel@wyckoffhospital.org

Treasurer: Pinchi Srinivasan, MD, FAAP niqdoc@gmail.com

Executive Director: Jessica Geslani jgeslani@ny23aap.org

Director of Policy, Advocacy & External Relations: Elie Ward, MSW eswabc@gmail.com

New York State American Academy of Pediatrics (NYS AAP) - Chapter 2
516-326-0310 | [Follow us on Twitter](#) | www.ny2aap.org

