Dear Colleagues,

We had an historic end to 2009, with passage of the Health Care Bill on Christmas Eve. I would like to devote most of this month’s column to acknowledging the time and effort that the ASPN Public Policy Committee (Co-Chairs: Sharon Perlman, Eileen Brewer, Doug Silverstein) and Katie Schubert, our Washington representative, devoted to a number of issues that will impact the care of children with pediatric kidney disease and your pediatric nephrology practices. Among their many activities, members of the Public Policy committee met with Dr. Barry Straube and other CMS officials to express ASPN concerns about the Prospective Payment System (PPS) and the committee delivered a comprehensive written response to CMS (posted on our website in the member section). ASPN had strong support in this endeavor from Congressman Reichert of the Congressional Children’s Health Care Caucus, as well as from NACH (National Association of Children’s Hospitals – their letter can also be found on our website), ASN, RPA, and others. Our entire society owes Eileen Brewer an enormous debt of gratitude, for it was she who almost single-handedly wrote and re-wrote ASPN’s outstanding response to CMS.

I am delighted to announce that Dr. Alicia Neu (Johns Hopkins) was elected as Councilor to the Clinical Affairs seat. We thank you all for your timely votes!

In closing, best wishes for a happy and healthy New Year!

Lisa Satlin, M.D.
ASPN President
Give a gift, honor your colleagues, and sustain our future!

At this holiday season, please remember the John E. Lewy Foundation for Children’s Health as a tax-deductible-eligible way to remember a mentor, honor your local co-workers and colleagues, and advance the missions of the American Society of Pediatric Nephrology. The Foundation is hard at work developing support for our organization, our trainees, and our members as we seek to enhance our missions of teaching, learning, discovery, and responsibility. Your gifts will support educational and advanced training opportunities for our members, and advance Dr. Lewy’s goals of worldwide advocacy for children.

To contribute, please go to http://www.aspneph.com/JohnELewyFoundation/ContributionForm.pdf.

May you and your families, friends, and colleagues enjoy peace and joy for the season and the year to come.
Announcements

ASPN Member Alert – Important Changes in Billing Codes for Consultations

In the final physician fee schedule rule recently released by CMS, CPT consultation codes for both inpatients and outpatients have been eliminated. This rule comes into effect on January 1, 2010 for any patient covered by Medicare.

As a result, as of January 1, CMS will no longer reimburse physicians for claims submitted using CPT codes 99241-99245 for outpatient consults and 99251-99255 for inpatient consults. Rather, physicians have been advised to bill for consultations using the current CPT codes for “new” patients (99221-99223 for inpatients and 99201-99205 for outpatients). Traditionally, these new patient codes have been used to bill for an initial admission visit by the attending physician or for an initial ambulatory visit by a primary care physician. Now they will be used for work that encompasses either consultations or attending care. Further, for inpatient care, to differentiate between the admitting physician of record and physicians delivering specialty or consultation care, there will be a modifier used by the admitting physician for the code. CMS has announced that the modifier to be used by the principal physician of record is -AI.

The latest communication from CMS that provides greater detail on these new policies and describes in detail how consults should be billed can be viewed at: www.cms.hhs.gov/transmittals/downloads/R1875CP.pdf

It is important that you and your facility’s billing office be aware of these changes to prevent claims denials, resubmissions, and appeals. This is especially true for those of you working in free standing childrens hospitals where there is often less familiarity with Medicare billing than facilities with large numbers of adult patients covered by Medicare.

Again, these new rules come into effect on January 1, 2010 for patients covered by Medicare. Traditionally, third party payers and state insurance programs have followed the lead of CMS and adopted similar rules. It is important that you and your facility’s billing office be aware of these changes to prevent claims denials, resubmissions, and appeals. This is especially true for those of you working in free standing children’s hospitals where there is often less familiarity with Medicare billing than facilities that have large numbers of adult patients covered by Medicare.
PLEASE VISIT THE ASPN WEBSITE (in the Member’s Only section) TO VIEW ASPN’S COMMENT LETTER TO CMS ON ITS PROPOSED ESRD BUNDLED PAYMENT SYSTEM!

