SECTION ON CRITICAL CARE

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Spring 2001

A Note from the Chair

by Michele Moss, MD

The Section on Critical Care continues to have "irons in a lot of different fires." Coding has been the one to receive a lot of the attention as we have pushed for a new CPT code for critical care of children 31 days to 2 years old. The code was developed by our section under the leadership of David Jaimovich. The code was presented to the February meeting of the AMA CPT Editorial Board where further discussion and voting was tabled. The bad news is it will not be approved in order to make CPT 2002 but it still is alive. Since that meeting some issues regarding the code have been discussed with our primary reviewer and members of the AAP Committee on Coding and Reimbursement. Currently the plan is for the code to be taken back to the CPT Editorial Board at its August meeting. At the same time, changes in the Neonatal Critical Care Codes are going to be proposed so hopefully more discusssion will be allowed which should be beneficial to our cause.

The Section Executive Committee is continuing to work on developing a coding education workshop directed towards pediatric critical care practitioners. Even though most of us have "figured out" how to code, both CPT and ICD-9, usually the training is "on the job." If any of you are interested in participating in the development of this course or would like input in the curriculum, please contact me (mossmichele@uams.edu) or Sue Tellez at the AAP office (stellez@aap.org).

Subspecialty training has become a "hot topic" this spring. I have been able to participate in a couple of forums where this issue has been discussed. In March the Federation of Pediatric Organizations held a conference in San Diego to begin dialogue on the future of pediatric subspecialties. There was broad representation of pediatric subspecialists including representatives from the American Board of Pediatrics and various sub-boards, AAP and multiple subspecialty sections, specialty societies, SPR, APA and AMSPDC (the association comprised of departmental chairmen). Pediatric critical care was well represented by Stephanie Storgion, the fellowship directors committee chairman, Tom Green, a departmental chair, Jeffery Rubenstein from the sub-board of the ABP, George Lister from the APA, and myself from our AAP SOCC. Multiple other subspecialties also were well represented including Cardiology, Pulmonology, Rheumatology, Nephrology, and Neonatalogy among others.

Several concerns were identified regarding subspecialty training. The impression is that there are not enough subspecialty trainees in some areas to meet demands. However, it was agreed that there are no accurate manpower studies to know what the demand really is and therefore how many subspecialists are really needed to do the clinical work much less the teaching and research. The comment was made that as soon as a manpower study is completed, it is already out of date. The cost of medical education being so high leaves most new graduates with large amounts of debt. Adding at least three years of subspecialty training to three years of residency makes repayment of that debt very difficult. Ways to relieve debt or shorten training were discussed. Ideas were discussed about when and how to interest residents and medical students in subspecialty careers including clinical care and research.

At the Council on Sections meeting also in March, subspecialty issues again were discussed. There continued to be discussion on the issues brought out at the subspecialty forum. A resolution was passed to ask the AAP to look at expanding the survey sent to third year residents to include questions about why they did/did not choose a subspecialty career. Other subspecialty related issues were discussed. A Task Force on Sections and Related Societies has been

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IN THIS ISSUE

Newsletter design by Carolyn Mensching

CODING CORNER

In its eight year history, Critical Care News has periodically reviewed physician reimbursement. In Volume 8, we begin an ongoing series, Coding Corner, to review this important information.

Anatomy of a Charge: A Primer

Two authors, Drs. Raphaely and Lawless, have previously explored the RBRVS system in these pages. As we begin our new series, a concise review is in order.

In 1992, The Health Care Financing Administration adopted the Resource-Based Relative Value Scale physician fee schedule. Research that demonstrated the actual and calculated costs of performing a medical service underpinned RBRVS. Under RBRVS, HCFA assigned value to physician work, practice expense (materials and overhead), and professional liability. The value for each element varied by procedure code. HCFA expressed the value as Relative Value Units (RVUs). 2001 RVUs for common PICU procedures are:

CPT Code	Description	Work RVU	Practice Expense RVU	Liability RVU	Total RVU
31500	Endotracheal Intubation	2.33	0.90	0.17	3.40
99291	Critical Care, 1st hour	4.00	1.35	0.14	5.49
99292	Critical Care, subs. 30 min	2.00	0.63	0.08	2.71
94656	Ventilation Assist, 1st day	1.22	0.78	0.06	2.06
94657	Ventilation Assist, subs. day	0.83	0.46	0.03	1.32
36488	CVL Placement, < 2 yr	1.35	0.74	0.11	2.20
36620	A-line percutaneous	1.15	0.48	0.08	1.71

A committee of the American Medical Association, the Relative Value Units Update Committee (RUC), evaluates codes for appropriate RVUs. RUC may act before a code is adopted or periodically thereafter. The AAP and other professional organizations contribute data to RUC as needed.