**House, Senate pass fiscal year 2010 spending bill**

Congress completed most of its work on the fiscal 2010 appropriations process on December 13, a few days shy of when the stop-gap continuing resolution was due to expire. The $446.8 billion so-called omnibus appropriations bill leaves only the Defense spending bill to be resolved. Lawmakers plan to hold that in reserve as a vehicle for other end-of-session Democratic priorities, including aid for the unemployed and jobs programs among other things.

The omnibus package includes the Labor-Health and Human Services-Education spending bill along with five others that have yet to pass Congress.

Labor-HHS-Education would be funded at $163.5 billion, an $8.5 billion increase over fiscal 2009, excluding stimulus funds, including $31 billion for the National Institutes of Health (NIH).

The legislation will be sent to President Obama for his signature.

**Health Care Reform Continues**

Congress made its first step toward Health Care Reform official when the House passed its HR 3962, the Affordable Health Care for America Act, on a vote of 220-215 on November 7. On November 21, Senate Democrats barely eeked out the 60 votes needed to start debate on a health care reform bill cobbled together by Senate majority leader Harry Reid (D-NV). But that was just the first hurdle in what is expected to be a contentious debate that could last well into December or beyond. All 58 Democrats and the two Independents voted, 60 to 39, in favor of sending the $848 billion measure to the Senate floor, but not before a handful of wavering moderates served notice that they would not vote for passing the bill in its current form. In the meantime, no Senate Republicans voted in favor of bringing the bill up for debate, with one Republican Senator not voting.

The $849 billion reform proposal remains in flux as Senate Majority Leader Reid struggles to find the right combination of ingredients necessary to garner the 60 votes needed to pass the legislation.

For example, a number of Senators have expressed serious reservations about a proposed public insurance option. In response, Senator Reid floated a proposal that would create a network of non-profit plans similar to the Federal Employees Health Benefit Plan, run by the Office of Personnel Management. The plan would allow individuals age 55 to 64 who do not have employer-sponsored coverage to enroll in an expanded Medicare program.
The legislation also includes an individual mandate with penalties of up to $750 per person for noncompliance by 2016. The bill is paid for in part through Medicare cuts; an increase in the Medicare payroll tax for individuals making $200,000 or more and couples earning $250,000 or more to 1.95 percent; and a tax on high-cost “Cadillac” insurance plans valued at $8,500 for individuals and $23,000 for families. The Medicare payroll tax will bring in $54 billion and the Cadillac tax raises $149 billion in revenue.

Last week the American College of Surgeons and 18 additional surgical organizations wrote to Senate Majority Leader Reid opposing the bill. They cite a long list of objections that include a lack of a long-term fix to the Medicare physician reimbursement program.

Separately, the California Medical Association, which has 35,000 members, also will oppose the Senate bill, joining at least three other state medical societies.

The surgical groups’ leaders said in the Dec. 1 letter that they strongly support the need for change in the nation’s health care system and have been working with Senate leaders on the overhaul plan and providing input. They said their coalition sent a letter on Nov. 4 to Reid expressing “serious concerns” they have about the bill, but those concerns have not been resolved.

The provisions that they oppose include:

- The bill’s Independent Medicare Advisory Board, whose recommendations possibly could become law without congressional action.
- Mandatory doctor participation in a “seriously flawed” Physician Quality Reporting Initiative program that would penalize physicians who don’t take part.
- A requirement that physicians pay an application fee to cover a background check for participation in Medicare, even though they already meet training, licensure and board certification.
- A reliance on the “limited recommendations” of the U.S. Preventive Services Task Force in determining minimum coverage standards for preventive services.
- The absence of a long-term fix to the “broken” Medicare physician payment system and any “meaningful” changes in medical liability laws.
- The addition of an excise tax on elective cosmetic medical procedures. “This tax discriminates against women and the middle class,” they said, and experience at the state level has shown it won’t raise revenue.

Abortion and illegal immigration are two additional issues that continue to mar the bill’s prospects in both Chambers. Senate Majority Leader Reid hopes to vote on health reform prior to Christmas.

The United States Senate unanimously confirmed Dr. Regina Benjamin as the nation’s Surgeon General on October 29.