As expected, physician work, overhead, and liability expenses may vary from location to location. Each element can be adjusted (Medicare does so) by a geographic factor to better match reimbursement to expenses. Each year, Medicare calculates a conversion factor, the number of dollars that each RVU is worth. In 2001, the conversion factor is $38.2581, an increase of 4.5 per cent. Updated information from HCFA regarding the Physician Fee Schedule is available at their web site http://www.hcfa.gov/regs/pfs/1120fc.doc.

The AAP and the critical care societies have been active recently to optimize reimbursement. The AAP Critical Care Section has submitted a new daily code, 9929x1, to reimburse pediatric critical care for patients 31 days to 2 years old (see related story on page 3). In 2000, HCFA reduced the physician work RVUs for 99291 and 99292 by 20 per cent. HCFA maintained that physicians were billing critical care when other codes were more appropriate. They considered this a form of upcoding. They tightened the definition of critical care. After the SCCM, the ACCP, and other groups lobbied HCFA, HCFA used the revised definition to justify restoring the physician work RVUs. The critical care codes now describe as many RVUs as they did in 1999.

The Section on Perinatal Pediatrics publishes a yearly RBRVS pamphlet, which members of the Section on Critical Care also receive. The pamphlet has a comprehensive list of procedures and RVUs. Look for the 2001 edition of the pamphlet soon.

A Note from the Chair

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pulled together at the AAP to discuss forming relationships with subspecialty "sister" societies. For many subspecialists belonging to multiple societies is difficult and expensive. I will be representing Critical Care on that Task Force and will keep you up to date on the discussions of that group.

Another issue regarding subspecialties discussed at the COS meeting was that of developing better communication between the chapters and subspecialty sections. The chapters and the Chapter Forum are where a lot of AAP policy gets developed but often the subspecialists have not taken an active role in chapter activities even when those activities are pertinent to the subspecialist. One example where chapters and sections need to work together at the state level is with Medicaid reimbursement. This affects both the primary physicians and subspecialists. One way to improve the relationship is for each chapter to have an identified "go to" person in a subspecialty. If you are interested in that role, simply contact your chapter president and make yourself available to discuss issues pertinent to critical care. Also it is important to attend state chapter meetings to help provide input on subspecialty issues.

The SOCC Executive Committee met during the SCCM in February. In addition to the coding initiatives I mentioned above, work continues on a Workforce Survey by Harold Amer looking at many issues including salary and time allocation. David Nichols from the ABP reported at the SCCM meeting that the recertification exam for critical care is undergoing changes and will now be offered only as a proctored exam and will no longer be in the "take home" format. The SCCM Section on Pediatrics is also starting a Patient Safety Task Force to look at safety issues in the PICU. Members currently on the Task Force represent both the SCCM and the AAP.

The program for the SOCC meeting in San Francisco in the fall should be very stimulating. Tex Kissoon has organized a very in depth joint program discussing neurological/ neurosurgical issues. Highlights of the program are outlined in the newsletter. Please plan on attending a good educational program in a beautiful and exciting city!

As you can see there are many activities in the Section involving coding, workforce, education, and the future of subspecialties. Please feel free to contribute your ideas about these subjects as well as other issues you feel important to our practice of pediatric critical care.

NEW CPT CODE TABLED

In February, the Section on Critical Care submitted 9929x1 to the CPT Editorial Panel of the AMA. 9929x1 is a daily global code describing critical care of infants and children aged 30 days to 2 years. 9929x1 describes, on a per day basis, pediatric critical care including evaluation, management, and common procedures. It would cover the care of 37 per cent of PICU patients nationally. Importantly, it allows the care to consist of repeated, episodic reassessments and treatment changes throughout the day. In this way, it better reflects pediatric critical care than do 99291 or 99292.

Procedures bundled in 9929x1 include central venous lines, arterial lines, intubation, NG/OG placement, LP, bladder tap, mechanical ventilation, transfusion, bedside PFTs, and blood gas analysis. Other significant procedures could be billed in addition to 9929x1. The code could be used by any physician caring for an eligible child, unless that physician's care is described in another global code. We have proposed 17 total RVUs for 9929x1.