Department of Health and Human Services Secretary Sebelius congratulated Dr. Benjamin on this approval. “Dr. Benjamin will quickly become America’s doctor as our next Surgeon General. Her deep knowledge and strong medical skills, her commitment to her patients, and her ability to inspire the people she interacts with every day will serve her well as Surgeon General,” Secretary Sebelius said. “She will be an integral part of our H1N1 response effort, and America can expect to see her very soon communicating important information about how to stay healthy and safe this flu season. I commend the Senate for their unanimous vote, and I look forward to working with Dr. Benjamin in the days ahead.”

Regina M. Benjamin, M.D., M.B.A., is founder and CEO of the Bayou La Batre Rural Health Clinic in Bayou La Batre, Ala. She is the immediate past-chair of the Federation of State Medical Boards of the United States, and previously served as associate dean for Rural Health at the University of South Alabama College of Medicine. In 2002, she became president of the Medical Association of the State of Alabama, making her the first African American woman to be president of a state medical society in the United States.
**RESEARCH COMMITTEE**

Beginning January 25, 2010, all competing applications to the NIH (including new, renewal, resubmission, and revision) must use the new forms and instructions that have been developed according to the Enhancing Peer Review initiative. The only exception is for those who are eligible for continuous submission, who will use current forms and instructions through February 7, 2010. The intent of this initiative is to fund the best science with the least administrative burden. As part of the new application, page limits have been reduced significantly, and the structure and content of the applications have been altered to align with the new review criteria. For example, the K01 award application now has a combined limit of 12 pages for the Research Strategy and Candidate Information (Background, Career Goals, Development/Training Activities During Award) and the R01 application has a limit of 12 pages for the Research Strategy. Additional supporting pages along with a separate Specific Aims page remain. The Research Strategy is a new section that combines elements of the old structure – Background and Significance, Preliminary Studies/Progress Report, and Research Design and Methods. A new 1-9 scale (1 remaining the best) will be used to score applications using the new criteria. All applications, whether or not they are discussed at the review meeting, will receive criterion scores. Five Core Review Criteria will be scored separately for each application. They are Significance, quality of the Investigator, Innovation, Approach of the research strategy and methodology, and the scientific Environment. Detailed information about the new applications, instructions and review process with further links can be found via: http://enhancing-peer-review.nih.gov/restructured_applications.html.

Scott Van Why
ASPN Research Committee

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**PRACTICE MANAGEMENT SUB-COMMITTEE**

The ASPN is collecting information about all pediatric dialysis units in the United States. If you are at a pediatric center that has a dialysis unit, please contact Mark Joseph (mjoseph@phoenixchildrens.com) with information about your dialysis unit including: number of patients on HD, number of PD patients, number of patients 18 years of age or older, number of home HD patients, and if your dialysis unit is part of an adult unit at your facility. Please also let us know who the pediatric medical director of the facility is, their email address, and if your unit qualified for the most recent pediatric exception rate. You may have already given the information to us, but we would rather be certain that all dialysis units are counted.

Mark Joseph, Chair
ASPN Practice Management Sub-Committee
Meeting Announcements

Pediatric Academic Societies Meeting
May 1-4, 2010 ~ Vancouver, Canada
More Information

International Conference on Early Disease Detection and Prevention (EDDP)
February 25-28, 2010
Munich, Germany
More Information

American Society of Pediatric Nephrology
ASPN Annual Meeting
May 1-4, 2010 ~ Vancouver, Canada
More Information

6th International Conference on Pediatric Continuous Renal Replacement Therapy (PCRRRT)
Angelicum Congress Center
Rome, Italy
April 8 – 10, 2010
More Information

21st Annual Symposium on Pediatric Dialysis
10th Annual Fundamentals of Dialysis in Children Course
March 6-10, 2010 ~ Seattle, Washington
More Information

The Miami Pediatric Nephrology Seminar
March 11-14, 2010
More Information
Meeting Announcements Continued...

2010 Midwest Pediatric Nephrology Regional Conference
UTIs and VUR in Children: Best Practices
and Future Directions
March 18, 2010
More Information

4th African Paediatric Nephrology
Association Scientific Conference
March 19th – 21st, 2010
More Information

Abu Dubai Continence Week (ABC)
March 23 - 28, 2010
More Information

The Fifteenth Congress of
The International Pediatric
Nephrology Association
August 29 - September 2, 2010, New York
More Information