Upon presentation of 9929x1, the presenter moved to table the proposal until the August CPT Editorial Panel meeting. Some clarification of the care the code describes is in order, and we will provide such. We may also define 9929x1 as an initial day code and add a subsequent day code, similar to the neonatal critical care subsequent day codes. The CPT panel presenter communicated satisfaction with the rationale of the code to David Jaimovich, who is spearheading our effort.

YOUR OPINION COUNTS

The Section on Critical Care needs member input regarding our goals and priorities. Members with opinions regarding the direction of the Section should contact Sue Tellez, our Section manager, or any member of the Executive Committee. Please contact Sue at 800-433-9016 (extension 7395), or stellez@aap.org.

NEW EDITOR

Each endeavor benefits from new input. *Critical Care News*, after 7 years with me as co-editor or editor, is in need of a fresh approach.

With the Executive Committee's blessing, I solicit interested members of the Section to apply as editor. Benefits of the position include:

- ☑ Keeping your peers informed of the efforts and results of the Section on Critical Care.
- ☑ Attendance at Executive Committee meetings twice yearly, with airfare, hotel, meals, and AAP meeting registration supported.
- ☑ Extensive support from the Sections Office of the AAP for newsletter content and layout.
- ☑ Web publishing on the PedsCCM Web site.

Apply with a cover letter and CV electronically (preferred) to otwell.timmons@carolinas.org or on paper to:

Otwell Timmons, M.D.
Carolinas Medical Center
P.O. Box 32861
Charlotte, NC 28232-2861

Thank you in advance.
Tim Timmons, M.D.

NEW INVESTIGATOR AWARD

This is the sixth year the Section on Critical Care will fund a New Investigator Research Award. The 2001 Award will be $10,000. It is available to Section members during their Pediatric Critical Care fellowship or within 2 years of completing an accredited pediatric critical care fellowship.

The award, which is competitive, will provide support for an individual who demonstrates aptitude for clinical or basic science research and who presents a sound plan of investigation.

The award will be judged on scientific merit, clarity of presentation, likelihood of productivity by the investigator, sponsor's evidence of an appropriate academic environment, and relevance to critical care.

The New Investigator Award Grant Application (2001 Microsoft Word document) is available for download at http://PedsCCM.wustl.edu/ORG-MEET/AAP/AAP_Crit_Care_grant.html or from Sue Tellez at 800-433-9016 (extension 7395), stellez@aap.org.

The submission deadline is May 1, 2001.

PCCM PEDIATRIC CRITICAL CARE MEDICINE

(PCCM) Web site at:

http://PedsCCM.wustl.edu/

For a listing of other critical care-related upcoming conferences:

http://PedsCCM.wustl.edu/ORG-MEET/Other_confs.html

Pediatric Education for Prehospital Professionals (PEPP) Trains 4,000 People in First Year

In March of 2000 the Academy released Pediatric Education for Prehospital Professionals (PEPP), a continuing education program for Emergency Medical Technicians (EMTs) and Paramedics. The Academy arranged for 400 people at 8 sites around the country to be trained as official PEPP Course Coordinators. The first of these "rollouts" was held at the Emergency Medical Services for Children (EMSC) Congress last March. Those Course Coordinators went on to conduct PEPP courses around the country, and only one year later, more than 4,000 people have been trained in pediatric life-saving skills.

The PEPP program has an eight-hour basic life support (BLS) course and a 16-hour advanced life support (ALS) course. BLS courses teach attendees about applying the pediatric assessment triangle, respiratory emergencies, trauma and child maltreatment. In addition, hands-on sessions provide attendees with experience in the use of pediatric oral and nasopharyngeal airways, bag-valve mask ventilation and spinal immobilization.

ALS courses cover the same topics as those taught in BLS courses plus cardiovascular and medical emergencies, emergency delivery and newborn stabilization, and children with special health care needs. In addition to those areas taught in BLS interactive sessions, ALS sessions also provide attendees with experience in endotracheal intubation, foreign body removal and tracheostomy management, among others.

The PEPP steering committee is comprised of physician, nurse and paramedic representatives from the Academy, the American College of Emergency Physicians, Emergency Nurses Association, International Association of Fire Chiefs, International Association of Fire Fighters, National Association of Emergency Medical Services Educators, National Association of State EMS Directors and the National Association of EMS Physicians.

To find a PEPP course near you or for more information on implementing PEPP in your community, visit the PEPP Web site at www.PEPPsite.com or send an e-mail message to pepp@aap.org.

New Policy Statement:

Care of Children in the Emergency Department: Guidelines for Preparedness (RE069904)

Care of Children in the Emergency Department: Guidelines for Preparedness provides a benchmark for hospital emergency departments and emergency medical services agencies to ensure adequate emergency care for children. This joint statement of the American Academy of Pediatrics and the American College of Emergency Physicians addresses staffing, administration, procedures and protocols for all hospital emergency departments that provide emergency care 24 hours a day, seven days a week, and are continuously staffed by a physician. Following is the abstract for the policy statement, published in the April 2001 issues of *Pediatrics* and *Annals of Emergency Medicine*.

ABSTRACT: Children requiring emergency care have unique and special needs. This is especially so for those with serious and life-threatening emergencies. There are a variety of components of the emergency care system that provide emergency care to children that are not limited to children. With regard to hospitals, most children are brought to community hospital emergency departments (EDs) by virtue of their availability rather than to facilities designed and operated solely for children. Emergency medical services (EMS) agencies, similarly, provide the bulk of out-of-hospital emergency care to children. It is imperative that all hospital EDs and EMS agencies have the appropriate equipment, staff, and policies to provide high quality care for children. This statement provides guidelines for necessary resources to ensure that children receive quality emergency care and to facilitate, after stabilization, timely transfer to a facility with specialized pediatric services when appropriate. It is important to realize that some hospitals and local EMS systems will have difficulty in meeting these guidelines, and others will develop more comprehensive guidelines based on local resources. It is hoped, however, that hospital ED staff and administrators and local EMS systems administrators will seek to meet these guidelines to best ensure that their facilities or systems provide the resources necessary for the care of children.

This statement has been reviewed by and is supported in concept by the Ambulatory Pediatric Association, American Association of Poison Control Centers, American College of Surgeons, American Hospital Association, American Medical Association, American Pediatric Surgical Association, American Trauma Society, Brain Injury Association Inc, Emergency Nurses Association, Joint Commission on Accreditation of Healthcare Organizations, National Association of Children's Hospitals and Related Institutions, National Association of EMS Physicians, National Association of EMTs, National Association of School Nurses, National Association of State EMS Directors, National Committee for Quality Assurance, and Society forAcademic Emergency Medicine.

2001 AAP National Conference and Exhibition

October 20-24, 2001

San Francisco Marriott/Moscone Center

San Francisco, California

Section on Critical Care Program Highlights

Online Program available June 2001 www.aap.org

Saturday, October 20, 2001

8:00am - 3:00pm	SOCC EXECUTIVE COMMITTEE MEETING
9:30am - 11:30am	Dialogue - D123 "Ethical Issues in Drugs: Use and Research in Children" *(Robert Ward, Robert Nelson, G. Kevin Donovan)*
1:30pm - 3:30pm	Seminar - S161 "Procedural Sedation" *(Maurice Zwass)*

Sunday, October 21, 2001

8:00am - 5:00pm	SOCC PROGRAM - H213
8:00am - 8:15am	Continental Breakfast/Introduction and Welcome
8:15am - 9:45am	Abstracts
9:45am - 10:00am	Coffee Break/Posters
10:00am - 11:30am	Abstracts
11:30am - 12:00pm	Distinguished Career Award
12:00pm - 1:00pm	Business Meeting/Lunch
1:00pm - 4:30pm	Joint Program with Sections on Neurology and Neurosurgery "Issues Relating to Treatment of Acute Head Injuries"

1:00pm - 1:45pm	"An Overview of Chemical Markers on Brain Injuries" *Patrick Kochanek, MD*
1:45pm - 2:30pm	"Ventilation, Sedation and Paralysis Techniques in the Management of Acute Head Injuries" *Desmond Bohn, MD*
2:30pm - 3:00pm	Coffee Break
3:00pm - 3:45pm	"Cerebral Blood Flow and Metabolism in Head Injuries" *Derrick Bruce, MD*
3:45pm - 4:30pm	"The Role of ICP Monitoring and Control in Head Injuries" *Hector James, MD*

4:30pm - 5:00pm	Best Abstract/Physician-in-Training Awards

Monday, October 22, 2001

8:00am – 12:00pm	SOCC PROGRAM - H310
8:00am – 8:30am	Continental Breakfast 1999/2000 Research Award Results *(Scot Bateman MD, Sree Chirumamilla MD)*
8:30am - 12:00pm	Joint Program with Sections on Neurology and Neurosurgery "Issues Relating to Treatment of Acute Head Injuries"

8:30am - 9:15am	"Role of the CT Scan and MRI in Head Trauma" *Christine Duhaime, MD*
9:15am - 10:00am	"The Role of Steroids and Hypothermia in Acute Head Injuries" *Mark Helfaer, MD*
10:00am - 10:30am	Coffee Break
10:30am - 11:15am	"Prognostic Indicators of Outcome after Head Trauma" *Thomas Luerssen, MD*
11:15am - 12:00pm	The Role of Mannitol, Diuretics, and 3% Saline in Control of ICP" *James Hutchinson, MD*

Tuesday, October 23, 2001

9:30am - 11:30am	Workshop - W432 "Critical Care Procedures" *(Lorry Frankel/Joseph DiCarlo)*

Wednesday, October 24, 2001

4:00pm - 6:00pm	Workshop - W586 "Critical Care Procedures" *(Lorry Frankel/Joseph DiCarlo)*

CALENDAR OF EVENTS

Meeting Title	Meeting Dates	Location	Contact
Third National Paediatric Critical Care Conference	9/7/2001 – 9/9/2001	Chennai, India	Web site: http:// www.3rdpccindia.com or contact Dr S. Ramesh at paedsramesh@yahoo.com
Ventilation Through the Ages, an International Scientific Symposium	9/10/2001 – 9/12/2001	Hull, UK	Phone: 44 (0) 1482 674007 Email: suehermec@hotmail.com Online registration form and full conference details, from Web site at www.christurner.co.uk/ventila-tion
14th Annual Pediatric Critical Care Colloquium	9/12/2001 – 9/15/2001	San Diego, CA	Brochures and registration forms are available. Children's Hospital and Health Center, San Diego. Call 888/892-9249 or e-mail cme@chsd.org
Pediatric Trauma Conference	9/14/2001 – 9/15/2001	San Diego, CA	Brochures and registration forms are available. Children's Hospital and Health Center, San Diego. Call 888/892-9249 or e-mail cme@chsd.org
AAP National Conference and Exhibition	10/20/2001 – 10/24/2001	San Francisco, CA	For more information, visit the AAP Web site at www.aap.org
SCCM Scientific Symposium	01/26/2002 – 01/30/2002	San Diego, CA	For more information, visit the SCCM Web site at www.sccm.org
4th World Congress on Pediatric Intensive Care	3/30/2003 – 4/3/2003	Buenos Aires, Argentina	Web site: http:// www.pic2003.com or e-mail: info@eventsintl.com or phone: 514/286-0855 or fax: 514/ 286-0855

Advocacy Information
Speak Up For Children

The AAP Department of Federal Affairs needs pediatricians to join the Federal Advocacy Action Network (FAAN). The network is a group of AAP members who are willing to receive e-mail or fax updates on federal legislative activity and to contact their members of Congress when asked.

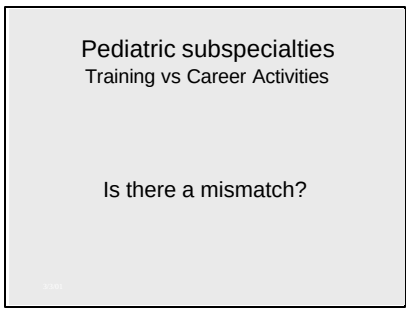
A network like this is critical when votes on important AAP issues are being debated. When it comes to health care for example, members of Congress hear from the insurance industry. AAP members need to raise their voices for children and the practice of pediatrics.

Pediatricians choose the level and range of activities that suit their schedule, from simply faxing or calling a congressional member about issues of concern, to requesting a personal meeting.

The AAP Department of Federal Affairs will offer education and guidance, legislative information and notices about legislative conferences. AAP members who join will receive either e-mail or fax updates.

There are several ways to join. Pick the one most convenient for you.

- ⇨ Submit your name, member ID, address and e-mail address to kids1st@aap.org
- ⇨ Submit your name, member ID, address and e-mail address via the Members Only Channel on the Web: www.aap.org/moc, click on Federal Affairs, then click on Federal Advocacy Action Network
- ⇨ Contact the AAP Department of Federal Affairs, 800/336-5475, for an enrollment form or more information.



Check out the NEW Powerpoint presentations from Dr. Gerald Gilchrist, Council on Sections Chairperson.

The Powerpoint presentations, A Chapter's Guide to Sections and Pediatric Subspecialties & Workforce Issues, can be found on the Members Only Channel at www.aap.org/moc/indexmoc2.cfm under "What's New."

Join the Section on Critical Care LISTSERV® Today!

The LISTSERV® allows SOCC members to communicate through periodic e-mail messages. If you would like to join the LISTSERV®, simply log on to the Members Only Channel at www.aap.org/moc and go to the Section on Critical Care Web site.

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